ICS 213 (State)

STATE EMERGENCY OPERATIONS CENTER (SEOC) MESSAGE FORM					
DATE:		TIME:		CALL TAKER:	
CALLER NAME/AGENCY:				CALLER CONTACT INFO:	
GENERAL INFORMATION:					

ROUTING		LOGGED		OPS CHIEF		MAPPED

ICS 213 (State)

ND Department of Emergency Services
Current Version -6/28/13

Submitted By: (EM or Designee)			
	(Agency/Jurisdiction)	*(Name of Submitter)*	*24 Hr. Phone No.*
Requested By:			
	(Agency/Jurisdiction)	*(Name of Requestor)*	*24 Hr. Phone No.*
PRIMARY Point of Contact (POC): (For questions & logistical coord)			
	(Agency/Jurisdiction)	*(Name of Primary POC)*	*24 Hr. Phone No.*
ALTERNATE Point of Contact (POC): (For questions & logistical coord)			
	(Agency/Jurisdiction)	*(Name of Alternate POC)*	*24 Hr. Phone No.*
Date and Time of Request			
	(Date)	*(Time)*	*Time Zone*

Request Details

MISSION/CAPABILITY: (What needs to be accomplished, in order to "Protect Lives and Save Property"? Focus on the problem, not on a specific asset or team believed to be the solution. Address capability needed, functions of the requested item/service, specific requirements or skills required, etc.)	*(Example: To protect residential homes NW of Avenue A, W. and Washington Street N. a temporary earthern levee needs to be constructed 1,000' long by 25' wide by 5' high w/sandbag reinforcement) Top soil stripping, earth moving, shaping, skilled equipment operators and operational equipment.*

Priority: *(Timeframes for processing, coordinating & deploying resource is dependent upon asset, location, etc.)*	**Based on (When Needed)**	**Immediate (Life Safety)**	**Critical (w/in 12 hrs)**	**High (w/in 24 hrs)**	**Medium (w/in 48 Hrs)**	**Low (48+ hrs)**
	(Place an X Under the Appropriate Column to the Right)	☐	☐	☐	☐	☐

Resource Needed	*(Indicate the common name of the resource being requested, e.g. Boat, IMAT, Generator, Pump, Scraper, etc.)*	
Quantity/Capacity/Size	*(e.g. 5 ton, 2 1/2 CY, 200 GPM, 48 Pax, 40 KW, e.g. 150 HP, 2 1/2 " Dia., 100' Long)*	
Special Considerations	*(e.g. w/Operator and Crew, Qualifications, Installation Required, Rough Terrain, High Water, Fuel Type, Attachments, NOTE: Include Separate Components Under Resource Needed Column)*	

Location Needed *(Reporting Point, Staging Area, Street Address, City, State, and LAT/LONG (if available))*			*Latitude:*	
			Longitude:	
Date/Time Needed *(Date and Time that the resource is needed? DO NOT indicate ASAP.)*			*Time Zone:*	
	(Date)	*(Time)*		
How Long Needed *(Date and Time that expect to be finished with the resource?)*			*Time Zone:*	
	(Date)	*(Time)*		

Local Resources Exhausted? *(Public and Private)*	**YES** *(Place an X In Column to the Right)*	☐	**NO** *(Place an X In Column to the Right)*	☐
Mutual Aid Resources Exhausted?	**YES** *(Place an X In Column to the Right)*	☐	**NO** (Place an X In Column to the Right)	☐
Local Declaration Issued? *(Submit a copy to the State EOC.)*	**YES** *(Place an X In Column to the Right)*	☐	**NO** (Place an X In Column to the Right)	☐

Description/Comments *(Address any Special Considerations, e.g., for personnel list all special equipment or authorities required...self sustainability requirements, Projected duration of continuous operations, meals and lodging availability. For equipment - address any special considerations not already addressed, such as safety considerations.)*	
Request For Assistance # ***(SEOC INTERNAL USE ONLY)***	