

# STATE DISASTER RESPONSE MANUAL

# LOGISTICS SECTION IRS CHECK LIST

State Disaster Management Authority & DMMC Department of Disaster Management Government of Uttarakhand

# INCIDENT RESPONSE SYSTEM



# STATE DISASTER RESPONSE MANUAL

# LOGISTICS SECTION IRS CHECK LIST

State Disaster Management Authority & DMMC
Department of Disaster Management
Government of Uttarakhand

# State Disaster Response Manual-Incident Response System Check List

# A publication of:

State Disaster Management Authority-Disaster Mitigation & Management Center, Department of Disaster Management, Government of Uttarakhand

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State Disaster Response Manual-The Incident Response System check list is prepared by Shri Binaya Bhusan Gadnayak, Specialist (IRS-T, PMU), UDRP, Government of Uttarakhand based on the experience while conducting Mock Exercise in various districts as well as at State level adhering to the IRS guidelines issued by National Disaster Management Authority, Government of India.

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# Message

I am happy to learn that the Department of Disaster Management has brought out a compendium of comprehensive check list on the line of Incident Response System Guidelines issued by National Disaster Management Authority, government of India to enable disaster response.

I am sure that the stakeholders earmarked as per Incident Response System in the state government, corporate, agencies of Central government existing in our State as well as NGOs will refer these check list during preparedness and response phase of disaster.

On this occasion, I wish my best wishes to the Department of Disaster Management Government of Uttarakhand.

(Trivendra Singh Rawat)





# Preface

In any disaster response, the initial efforts would always be taken by the Sub-Division and District Administration. However, when Sub-Divisions and District are overwhelmed in any situation, the support necessarily has to come from the State and National level. While the IRS is mainly relevant at the basic functional level, it is absolutely necessary that the support functionaries from the State also confirm to the principles of IRS in the emergency support duties. This will be greatly beneficial for the proper coordination of the various response efforts at the State level with that of the District.

The IRS envisages and lays down various tasks that may need to be performed and ensured by various members of activated Incident Response Teams at various levels of state administration. It also recommends prior identification of officers for the performance of different tasks and getting them trained in their respective roles, and provides a structure under which all the line departments will function in tandem with the Sub-division, District and State administration.

To attain efficiency in disaster response, the Check List has been prepared by the Department of Disaster Management, Government of Uttarakhand which will help various stakeholders (government and non-government) to "what to do and what not to do" during response phase of disaster.

I hope the effort put in place will strengthen the disaster response system in the state and district and will help to reduce human loss, gear up multi agency coordination and resource mobilisation as well their appropriate deployment within the golden hours of response.

Finally, I am pleased to place on record my deep appreciation for Shri Amit Singh Negi, IAS Secretary Disaster Management, GoU who has commendably steered the formulation of these check list.

(S. Ramaswamy





# Foreword

The experience over the past years in responding disaster in Uttarakhand established the need of implementation of IRS guideline issued by National Disaster Management Authority, Gol. It is to this end that the IRS Check List has been prepared. These check lists shall be followed during disaster response at all levels of administration of government of Uttarakhand for smooth disaster response.

The check list on Incident Response System (IRS) is issued under Section 18 (a), (d), (f) and (h) of the DM Act, 2005 for effective, efficient and comprehensive management of disaster response by various stakeholders of government and non government stakeholders in Uttarakhand.

This document also empowers the Responsible Officer and Chairman of SEC of the State and Responsible Officer of District and Chairman of DDMA of the district to enforce the section 51 (a), (b), 54, 55, 56, 57, 58, 60, and 63 of the DM Act, 2005 in case he/s find any negligence from any individual/officer or agencies for conduct of smooth disaster response and disaster management activities.

For preparation of this check list, I would like to express my gratitude to Shri S. Ramaswamy, IAS, Chief Secretary, Shri Arvind Singh Hyanki, IAS, Secretary PWD, Shri Sanjay Gungiyal, IPS, IG, SDRF, Shri G.S. Martoliya, IPS, IG, Fire, Shri C. Ravisankar, IAS, Additional Secretary, Shri H.K. Upreti, Engineer-in-chief, PWD, Shri Jagat Ram Joshi, Commandant, SDRF and all Heads of the departments of state government of Uttarakhand for their guidance, constructive criticism, and valuable suggestions for finalising these check list.

Finally, I would like to mention that Shri Binaya Bhusan Gadnayak, Specialist (IRS-T), PMU, UK DRR, government of Uttarakhand requires a special mention for being instrumental in the entire effort of preparation of these check list.

Amit Singh Negi

# LOGISTICS SECTION CHIEF

Check the check box with a when a task is completed

# State level- Officer Earmarked

Secretary/Additional Secretary PWD Mobile: 9412057727

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever

is appropriate)

# District level - Officer Earmarked ADM/CDO/STO/CTO

Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

| Coordinated with the activated Section Chiefs and respond IAP;   |
|--|
| Provided logistic support to all incident response effort including the establishment of SA, Incident Base, Camp, Relief Camp, Helipad etc;                            |
| Participated in the development and implementation of the IAP;   |
| Keep RO and IC informed on related financial issues;   |
| Ensured that Organisational Assignment List (Divisional / Group) IRS Form-005 (enclosed) is circulated among the Branch Directors and other responders of his Section; |
| Supervised the activated Units of his Section;   |
| Ensured the safety of the personnel of his Section;  |
| Ensured that a plan is developed to meet the logistic requirements of the IAP with the help of Comprehensive Resource Management System;                               |
| Briefed Branch Directors and Unit Leaders;   |
| Anticipated over all logistic requirements for relief Operations and prepare accordingly;  |
| Constantly reviewed the Communication Plan-IRS Form 009, Medical Plan-IRS Form 008 (enclosed) and Traffic Plan to meet the changing requirements of the situation;     |
| Assessed the requirement of additional resources and took steps for their procurement in consultation with the RO and IC;  |
| Provided logistic support for the ICP as approved by the RO and IC;  |
| Ensured release of resources in conformity with the ICP;   |
| Ensured that the hiring of the requisitioned resources is properly documented and paid by the ${\rm FB}$ ;   |
| Assigned appropriate personnel, keeping their capabilities for the tasks to be carried out and maintained "On Duty Officers List-IRS Form-007 (enclosed)" for the day; |
| Ensured that cost analysis of the total response activities is prepared;   |

| Ensured that "record of various activities performed-IRS Form-004 (enclosed)" filled by members of Branches and Units are collected and maintained in the Unit Log-IRS Form 003 (enclosed); and |
|---|
| Performed any other duties as assigned by RO/IC.  |

# Undertaking

It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response.

I will hand over this check list to the new incumbent on my transfer.

 Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand.

# **ABBREVIATIONS**

IAP:Incident Action Plan
IC:Incident Commander
ICP:Incident Command Post
IRS:Incident Response System
RO:Responsible Officer
SA:Staging Area

### LOGISTICS SECTION Find your position LOGISTICS SECTION Support Branch Service Branch **Finance Branch** Resource Pro-**Time Unit Communication Unit** visioning Unit Compensation /Claim Unit **Medical Unit Facilities Unit Medical Unit Procurement** Unit **Food Unit** Ground **Support Unit Cost Unit Restoration Unit**

# SERVICE BRANCH DIRECTOR (SBD)

# Check the check box with a when a task is completed

### State level- Officer Earmarked

Secretary Food & Civil Supply

Mobile: 7055046699

Wireless : Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is

appropriate)

