

Mutual Aid Survey **_____ County**

Completed survey forms and information must be submitted to the County Emergency Management Office for submission to Wisconsin Emergency Management. Information provided will be used as a planning element in development of regional response plans for potential terrorism events as well as response to events within the all-risk environment.

General Information:

Date Survey Completed:

Name of Person Completing Survey:

Title / Position:

Agency Name:

Address:

Name of Agency or Department Point of Contact:

Phone: FAX: Email:

Type of Public Safety Agency:

Law Enforcement _____ Fire Department _____ EMS _____

Emergency Management _____ Public Works _____ Health Dept. _____

HazMat Team _____ Hospital _____ Bomb Squad _____

Which category describes your response agency?

County _____ City _____ Village _____ Town _____

Private For Profit _____ Private Non-Profit _____

Please attach map indicating the primary emergency response coverage area for your agency.

Mutual Aid Agreement Information:

Please complete the following form for all other agencies or departments with which your department has a mutual aid agreement and provide as much of the supporting information as may be applicable.

Mutual Aid Form

Agency or Department Name:

Address:

Phone:

FAX:

Email:

Do you have a written agreement with the agency or department?

Yes _____ No _____

If you have a written agreement does that agreement stipulate the following:

Activation Authority Yes _____ No _____

Cost Reimbursement Rates Yes _____ No _____

Billing Procedures Yes _____ No _____

Response Liability Yes _____ No _____

Workmen's Comp. Yes _____ No _____

Duration of Assistance Yes _____ No _____

Specific Services Yes _____ No _____

If you have a written agreement, what specific services are covered by the agreement?

Please List: (Examples might include Decon, SWAT Team, K-9 Unit, Ambulances or other specific equipment or responders)

Name: _____

Dept.: _____

Mutual Aid Form

Agency or Department Name:

Address:

Phone:

FAX:

Email:

Do you have a written agreement with the agency or department?

Yes _____ No _____

If you have a written agreement does that agreement stipulate the following:

Activation Authority Yes _____ No _____

Cost Reimbursement Rates Yes _____ No _____

Billing Procedures Yes _____ No _____

Response Liability Yes _____ No _____

Workmen's Comp. Yes _____ No _____

Duration of Assistance Yes _____ No _____

Specific Services Yes _____ No _____

If you have a written agreement, what specific services are covered by the agreement?
Please List: (Examples might include Decon, SWAT Team, K-9 Unit, Ambulances or other specific equipment or responders)

Name: _____

Dept.: _____

Mutual Aid Form

Agency or Department Name:

Address:

Phone:

FAX:

Email:

Do you have a written agreement with the agency or department?

Yes _____ No _____

If you have a written agreement does that agreement stipulate the following:

Activation Authority Yes _____ No _____

Cost Reimbursement Rates Yes _____ No _____

Billing Procedures Yes _____ No _____

Response Liability Yes _____ No _____

Workmen's Comp. Yes _____ No _____

Duration of Assistance Yes _____ No _____

Specific Services Yes _____ No _____

If you have a written agreement, what specific services are covered by the agreement?
Please List: (Examples might include Decon, SWAT Team, K-9 Unit, Ambulances or other specific equipment or responders)

Name: _____

Dept.: _____

Mutual Aid Form

Agency or Department Name:

Address:

Phone:

FAX:

Email:

Do you have a written agreement with the agency or department?

Yes _____ No _____

If you have a written agreement does that agreement stipulate the following:

Activation Authority Yes _____ No _____

Cost Reimbursement Rates Yes _____ No _____

Billing Procedures Yes _____ No _____

Response Liability Yes _____ No _____

Workmen's Comp. Yes _____ No _____

Duration of Assistance Yes _____ No _____

Specific Services Yes _____ No _____

If you have a written agreement, what specific services are covered by the agreement?
Please List: (Examples might include Decon, SWAT Team, K-9 Unit, Ambulances or other specific equipment or responders)

Name: _____

Dept.: _____

(Make additional copies of this form as may be needed to identify all the agencies with which your department has mutual aid agreements with.)