



## TERT Request Form

1. Name of Agency: \_\_\_\_\_

2. Contact Person: \_\_\_\_\_

3. Telephone #: \_\_\_\_\_

4. Alternate contact person and number: \_\_\_\_\_

5. Local Emergency Management Notified (time/date):

\_\_\_\_\_

6. Nature of emergency and impact on PSAP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Work overload
- PSAP evacuation
- Adverse environment conditions
- Localized pandemic
- Other \_\_\_\_\_

7. Is the emergency isolated to a single PSAP or affecting other area PSAPs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What will be the anticipated deployment environment (PSAP, Field response)?

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9. Number and type of personnel needed:

Calltaker: \_\_\_\_\_

Radio Dispatcher: \_\_\_\_\_

Telecommunicator: \_\_\_\_\_

Supervisor \_\_\_\_\_

IT Technician \_\_\_\_\_

Special requests:

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10. Anticipated length of time needed: \_\_\_\_\_

11. Does TERT State Coordinator or appropriate official have PSAP Survey for each affected PSAP? \_\_\_\_\_. If no, complete Survey for each PSAP.

12. Are there any roadblocks, flooded roadways, etc., that would prevent a team from reaching the PSAP? If so, what arrangements have been made to get responding personnel through?

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13. Are there any checkpoints that TERT personnel will have to go through? If so, what arrangements have been made to get responding personnel through the checkpoint?

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14. To what location should TERT personnel respond? Provide specific address and directions.

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15. What type of accommodations arrangements have been made for TERT members?

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