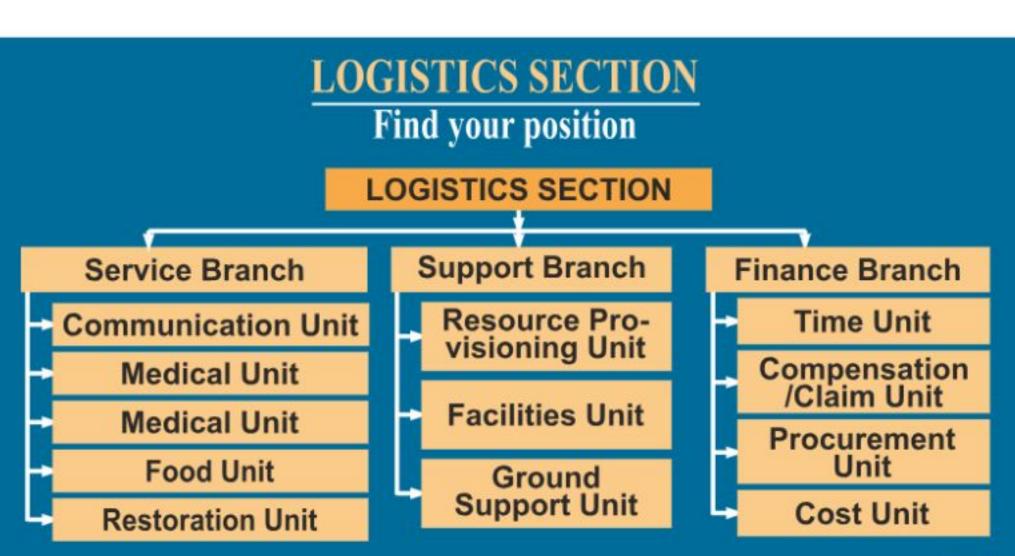
# District level - Officer Earmarked PD. DRDA/DDO/MNA/EO Nagar Palika Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

|   | taria de la companya                    |  |
|---|---|--|
|   | Worked under the supervision of LSC, and managed all required service support for the incident management as per IAP;             |  |
|   | Managed and supervised various Units of the Branch like Communication Unit, Medical Unit, Food Unit and any other activated Unit; |  |
|   | Discussed with activated Unit leaders for the materials and resources required and procured the same through LS;                  |  |
|   | Ensured proper despatch of personnel, teams, resources etc as per the IAP;  |  |
|   | Prepared organisation assignment list -IRS Form 005 (enclosed), if required;  |  |
|   | Kept the LS informed about the progress of Service Branch, from time-to-time;   |  |
|   | Resolved Service Branch problems, if any;   |  |
|   | Maintained record of various activities performed as per IRS Form-004 (enclosed) and sent to sections concerned; and              |  |
| Performed any other duties assigned by the IC and LSC.  |   |  |
| Undertaking   |   |  |
| It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response. |   |  |
| Iw  | I will hand over this check list to the new incumbent on my transfer.   |  |
| _   | Note: To be given to the reporting  |  |
| Sig   | enature with seal officer and a copy of it shall be   |  |
| De  | signation (Actual) submitted to Secretary, Disaster   |  |
| De  | signation as per IRS: SERVICE BRANCH DIRECTOR (SBD) Management, Government of Uttarakhand.  |  |

# **ABBREVIATIONS**

IAP:Incident Action Plan
IC:Incident Commander
IRS:Incident Response System
LSC:Logistics Section Chief



# COMMUNICATION UNIT LEADER (Com. UL)

### State level- Officer Earmarked

State Radio Officer, PHQ Mobile: 9411112704

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is

appropriate)

# Check the check box with a when a task is completed

### District level - Officer Earmarked

SDO BSNL Supported by Police Radio Officer, Representative of army, NDRF and CPMF Mobile: \_\_\_\_

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

|      | Provided communications facility as and when required;   |  |
|------|--|--|
|      | Ensured that all communications equipment available are in working condition and that the network is functional;   |  |
|      | Prepared communication plan in consultation with Planning Section-IRS Form-009 (enclosed);   |  |
|      | Maintained the records of all communications equipment deployed in the field;  |  |
|      | Recovered equipment provided by Communication Unit after the incident is over;   |  |
|      | Ensured setting up of a message centre to receive and transmit radio, telephone and other messages from various activated Sections, Branches, Units and higher authorities and maintain their records;                                   |  |
|      | Prepared an alternative communication plan for execution in case of possible failure of the normal communications network. (The alternative communications network may have wireless, satellite phones, cell phones, HAM radios etc);    |  |
|      | Prepared a plan for integration of the communications set up of the central teams (NDRF, Armed Forces) with the local communications set up for the management of large scale disasters when they come to assist in the response effort; |  |
|      | Asked for and ensured adequate staffing support;   |  |
|      | Ensured that the communications plan is supporting the IAP;  |  |
|      | Demobilised Communications Centre in accordance with the IAP;  |  |
|      | Maintained record of various activities performed as per IRS Form-004 (enclosed) and sent to SBD; and  |  |
|      | Performed any other duties assigned by the SBD or LSC.   |  |
|      | Undertaking  |  |
| It i | s certified that I have gone through the IRS check list and I am aware of my roles and   |  |
|      | responsibilities during disaster response.   |  |
| Iw   | ill hand over this check list to the new incumbent on my transfer.   |  |
| Des  | nature with seal signation (Actual)  |  |

Worked Under supervision of Support Branch Director and responded to IAP;

# **ABBREVIATIONS**

IAP:Incident Action Plan
IRS:Incident Response System
LSC:Logistics Section Chief
NDRF:National Disaster Response

Force

**SBD:Service Branch Director** 

### LOGISTICS SECTION Find your position LOGISTICS SECTION Support Branch Service Branch **Finance Branch** Resource Provisioning Unit **Time Unit Communication Unit** Compensation /Claim Unit **Medical Unit Facilities Unit Medical Unit** Procurement Unit Food Unit Ground Support Unit **Cost Unit Restoration Unit**

# RESTORATION UNIT LEADER

### State level-Officer Earmarked

Secretary PWD

Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

# Check the check box with a when a task is completed

### District level - Officer Earmarked

Superintendent Engineer (PWD) Supported by Ex.En jal Sansthan, Power, BRO, Etc. Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

|   | Worked under supervision of support Branch Dire   | ector and responded to IAP;  |
|---|---|--|
|   | Supplied resources to OS for restoration of roservices as per IAP;  | ad, power and water supply and other   |
|   | Requested for assistants if the task becomes vermay request the LSC to split the unit into indepen  | ery large. The Restoration Unit Leader dent groups;  |
|   | Planned for effective mobilization of resource for<br>and supply of water from participating agencies<br>assisting agencies and incorporate their effort in t | or restoration of roads, supply of power like Army, ITBP, SSB, NDRF and other the IAP;   |
|   | Responded to requests of the OS for restoration s LSC;  | ervices under intimation to the SBD and  |
|   | Maintained the list of department / organizations and their personnel / volunteers / workers and required equipment that could be mobilised in times of need; |  |
|   | Requisitioned more human resources to meet the incident objectives;   |  |
|   | Maintained an inventory of receipt and despatch   | of resources related to restoration work;  |
|   | Supervised the Unit activities;   |  |
|   | Maintained record of various activities performe sent to SBD; and   | ed as per IRS Form-004 (enclosed) and  |
| Performed any other duties assigned by the SBD and LSC.   |   |  |
|   | Undertakin  | $\mathbf{g}$   |
| It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response. |   |  |
| I will hand over this check list to the new incumbent on my transfer.   |   |  |
| Des   | nature with seal signation (Actual)signation as per IRS: RESTORATION UNIT LEADER  | Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand. |
|   |   | * A ATAMY AA AW AWY AY   |

# **ABBREVIATIONS**

SSB:Sashastra Seema Bal

IAP:Incident Action Plan
IRS:Incident Response System
ITBP:Indo Tibetan Border Police
LSC:Logistics Section Chief
NDRF:National Disaster Response Force
OS:Operation Section
SBD:Service Branch Director

LOGISTICS SECTION Find your position LOGISTICS SECTION Support Branch Service Branch **Finance Branch** Resource Pro-**Time Unit** Communication Unit visioning Unit Compensation **Medical Unit** /Claim Unit **Facilities Unit Medical Unit Procurement** Unit **Food Unit** Ground **Support Unit Cost Unit Restoration Unit** 

# MEDICAL UNIT LEADER (MUL)

Check the check box with a when a task is completed

NDRF: National Disaster Response Force

**OS:Operations Section** 

SBD: Service Branch Director

SSB:Sashastra Seema Bal

### State level-Officer Earmarked

DG Health supported by head of department of Ayush, Heads of Participating Agencies - Medical wing - (Army, NDRF, ITBP, SSB, Air Force, UN agencies, Corporates etc.)

