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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Event Name** | | | | | **2. Operational Period (Date/Time)** | | | | | **ICS-204 FRMAC Assignment List, Adapted for FRMAC Field Monitoring Teams** |
|  | | | | | **From: To:** | | | | |
| **3. FRMAC Monitoring Personnel** | **Name:** | | | **Contact Phone #(s)** | | | **Home Organization** | | | **4. Team Name** |
| **Monitoring Manager** |  | | |  | | |  | | |  |
| **Field Team Supervisor** |  | | |  | | |  | | |  |
| **5. Resources Assigned** | | | | | | | | | | |
| **Field Monitoring Team Leader** | | | **Contact Phone #(s)** | | | | | **Home Organization** | | |
|  | | |  | | | | |  | | |
| **Field Monitoring Team Member** | | | **Contact Phone #(s)** | | | | | **Home Organization** | | |
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| **6. Work Assignments:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **7. Special Instructions / PPE:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Approved Site Safety Plan Located at:** | | |  | | | | | | | |
| **8. FRMAC Contact** | | **Phone Number** | | | | **FRMAC Contact** | | | **Phone Number** | |
| Field Team Contact: | |  | | | | PIO: | | |  | |
| Monitoring/H&S Direct #: | |  | | | |  | | |  | |
| MPCD Helpdesk: | |  | | | |  | | |  | |
| **9. Prepared by**  **Date/Time** | | | | | | **10. Reviewed by**  **Date/Time** | | | | |

FRMAC Field Monitoring Team Assignment ICS-204FRMAC

**Purpose:**

The ICS 204-FRMAC gives detailed instructions to each FRMAC Field Team. Once the Assignments are agreed to by the State, Monitoring & Sampling, and Assessment. The form will contain detailed contact information, survey route duties, PPE and turn back levels. Each FRMAC Field Team will get an ICS-204FRMAC form and a briefing on the content before departure into the field.

**Preparation:**

The ICS-204FRMAC is normally prepared by the Monitoring Manager, Field Team Supervisor or designee, using guidance from the Incident Action Plan.

**Distribution:**

A copy is supplied to the Field Team, Field Team Supervisor, and to Documentation Control.

**Instructions:**

A separate sheet is filled out for each Field Team.

|  |  |
| --- | --- |
| 1. Event Name | Enter the assigned name for this event. |
| 1. Operational Period (Date/Time) | Team Start and Stop Date and Time entered in Military time. (Time zone is always the FRMAC location time.) |
| 1. FRMAC Monitoring Personnel | Record the Monitoring Manager and Field Team Supervisor Contact Information (Name, Phone Number & Company) so the Field Team can contact them for information. |
| 1. Team Name | The Alpha Numeric Name assigned to the Team. The format should be Phonetic Alphabet Date and shift. Example: "Alpha 2011-04-21 AM" |
| 1. Resources Assigned | Record the Contact information for the field team: Field Monitoring Team Leader & Field Monitoring Team Member (Name, Phone Number & Company). |
| 1. Work Assignments | Detailed instructions of what the Field Team is expected to complete in the field. The information will include survey locations with required measurements and samples. |
| 1. Special Instructions / PPE | Detailed instructions typically relating to safety and operations such as personal protective equipment, allowable exposures and contamination levels. Turn Back Level is the maximum dose and contamination the team is allowed to enter. To reduce confusion all of the units listed should match the instruments used by the field team. |
| Approved Site Safety Plan Located at | Discloses the location of the Site Safety Plan which is available for review. |
| 1. FRMAC Contact Number | List the position and Phone number of the most useful contacts for a Field Team. |
| 1. Prepared by Date/Time | Signature date and time of the person who created the form. |
| 1. Reviewed by Date/Time | After the team has been briefed and before they depart the person conducting the briefing will sign and date. |