EOC Activation Form (page 1 of 2)

EOC Director:					
Date/time notified:	via:	via:			
Notified by (name)	#	#			
Problem:	Location:	Location:			
EOC will be active	EOC will be activated: YES NO Level				
1. Mark on attached cha functions to be activat		3. Notify Executive Staff			
EOC Level of Res	ponse				
ColorLevel1Local Incident2Local Incident -3Full EOC activaGreenDEACTIVATIO		Deactivation time			
Washburn campu	is disaster				
Type of incident/emergency					
Situation analysis					
1. Lives threatened:	2. Property damaged:	3. Public Information Required?			
4. Emergency services	5. Students impacted?	6. Hazards/threats/risks?			
WU departments involved					
Police Student Health Student Services	Facilities Services Information Systems & Services Human Resources	Safety & Emergency Planning Business Services			

EOC Activation Form (page 2 of 2)

Emergency Operations				
Police	Fire	Medical triage/first aid/ Student Health		
Facilities Services	Safety & Emergency Planning	Residential Living		
Care and shelter	Student Services	Teleommunications/Computing/ Information Services		
Human Resources				
Location(s) and situation statu	Location(s) and situation status:			
Map attached?				
Immediate Action Pla				
Highest priority / goal for EOC:				
EOC actions:				
Primary actions on site:				
Anticipated next steps:				
Anticipated decision, EOC Action Plan update or deactivation				
Date:	Time:	Decision point:		
Attachments (please list):				

EOC Activation Checklist

- Please follow this list to set up the EOC.
- The first person to arrive is responsible for setting up the EOC.
- Forward this checklist to the Situation Status when completed.

Name:	Date:	Event:
Title:	Time:	
EOC activation:	Emergency power:	Telephones:
Full	Yes No	Yes No
Partial		
Set up and test all Radio Cellular Fax E-mail 	Communications Telephones Network 	 Post EOC signs EOC doors Elsewhere, as needed
 Set up table at door with: Sign-in sheet Fax machines Telephone 	 Set up Situation Status: Campus maps Message boards Posting board that you are activating EOC event log Other displays 	Notify: WU police/dispatch
Open doors for ventilation, if needed	Arrange chairs and add tables, as necessary	Notify nearby staff who will be affected
Contact:		
Notes:		

Appendix K.3.1

Date ____/ ___ Time ____: ___am/pm EOC Manager: _____

EOC Action Plan #			
Primary problem or incident			
Highest priorities or operational objectives			
Ctratagia Action	-		
Strategic Action	15		
Strategy:			
Team or position:			
Action	Lead	Tasks/steps	Resources needed
	-		
Strategic Actions			
Time.			
Strategy:			
Team or position:			
Action	Lead	Tasks/steps	Resources needed

Appendix K.3.2

Incident	EOC Action Plan #			
Date//	_/ Time:am/pm EOC Manager:			
Strategic Action	IS			
Time:				
Strategy:				
Team or position:	Team or position:			
Action	Lead	Tasks/steps	Resources needed	
Strategic Action	IS			
Time:				
Strategy:				
Team or position:				
Action	Lead	Tasks/steps	Resources needed	

Appendix K.3.3

Incident	EOC Action Plan #		
Date//	Time:an	n/pm EOC Manager:	
Strategic Action	IS		
Time:			
Strategy:			
Team or position:			
Action	Lead	Tasks/steps	Resources needed
Stratagia Action			
Strategic Action	15		
11110.			
Strategy:			
Team or position:			
Action	Lead	Tasks/steps	Resources needed
Next update:			
Issues:			

EOC Training, Drills and Exercises

Dates(s)/time	Event/activity	Location	Areas tested