Mobile: 9412057966

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

### District level - Officer Earmarked

CMO supported by head of department of Ayush, Heads of Participating Agencies - Medical wing -(Army, NDRF, ITBP, SSB, Air Force, UN agencies, Corporates etc.)

Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

| IR<br>IR'<br>IT   | IAP:Incident Action Plan IRS:Incident Response System IRT:Incident Response Team ITBP:Indo Tibetan Border Police LSC:Logistics Section Chief  Service Brance Communication Medical United | h Support Branch Finance Branch Unit Resource Provisioning Unit   |
|---|---|---|
| Al  | ABBREVIATIONS   | LOGISTICS SECTION Find your position  |
| Des   | Signature with seal Designation (Actual)  | To be given to the reporting and a copy of it shall be submitted to tary, Disaster Management, ment of Uttarakhand. |
| Iw  | I will hand over this check list to the new incumbent on my t   |   |
| It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response. |   |   |
|   | Performed any other duties assigned by the SBD and LS Undertaking   | SC.   |
|   | Maintained record of various activities performed as p<br>sent to SBD; and  | er IRS Form-004 (enclosed) and  |
|   | Prepared and circulated list of referral service centres to   | all the medical team leaders;   |
|   | Requisitioned more human resources as and when objectives;  | required to meet the incident   |
|   | Maintained the list of medical personnel and required in times of need;   | medicine that could be mobilised  |
|   | Responded to requests of the OS for medical aid, transp under intimation to the SBD and LSC;  | ortation and medical supplies etc.  |
|   | ☐ Planned for effective utilization of medical resource Army, ITBP, SSB, NDRF and other assisting agencies a  | from participating agencies like nd incorporate in the IAP;   |
|   | Obtained a road map of the area from the Planning Setransportation of medical personnel and victims;  | ction for the ambulance services,   |
|   | Provided medical aid and ambulance for transportation records of the same, as given in IRS Form 008 (enclose  | on of victims and maintained the d);  |
|   | Prepared the Medical Plan and procured required resour  | rces as per IAP;  |
|   | ■ Worked under supervision of Support Branch Director a   | and Responded to IAP;   |

/Claim Unit

**Procurement** 

Unit

**Cost Unit** 

**Facilities Unit** 

Ground

Support Unit

**Medical Unit** 

**Food Unit** 

**Restoration Unit** 

# FOOD UNIT LEADER (FUL)

Check the check box with a when a task is completed

### State level- Officer Earmarked

Director Food and Civil Supply

Mobile: 7088115005

Wireless: Police Net / Forest Net/SDRF

Net/Army Net/CPMF net (put ✓

whichever is appropriate)

# District level - Officer Earmarked

District Supply Officer

Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

| Worked under the direction of the SBD and respond to IAP;   |
|---|
| Supplied resources to various activated Sections, Branches, Units and Groups of IRT as per direction of the SBD;  |
| Supplied food to: a) Personnel of IRT(s) at ICP, Camps, Incident Base, SA, etc., and b) Victims at the temporary shelters, relief camps etc.;   |
| Requested for assistants if the task becomes very large. The FUL may request the LSC to split the unit into two groups—one to supply food for personnel and another for victims. Requisition transport for supply of food to incident base, relief camp and other facilities; |
| Determined food and drinking water requirements and their transportation, and brief the SBD and LSC;  |
| Maintained an inventory of receipt and despatch of resources;   |
| Supervised the Unit activities;   |
| Maintained list of all PDS outlets and take stock of food items;  |
| Maintained record of various activities performed as per IRS Form-004 (enclosed) and sent to SBD; and   |
| Performed any other duties assigned by the SBD and LSC.   |
|   |

# Undertaking

It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response.

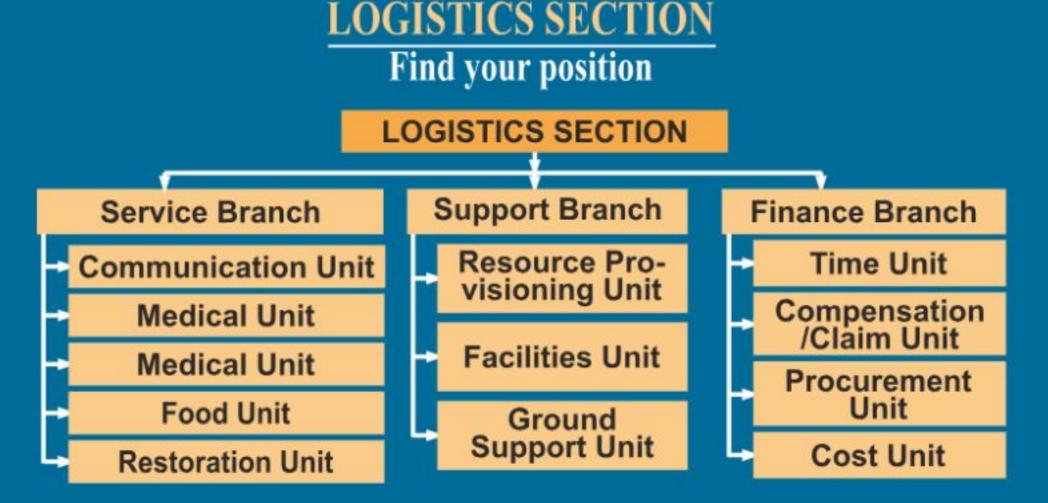
I will hand over this check list to the new incumbent on my transfer.

Signature with seal
Designation (Actual) .....
Designation as per IRS: FOOD UNIT LEADER

Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand.

# **ABBREVIATIONS**

FUL:Food Unit Leader
IAP:Incident Action Plan
ICP:Incident Command Post
IRS:Incident Response System
IRT:Incident Response Team
LSC:Logistics Section Chief
PDS:Public Distribution System
SBD:Service Branch Director



# SUPPORT BRANCH DIRECTOR (Sup. BD)

# Check the check box with a when a task is completed

### State level- Officer Earmarked

Secretary Rajya Sampatti

Mobile: 9411300332

Wireless: Police Net / Forest Net/SDRF

Net/Army Net/CPMF net (put ✓

whichever is appropriate)

### District level - Officer Earmarked

Chief Education officer Supported by DPO (ICDS)

Mobile:\_

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

| Worked under the supervision of LSC and; respond to IAP;  |
|---|
| Supervised the function of Resource Provisioning Unit, Facility Unit and Ground Support Unit;                               |
| Procured and despatched required tactical materials and resources for Operations with the concurrence of the Section Chief; |
| Participated in the planning meeting of the LS;   |
| Ensured that organisation assignment list concerning the Branch is circulated to all Units under him;                       |
| Coordinated various activities of the Support Branch;   |
| Keep the LSC informed about the progress of work;   |
| Resolved problems within his unit, if any;  |
| Maintained record of various activities performed as per IRS Form-004 (enclosed) and sent to Section concerned; and         |
| Performed any other duties assigned by the LSC.   |
| Undertaking   |

# Undertaking

It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response.

I will hand over this check list to the new incumbent on my transfer.

Signature with seal
Designation (Actual) ......
Designation as per IRS:support branch director

Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand.

