

# Appendix G – EOC Forms

## EOC Activation Form

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<b>EOC Director:</b>			
Date/Time Notified:	via:	Notified by (Name):	#:
Problem:		Location:	
EOC will be activated: YES <input type="checkbox"/> NO <input type="checkbox"/> Level <input type="checkbox"/>			
1. Mark on attached chart functions to be activated.		2. Notify Duty staff	
		3. Notify SVP for Business & Finance	
<b>EOC Level of Response</b>			
Color	Level	✓	Deactivation Time
1	Local Incident –		
2	Local Incident – Partial Activation		
3	Full EOC Activation		
Green	DEACTIVATION		
<b>USF Campus Disaster</b>			
Type of Incident/Emergency			
<b>Situation Analysis</b>			
1. Lives Threatened:		2. Property Damaged:	
4. Emergency Services Impacted		5. Students Impacted?	
		3. Public Information Required?	
		6. Hazards/Threats/Risks?	
<b>Departments Involved:</b>			
Police	Facility Services	EH&S	
USF Health	USF IT	Executive Command Group	
Student Affairs	Physical Plant	Academic Services	

# EOC Activation Form

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Emergency Operations		
Police	Fire	Medical Triage/First Aid
Facilities Services	EH&S	USF Health
Care & Shelter	Student Affairs	USF IT
Emergency Staff Services	Building Inspectors	Transportation

**Location (s) and Situation Status:**

**Map Attached?**

**Immediate Action Plan**

**Highest Priority/Goal for the EOC:**

**EOC Actions:**

**Primary Actions on Site:**

**Anticipated Next Steps:**

**Anticipated Decisions, EOC Action Plan Update or Deactivation:**

<b>Date:</b>	<b>Time:</b>	<b>Decision Point:</b>
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**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.

<b>NAME:</b> <b>TITLE:</b>	<b>DATE:</b>	<b>TIME:</b>	<b>EVENT:</b>
<b>EOC ACTIVATION:</b>	<b>EMERGENCY POWER:</b>		<b>TELEPHONES:</b>
<b>FULL:</b> <input style="width: 40px; height: 15px; border: 1px solid red;" type="checkbox"/> <b>PARTIAL:</b> <input style="width: 40px; height: 15px; border: 1px solid red;" type="checkbox"/>	<b>YES</b> <b>NO</b>		<b>YES</b> <b>NO</b>
<b>SET UP AND TEST ALL</b> <ul style="list-style-type: none"> <li>RADIO</li> <li>CELLULAR</li> <li>FAX</li> <li>EMAIL</li> </ul>		<b>COMMUNICATIONS:</b> <ul style="list-style-type: none"> <li>TELEPHONES</li> <li>NETWORK</li> </ul>	<b>POST EOC SIGNS</b> <ul style="list-style-type: none"> <li>EOC DOORS</li> <li>ELSEWHERE AS NEEDED</li> </ul>
<b>SET UP TABLE AT DOOR WITH:</b> <ul style="list-style-type: none"> <li>SIGN-IN SHEET</li> <li>FAX MACHINES</li> <li>TELEPHONE</li> </ul>	<b>SET UP SITUATION STATUS:</b> <ul style="list-style-type: none"> <li>CAMPUS MAPS</li> <li>MESSAGE BOARDS</li> <li>POSTING BOARD</li> <li>EOC EVENT LOG</li> <li>OTHER DISPLAYS</li> </ul>		<b>NOTIFY:</b>  <b>USF IT and USFPD Police dispatch that you are activating!</b>
<b>OPEN DOORS FOR VENTILATION IF NEEDED</b>	<b>ARRANGE CHAIRS AND ADD TABLES, AS NECESSARY</b>		<b>NOTIFY NEARBY STAFF WHO WILL BE AFFECTED</b>
<b>CONTACT:</b>  <b>GIVE YOUR NAME, TELEPHONE NUMBER, AND FAX NUMBER</b>			
<b>NOTES:</b>			

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_

[illegible]

## EOC POSITION LOG SHEET

**Record all major events/decisions/messages. Forward copies of this log to Situation Status and/or the Planning Section Chief.**

[illegible]

Incident \_\_\_\_\_

EOC Action Plan # \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_ : \_\_\_\_ am/pm

EOC Director \_\_\_\_\_

EOC Action Plan #			
Primary Problem or Incident			
Highest Priorities or Operational Objectives			
Strategic Actions			
TIME:			
Strategy:			
TEAM or Position:			
ACTION	LEAD	TASKS/STEPS	RESOURCES NEEDED

Incident \_\_\_\_\_

EOC Action Plan # \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_ : \_\_\_\_ am/pm

EOC Director \_\_\_\_\_

TIME:

*Strategy:*

TEAM or Position:

ACTION	LEAD	TASKS/STEPS	RESOURCES NEEDED

TIME:

*Strategy:*

TEAM or Position:

ACTION	LEAD	TASKS/STEPS	RESOURCES NEEDED

TIME:

*Strategy:*

TEAM or Position:

ACTION	LEAD	TASKS/STEPS	RESOURCES NEEDED

Incident \_\_\_\_\_

EOC Action Plan # \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_ : \_\_\_\_ am/pm

EOC Director \_\_\_\_\_

<b>TIME:</b>			
<b>Strategy:</b>			
<b>TEAM or Position:</b>			
<b>ACTION</b>	<b>LEAD</b>	<b>TASKS/STEPS</b>	<b>RESOURCES NEEDED</b>
<b>NEXT UPDATE:</b>			

Issues:



## Appendix E - Key (RESTRICTED) Emergency Telephone Contact Numbers

Agency	Phone #s	24-hour?	FAX	Email or Website	Physical Location	Note
USF Emergency Operations Center (Tampa Campus)						
USF Back-up EOC						
USF Tampa President's Executive Command Group						
USF Command Center						
USF Allied Barton Security Office						
USFPD Dispatch		Y				
USF Facilities Services/ Power Plant		Y				
City of Tampa		N				

Agency	Phone #s	24-hour?	FAX	Email or Website	Physical Location	Note
Emergency Management						
Hillsborough County EOC		N				
State of Florida EOC		Y (Duty Officer)				
National Weather Service		Y				