# **ABBREVIATIONS**

IAP:Incident Action Plan IRS:Incident Response System LSC:Logistics Section Chief

### LOGISTICS SECTION Find your position LOGISTICS SECTION Support Branch Service Branch **Finance Branch** Resource Pro-**Time Unit** Communication Unit visioning Unit Compensation **Medical Unit** /Claim Unit **Facilities Unit Medical Unit Procurement** Unit **Food Unit** Ground Support Unit **Cost Unit Restoration Unit**

# RESOURCE PROVISIONING UNIT LEADER (RPUL)

# Check the check box with a when a task is completed

## State level- Officer Earmarked

Senior Management Officer Rajya Sampatti and officers of department concerned Mobile: 9837069296

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever

is appropriate)

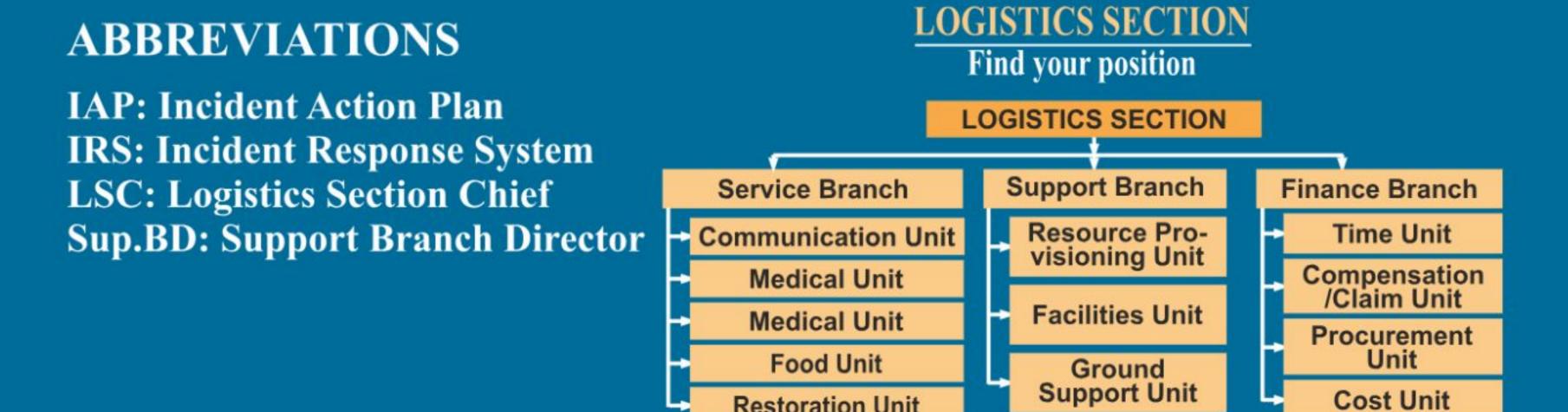
# District level - Officer Earmarked

AR Cooperative and Officer of Department

Concerned Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

| Worked under the supervision of Sup.BD. and respond to IAP;   |
|---|
| Organised movement of personnel, equipment and supplies,  |
| Received and stored safely all supplies required for the incident response;   |
| Maintained the inventory of supplies and equipment;   |
| Maintained the records of receipt and despatches of supplies including equipment and personnel;   |
| Organised repair and servicing of non-expendable supplies and equipment;  |
| Participated in the planning meeting of LS;   |
| Monitored the 'Kind', 'Type' and quantity of supplies available and despatched;   |
| Received and responded to requests for personnel, supplies and equipment from the activated Sections, Branches, Divisions, Units and Groups of the IRS organisation under intimation to Sup. B.D.;  |
| Requisitioned additional human resource assistance, if needed. These assistants may be deployed for different functional activities such as Resource Ordering, Resource Receiving and Tool & Equipment maintenance;   |
| Maintained record of various activities performed as per IRS Form-004 and sent to Sup.BD; and   |
| Performed any other duty as assigned by LSC or Sup.BD.  |
| Undortaking   |
| Undertaking   |
| s certified that I have gone through the IRS check list and I am aware of my roles and ponsibilities during disaster response.  |
| ill hand over this check list to the new incumbent on my transfer.  |
| Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, ignation as per IRS:resource provisioning unit leader  Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand. |
|   |



**Restoration Unit** 

**Cost Unit** 

# FACILITIES UNIT LEADER (Fac.UL)

# Check the check box with a when a task is completed

### State level- Officer Earmarked

Additional Transport Commissioner /ARTO

Mobile: 9411112166

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

### District level - Officer Earmarked

DDO Supported by DEO/AE (PWD, Hydril, Nagar Nigam) Tehsildar / BDO

Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is

appropriate)

| ☐ Worked under the supervision of the Sup. BD and respond to IAP;   |
|---|
| □ Prepared the layout and activation of incident facilities, e.g., Incident Base, Camp(s), Relief Camp(s), ICP, etc., and provide basic amenities to the victims and responders as per IAP; |
| Located the different facilities as per the IAP;  |
| □ Participated in the planning meeting of the Section, prepare list for each facilities and its requirements in coordination with the L&FSC   |
| Asked for additional personnel support if required to monitor and manage facilities at<br>Incident Base and Camp etc;   |
| ☐ Maintained record of various activities performed as per IRS Form-004 and send to Sup. BD; and  |
| ☐ Performed such other duties as assigned by the Sup. BD.   |
| Undertaking   |

It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response.

I will hand over this check list to the new incumbent on my transfer.

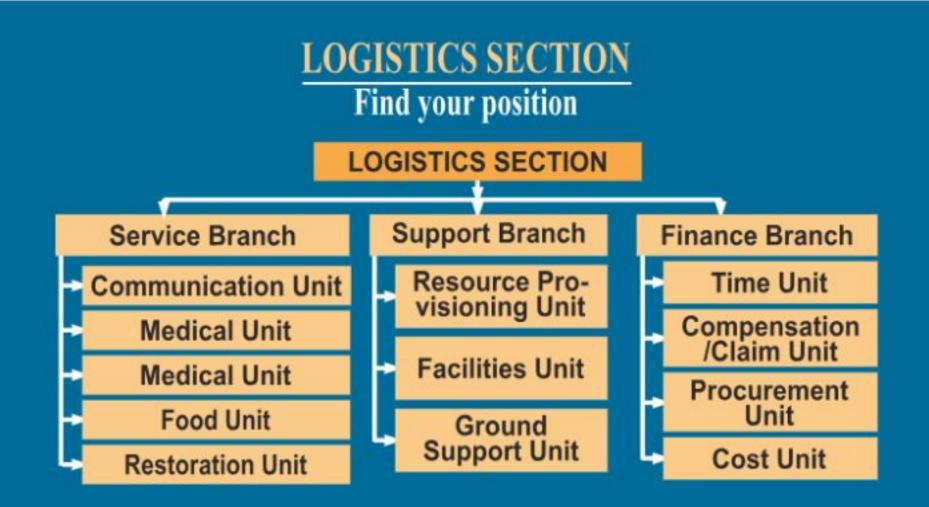
Signature with seal Designation (Actual) .....

Designation as per IRS: FACILITIES UNIT LEADER

Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand.

# **ABBREVIATIONS**

**IAP: Incident Action Plan IRS: Incident Response System** LSC: Logistics Section Chief Sup.BD: Support Branch Director TBD:Transportation Branch Director



# GROUND SUPPORT UNIT LEADER (GSUL)

# Check the check box with a when a task is completed

### State level- Officer Earmarked

Additional Transport Commissioner /ARTO

Mobile: 9411112166

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

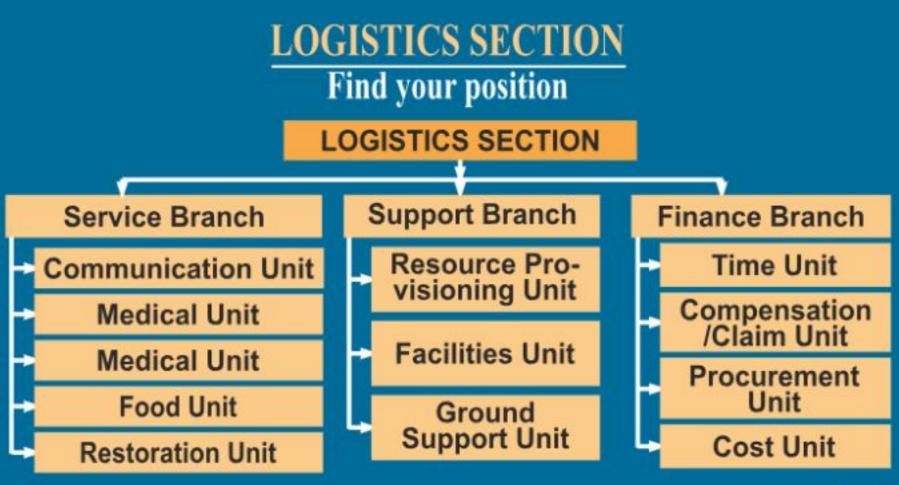
# District level - Officer Earmarked ARTO Supported by DSO

Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

| Worked under the supervision of the Sup.  | . BD and respond to IAP;   |
|---|--|
| Provided transportation services for field  | d operations to TBD;   |
| Organised and provided required ground activated,   | support through TBD in case Air Operations are   |
|   | es for all the vehicles and related equipment used<br>per procedures and keep the concerned line<br>BD and LSC;                              |
| Developed and implemented the Inciden   | t Traffic Plan;  |
| Informed Resource Unit about the ava equipment;   | ilability and serviceability of all vehicles and   |
| Arranged for and activated fueling requ<br>consultation with the Sup. BD;                 | irements for all transport including Aircrafts in  |
| Maintained inventory of assigned, availa  | able and off road or out of service resources;   |
| Ensured safety measures within jurisdict  | tion;  |
| Maintained record of various activities p<br>sent to the Sup. BD; and                     | performed as per IRS Form-004 (enclosed) and   |
| Performed any other duties as assigned b  | y the Sup. BD.   |
| Unde  | ertaking   |
| It is certified that I have gone through the I responsibilities during disaster response. | IRS check list and I am aware of my roles and  |
| I will hand over this check list to the new incu  | ımbent on my transfer.   |
| Signature with seal Designation (Actual) Designation as per IRS: GROUND SUPPORT UNIT      | Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand. |
| ABBREVIATIONS   | LOGISTICS SECTION  |

**IAP: Incident Action Plan IRS: Incident Response System LSC: Logistics Section Chief Sup.BD: Support Branch Director TBD:**Transportation Branch Director



# PROCUREMENT UNIT LEADER (PUL)

State level- Officer Earmarked

Director Treasury and Senior officers of

department concerned Mobile: 7060108501

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever

is appropriate)

# Check the check box with a when a task is completed

### District level - Officer Earmarked

District Asst. Treasury Officer/Officer in-charge Bills Supported by CRA

Mobile:

Wireless : Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is

appropriate)

| Attended to all financial matters pertaining to vendors and contracts;  |
|---|
| Reviewed procurement needs in consultation with the FBD and Staging Area Manager;   |
| Prepared a list of vendors in consultation with department concerned from whom procurement can be done and follow proper procedures;                    |
| Ensured all procurements ordered are delivered on time;   |
| Coordinated with the FBD for use of imprest funds, as required;   |
| Completed final processing of all bills arising out of the response management and sent documents for payment with the approval of the FBD, LSC and IC; |
| Briefed FBD on current problems with recommendations on outstanding issues and follow-up requirements;  |
| Maintained record of activities performed as per IRS Form-004 (enclosed) and sent to FBD; and   |
| Performed other duties as assigned by the FBD.  |
|   |

# Undertaking

It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response.

I will hand over this check list to the new incumbent on my transfer.

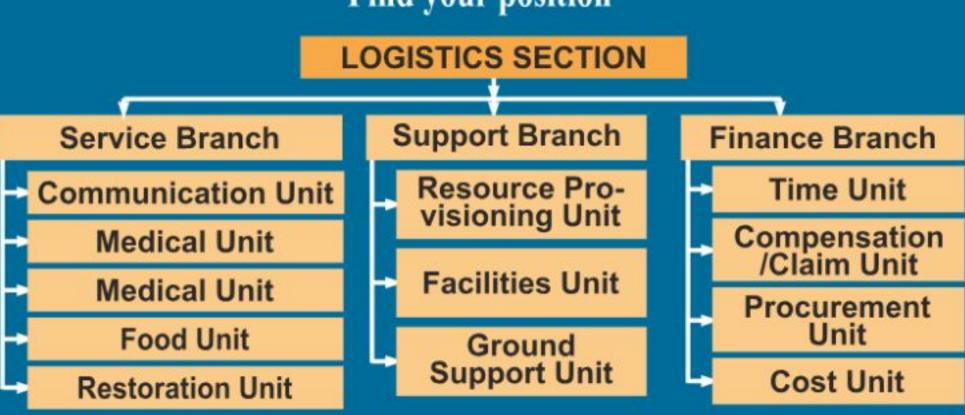
Signature with seal
Designation (Actual) ......
Designation as per IRS: PROCUREMENT UNIT LEADER

Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand.

## **ABBREVIATIONS**

FBD:Finance Branch Director IC:Incident Commander IRS: Incident Response System LSC: Logistics Section Chief

# LOGISTICS SECTION Find your position



# FINANCE BRANCH DIRECTOR (FBD)

# Check the check box with a when a task is completed

### State level- Officer Earmarked

Secretary/Additional Secretary Finance

Mobile: 9927699691

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

### District level - Officer Earmarked

Chief Treasury officer/Senior Treasury officer
Mobile: \_\_\_\_

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is appropriate)

|     | Worked under supervision of the LSC   | and respond to I          | AP;   |                                    |
|-----|---|---------------------------|---|------------------------------------|
|     | Attended planning meetings;   |                           | *   |                                    |
|     | Prepared a list of resources to be mobile Obtained orders of the competent au action for their procurement without de | ithority as per f         |   |                                    |
|     | Ensured that time records of hired equi<br>maintained as per Government norms   |                           | nel and their service   | es are accurately                  |
|     | Examined and scrutinised cost involution, analysis the cost effect  |                           |   |                                    |
|     | Ensured that all obligation document completed, verified and signed by the a  |                           |   |                                    |
|     | Briefed the LSC or IC on all incident rel   | ated financial iss        | sues needing attenti  | ion or follow-up;                  |
|     | Maintained record of various activities sent to Sections concerned; and   | s performed as            | per IRS Form-004  | 4 (enclosed) and                   |
|     | Performed any other duties as assigned  | d by the LSC or l         | IC.   |                                    |
|     | Une   | dertaking                 |   |                                    |
|     | is certified that I have gone through th sponsibilities during disaster response.                                     | e IRS check lis           | and I am aware  | of my roles and                    |
| Iw  | vill hand over this check list to the new ir  | ncumbent on my            | transfer.   |                                    |
| Des | gnature with seal esignation (Actual)esignation as per IRS: FINANCE BRANC   | ••••                      | Note: To be give officer and a copy submitted to Secondary Management, Continue of the Uttarakhand. | y of it shall be cretary, Disaster |
| Αŀ  | BBREVIATIONS  |                           | GISTICS SECTION Find your position  |                                    |
|     | D:Branch Director   |                           | LOGISTICS SECTION   |                                    |
|     | AP:Incident Action Plan C:Incident Commander  | Service Branch            | Support Branch  | Finance Branch                     |
|     |   | ommunication Unit         | Resource Pro-<br>visioning Unit   | Time Unit                          |
| LS  | SC: Logistics Section Chief   | Medical Unit Medical Unit | Facilities Unit   | Compensation /Claim Unit           |
|     |   | Food Unit                 | Ground  | Procurement Unit                   |
|     |   | Restoration Unit          | Support Unit  | Cost Unit                          |

# COMPENSATION/CLAIMS UNIT LEADER (Com./CUL)

# Check the check box with a when a task is completed

### State level- Officer Earmarked

US Disaster Management

Mobile: 9927699691

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever

is appropriate)

### District level - Officer Earmarked

Divisional Account Officer (PWD) assisted by

AO/CRA Mobile:

Wireless: Police Net / Forest Net/SDRF
Net/Army Net/CPMF net (put ✓ whichever is

appropriate)

| Worked under supervision of Finace Branch Director and respond to IAP;   |
|--|
| Collected all cost data and provided cost estimates;   |
| Prepared and maintained a list of requisitioned premises, services, resources and vehicles, etc. with correct date and time of such requisition; |
| Followed appropriate procedures for preparation of claims and compensation (human and property);   |
| Requisitioned additional human resources, if required;   |
| Maintained record of various activities performed as per IRS Form-004 (enclosed) and sent to FBD; and  |
| Performed any other duties as assigned by the FBD.   |

# Undertaking

It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response.

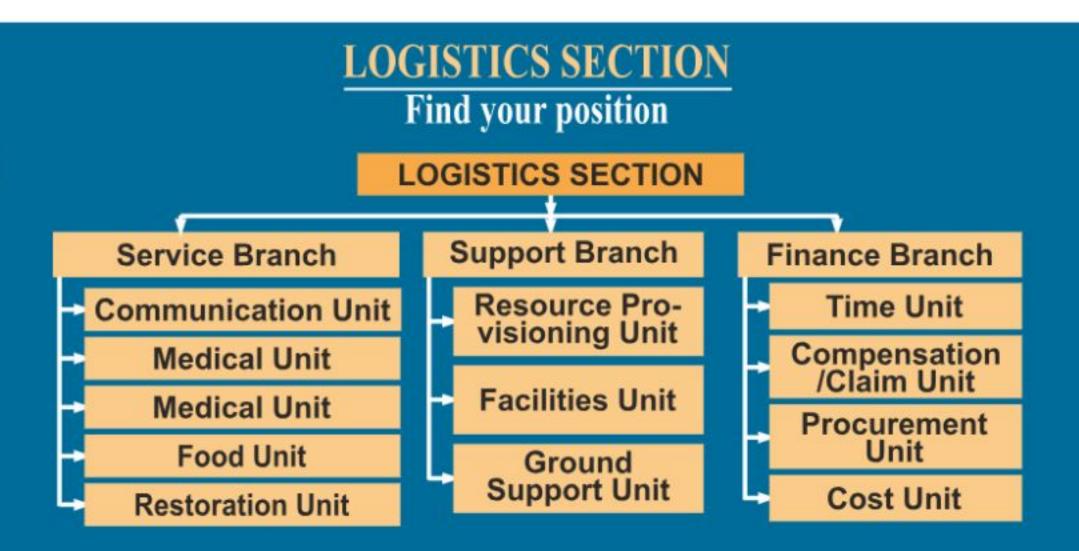
I will hand over this check list to the new incumbent on my transfer.

Signature with seal
Designation (Actual) ......
Designation as per IRS: compensation/claims unit leader

Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand.

## **ABBREVIATIONS**

IRS: Incident Response System FBD: Finance Branch Director



# COST UNIT LEADER (CUL)

Check the check box with a when a task is completed

### State level-Officer Earmarked

Joint Secretary, Finance Mobile: 8475009815

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever

is appropriate)

### District level - Officer Earmarked

District audit officer assisted by audit staff/

Sub Treasury Officer

Mobile:

Wireless: Police Net / Forest Net/SDRF Net/Army Net/CPMF net (put ✓ whichever is

appropriate)

| Worked under supervision of Finance Branch Director and respond to IAP;                               |
|---|
| Developed incident cost summaries in consultation with the FBD on the basis of Cost Analysis Report;  |
| Made cost-saving recommendations to the FBD;  |
| Completed all records relating to financial matters prior to demobilisation;                          |
| Maintained record of various activities performed as per IRS Form-004 (enclosed) and sent to FBD; and |
| Performed any other duties as assigned by the FBD   |

# Undertaking

It is certified that I have gone through the IRS check list and I am aware of my roles and responsibilities during disaster response.

I will hand over this check list to the new incumbent on my transfer.

Signature with seal

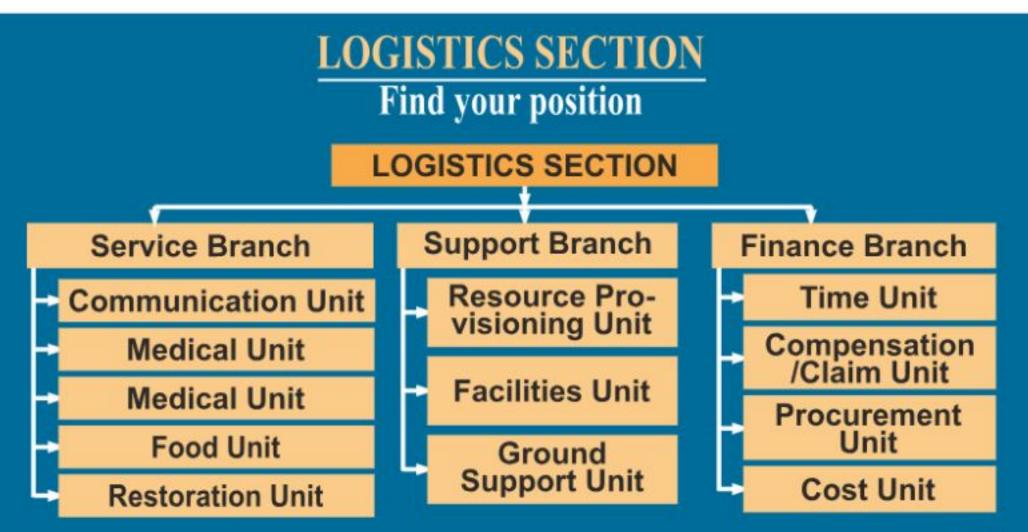
Designation (Actual) ......

Designation as per IRS: COST UNIT LEADER

Note: To be given to the reporting officer and a copy of it shall be submitted to Secretary, Disaster Management, Government of Uttarakhand.

### **ABBREVIATIONS**

FBD:Finance Branch Director IRS: Incident Response System



# IRS FORMS



**IRS FORM-004-Record of Performed Activities** 

IRS FORM-005-Organization Assignment List

IRS FORM-006-Incident Check-in and Deployment List

**IRS FORM-007-On Duty Officer List** 

IRS FORM-008-Medical Plan

**IRS FORM-009-Communication Plan** 

# IRS FORM

004-Record of Performed Activities



# Prepared by:

Responders of all Sections (Operations, Planning & Logistics).

## **Instruction:**

Completed IRS-004 form will be submitted to section chiefs of the respective sections. The section chiefs will refer this form during preparation of IAP as well as updating the RO/IC.

# Record of Performed Activities-IRS Form 004

# Attach a separate Sheet if space is not sufficient

| (Prepared by al  | 10. Name a                                     | Incic                               |     |   |  |  |               | the Responder           | 6 Name of         | 5. Name of the Facilities wher (Specify With exact location).  | 4. Name of the Section: |       |       | 1.Name of the Incident:    |                                  |
|--|--|-------------------------------------|-----|---|--|--|---------------|-------------------------|-------------------|--|-------------------------|-------|-------|----------------------------|----------------------------------|
| (Prepared by all responders bellow the Section)                      | 10. Name anddesignation of officer Prepared by | Incident/Accident (Specify, if any) | (a) | 9. Any                                      |  |  |               | i. House a recording to | 7 Work Assigned   | Facilities where (ICP/Incident Base/Canexact location).  | Section: —              |       |       | Incident:                  | Allac                            |
| Signature Signature Site Chief of the site coordination Center Time: |  |                                     |     | y incident/accident during the response and |  |  |               |                         |                   | 5. Name of the Facilities where (ICP/Incident Base/Camp/Relief camp/Staging Area, Medical Camp/Helibase/Helipad/Any (Specify With exact location). | Bran                    | Time: | Date: | 2. Operational period      | n a separate oneer n space is no |
| tion Center  |  | Action Taken                        | (b) | action tak                                  |  |  |               |                         |                   | mp/Helibase/Helipa   | Branch/Division/Unit:   |       |       |                            | or sufficient                    |
| Time:  | 11. Dispatch: Date:                            | 1                                   |     |   |  |  |               | Deployment              | f                 | ıd/Any other) Di vision or   |                         |       |       | <ol><li>Prepared</li></ol> |                                  |
| Receiving Offi   |  |                                     |     |   |  |  | Completed Not | (a)                     | 7. Status of work | ision or Unit is   |                         |       |       |                            |                                  |
| icer   |  |                                     |     |   |  |  | ot Completed  | (b)                     | (Put tick mark)   | deployed   |                         |       |       |                            |                                  |

# IRS FORM

# 005-Organization Assignment List



# Prepared by:

DOCUMENTATION UNIT LEADER of Planning Section.

## **Instruction:**

The IRS Form-005 shall be prepared as per IAP and will be circulated among all the responders and supervisory staff at the beginning of each operational period by the Documentation Unit of Planning Section.

# Organization Assignment List IRS Form 005

# Attach a separate Sheet if space is not sufficient

| 1.Na  | me of the Incident:              | 2. Operational Period: |          | 3.Prepared: | •             |          |  |  |  |  |
|-------|----------------------------------|------------------------|----------|-------------|---------------|----------|--|--|--|--|
|       |                                  |                        |          |             | Date:         |          |  |  |  |  |
|       |                                  |                        |          |             | Time:         |          |  |  |  |  |
| 4. Na | me of the Section to whom wor    | k assigned:            |          |             |               |          |  |  |  |  |
| 5.Na  | me of the supervisory Officer co | oncerned:              |          |             |               |          |  |  |  |  |
| 6. Na | me of the responder:             |                        |          |             |               |          |  |  |  |  |
|       | st of task assigned              |                        |          |             |               |          |  |  |  |  |
| /. LI | st of task assigned              |                        |          |             |               |          |  |  |  |  |
| Sl.   | Tas                              | sk                     |          |             |               | Location |  |  |  |  |
| 1     | Restoration of road fi           | romKM t                | o        | _KM         |               |          |  |  |  |  |
| 2     | Restoration of bridge            |                        |          |             |               |          |  |  |  |  |
| 3     | Restoration of power             | fromKM                 | [ to     | KM          |               |          |  |  |  |  |
| 4     | Restoration of water             | fromKM                 | to       | KM          |               |          |  |  |  |  |
| 5     | Restoration of mobile            | e tower (BSNL / 1      | ldea / A | ir Tel/ Vo  | oda Fone /    |          |  |  |  |  |
|       | Air Cell/ Tata Indicor           | m/ Uninor / Relie      | nce / A  | ny other)   |               |          |  |  |  |  |
| 6     | Conduct of Search ar             | nd Rescue activity     | 7        |             |               |          |  |  |  |  |
| 7     | Managing Communit                | ty kitchen             |          |             |               |          |  |  |  |  |
| 8     | Provide medical treat            | ment tono              | s. of af | fected co   | mmunities     |          |  |  |  |  |
| 9     | Management of camp               | (For responders        | )        |             |               |          |  |  |  |  |
| 10    | Management of Relie              | ef camp                |          |             |               |          |  |  |  |  |
| 11    |                                  |                        |          |             |               |          |  |  |  |  |
| 12    |                                  |                        |          |             |               |          |  |  |  |  |
| 13    |                                  |                        |          |             |               |          |  |  |  |  |
| 14    |                                  |                        |          |             |               |          |  |  |  |  |
| 15    |                                  |                        |          |             |               |          |  |  |  |  |
| 8. Na | me and designation of officer P  | repared by:            |          |             |               |          |  |  |  |  |
|       |                                  |                        |          | a           | . Approved by | PSC:     |  |  |  |  |
|       |                                  |                        |          |             | . Approved by | 150.     |  |  |  |  |

Source: Adapted from IRS Guidelines, NDMA

# IRS FORM

# 006-Incident Check-in and Deployment List



# Prepared by:

Manager / In charge of various facilities (Staging Area, Camp, Relief Camp, ICP, Heli Pad and Heli Base) of Operations Section.

### **Instruction:**

Completed IRS Form-006 shall be submitted to Resource Unit of Planning Section. The Resource Unit Leader will suitably integrate the resource in the IAP. The same will also be handed over to Medical Unit, Food Unit, Ground Support Unit, Cost Unit and procurement unit leader of the LS. It is also the responsibility of the Resource Unit of Planning Section to collect form from the Manager / In-charge of various facilities (Staging Area, Camp, Relief Camp, ICP, Heli Pad and Heli Base) of Operations Section.

# Incident check-in and Deployment list IRS Form 006

# (Attach a separate Sheet if space is not sufficient)

| 9.Name and designation of officer Prepared by: |  |  |  | Personnel     | Agency Nos. of        | Personnel                 | (a) (b) | 5.Resource Check-in information |       |  |           | 1.Name of the Incident:                         |
|--|--|--|--|---------------|-----------------------|---------------------------|---------|---------------------------------|-------|--|-----------|---|
| cer Prepa                                      |  |  |  |               | Kind/                 | Equ                       |         | ac                              |       |  |           |   |
| ared by: —                                     |  |  |  |               | / Nos. of             | Equipment                 |         |                                 |       |  | Facility: | 2. Name of t                                    |
|  |  |  |  |               |                       | Govt.                     | (a)     | 6.Sou<br>Mobil                  |       |  |           | the sect  |
|  |  |  |  |               |                       | Private                   | (b)     | 6.Source of<br>Mobilization     |       |  |           | ion/Bra   |
|  |  |  |  |               |                       | Date                      | (a)     | 7.Check-in                      |       |  |           | nch/Divisi                                      |
|  |  |  |  |               |                       | Time                      | (b)     | n                               |       |  |           | 2. Name of the section/Branch/Division/Unit and |
|  |  |  |  | Put Ti        |                       | If still in Facility      | (a)     |                                 |       |  |           | 3.Operat  |
|  |  |  |  | Put Tick mark | enance                | Sick/out of service/Maint | (b)     | 8.Stat                          |       |  |           | 3.Operational Period:                           |
|  |  |  |  |               | deployed<br>(specify) | Location of site if       | (c)     | 8.Status of Resources           | Time: |  | Date:     | 3.Pr  |
|  |  |  |  |               |                       | Date                      | (p)     |                                 | e:    |  |           | 3.Prepared:                                     |
|  |  |  |  |               |                       | Time                      | (e)     |                                 |       |  |           |   |

# IRS FORM 007-On Duty Officer List



# Prepared by:

All Sections (Operations, Planning and Logistic Section).

## **Instruction:**

This IRS form-007 shall be maintained by all the section and sent to RO/IC. This will help the RO/IC to easily locate officers and issue directions to them, if required.

# On Duty Officer List-IRS Form 007 (Attach a separate Sheet if space is not sufficient)

| 12. Name a                                  |  |  |  |  |  |  |  |                              | SI                                |       | 1.Name of t                                    |
|---|--|--|--|--|--|--|--|------------------------------|-----------------------------------|-------|--|
| Name and designation of officer Prepared by |  |  |  |  |  |  |  |                              | <ol><li>Name of Officer</li></ol> |       | l.Name of the incident:                        |
| Prepared by                                 |  |  |  |  |  |  |  | in Normal<br>Period          | 6.Designation                     |       | 2. Name of                                     |
|   |  |  |  |  |  |  |  | mail Id                      | 7.Phone.No./E-                    |       | Name of Section/Branch/Division/Unit(Specify): |
| 13. Signature of the section chief          |  |  |  |  |  |  |  | for the incident             | 8.IRS Position                    |       | ision/Unit(Specify):                           |
| e section chief                             |  |  |  |  |  |  |  | Deployment                   | 9.Location of                     |       | 3.Operational Per                              |
| Date<br>Time                                |  |  |  |  |  |  |  | of camp with contact details | 10. Location                      |       | Period:  |
| 14. Dispatch                                |  |  |  |  |  |  |  |                              | 11. Any other Information         | Time: | 4.Prepared Date:                               |

# IRS FORM

# 008-Medical Plan



# Prepared by:

MEDICAL UNIT of Logistics Section.

## **Instruction:**

- 1. This Medical Plan will be prepared in accordance with IAP which will help for effective mobilization and deployment of medical resources.
- 2. Representatives of participating agencies like SDRF, NDRF, Army, CPMF and others shall be involved during preparation of medical plan.

# Source: Adapted from IRS Guidelines, NDMA

# Medical Plan-IRS Form 008 ch a separate Sheet if space is not sufficient)

|               | 9. Name and  |  | Yes            | (a) | among the ar                | 7.Road map                 |  |  |         |           |            | (a)         | 5.status                     |  |          |             |                                  |     | 4.1 Sl.No.                 |       |              | 1.Name of the incident: |
|---------------|--|--|----------------|-----|-----------------------------|----------------------------|--|--|---------|-----------|------------|-------------|------------------------------|--|----------|-------------|----------------------------------|-----|----------------------------|-------|--------------|-------------------------|
|               | designation o  |  |                |     | among the ambulance service | map of the area circulated |  |  |         |           |            | (b)         | of Ambulance                 |  |          |             |                                  | (s) | 4.2 Location               |       |              | e incident:             |
|               | Name and designation of officer Prepared by (Medical Unit) |  | No             | (b) | ice                         | culated                    |  |  |         | No        | Paramedics | (c)         | Services                     |  | Officers | Medical     | No.of                            | (a) |                            |       |              |                         |
|               | red by (Medica   |  |                |     |                             |                            |  |  |         | Locations | (a)        |             |                              |  | staff    | Paramedics  | No. of                           | (b) |                            |       |              | 2.Operati               |
|               | al Unit)   |  | Location       | (a) |                             |                            |  |  | centre  | Sub       | (b)        |             |                              |  |          | Specify)    | Others (ANM & trained volunteers | (c) |                            |       |              | 2.Operational period:   |
|               |  |  |                |     |                             |                            |  |  |         | PHC       | (C)        | 6.1 Govt.   | 6. A                         |  |          |             | -                                |     | 4.3                        |       |              |                         |
|               |  |  |                |     |                             | 8.Referral                 |  |  |         | Hospitals | (d)        |             | Availability of              |  | 1 63     | Vac         | Life saving dr                   |     |                            | Time: | Date:        | 3.pre                   |
|               |  |  | Address        | (b) |                             | Medical Facilities in the  |  |  | college | Medical   | (e)        |             | f Regular Medical            |  | INO      | <b>V</b> I2 | drugs/Appliances                 | (b) | Resources Available in the | **    | ••           | 3.prepared              |
| 10.           |  |  |                |     |                             | ties in the                |  |  | ions    | Locat     | (a)        |             |                              |  |          | Blood       | Facilit                          |     | e medical                  |       |              |                         |
| ).Approved by |  |  |                |     |                             | e Neighborhood             |  |  |         | Clinic    | (b)        |             | ities (Spe                   |  | 68       | Blood Banks | Facilities of referral           |     | camp                       |       |              |                         |
| ed by         |  |  |                |     |                             | orhood                     |  |  | Home    | Nursing   | (C)        | 6.2         | Facilities (Specify in Nos.) |  | INO      | 7           | erral services                   | (e) | 7                          |       | established: | 4.total                 |
|               |  |  | Specialization | (c) |                             |                            |  |  |         | Hospitals | (b)        | 6.2 Private | s.)                          |  |          |             | es and                           |     |                            |       | shed:        | Nos. of m               |
|               |  |  | ization        | ٣   |                             |                            |  |  | College | Medical   | (e)        |             |                              |  |          |             | Any other                        |     |                            |       |              | of medical aid          |
|               |  |  |                |     |                             |                            |  |  |         | RMP       | (f)        |             |                              |  |          |             | er (Specify)                     | (f) |                            |       |              | d camp to be            |

# IRS FORM 009-Communication Plan



# Prepared by:

COMMUNICATION UNIT of Logistics Section.

# Communication Plan IRS Form 009 separate Sheet if space is not sufficient)

(Attach a

| 1.Name o          | l.Name of the Incident:   |                     |                   |   |                     |               | 2. Ope   | <ol><li>Operational Period:</li></ol> | Period:               |              |                                     |            | 3.Prepared          | d     |   |
|-------------------|---|---------------------|-------------------|---|---------------------|---------------|----------|---------------------------------------|-----------------------|--------------|-------------------------------------|------------|---------------------|-------|---|
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            | Date:               |       |   |
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            | Time:               |       |   |
|                   |   |                     |                   | 10  | 3.List of locations | ations where  |          | communication is                      | n is available        | ble          |                                     |            |                     |       |   |
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |
| (a)               | (b)   | (c)                 |                   |   |                     |               |          |                                       | (b)                   |              |                                     |            |                     |       |   |
| Name of           | Organizati  | Requ                | Requireme         |   |                     |               | 5        | Type                                  | Type of communication | nication     |                                     |            |                     |       |   |
| location          | on  | nt of               |                   | 1   | Wireless            |               |          |                                       |                       |              | HAM R                               | Radio      | W                   | Web   |   |
|                   |   | Backup              | dn<br>—           | HF  | VHF                 | Morse         | Land     | d line                                | Mobile                | Satellite    |                                     |            | E-mail              | Skype |   |
|                   |   | Ye                  | No                |   |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            |                     |       | Ш |
|                   |   |                     |                   | 4.  | List of location    | where         | commu    | communication                         | has to be             | setup        |                                     |            |                     |       |   |
| (a)               | (b)   | (C)                 |                   | (d)   |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |
| Name of           | Organizati  | Requirement         | ement             | Personnel requirement                                     | irement             |               |          |                                       |                       |              |                                     |            |                     |       |   |
| location          | on  | of Backup           | dns               | (Specify Nos. if required)                                | f required)         |               | Wireless | SS                                    |                       | Telephone    |                                     | HAM        |                     | Web   |   |
|                   | responsible   | Power Supply        | Supply            |   |                     | HH            | VHF      | Morse                                 | Land line             | Mobile       | Satellite                           |            | E-mail              | Skype |   |
|                   |   | Yes                 | No                | Yes   | No                  |               |          |                                       |                       |              |                                     |            |                     |       |   |
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |
| 5. Arrang         | ements for rep  | pair and            | replace           | Arrangements for repair and replacement of faulty se      | sets:               |               |          |                                       | 6. In stock           | ck available | e sets (Specify                     | Nos.       | Kind and type)      | )e)   |   |
|                   |   |                     |                   |   |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |
| 7. Networksetup ( | Networking plan for integration in setup (Army/NDRF,etc)Weather | integrat<br>etc)Wea | ion inter<br>ther | r –organisational communication facilities with the local | communica           | ation facilit | ies witl | h the loca                            | al 8.                 |              | Transport requirements maintenance: | nts for su | for supervision and | 1     |   |
|                   | Mil. (272) (272) (273)  | 1923                |                   | S10.50  |                     |               |          |                                       |                       |              |                                     |            |                     |       |   |

Source: Adapted from IRS Guidelines, NDMA 9. Name and designation of officer prepared by:

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