

MABAS
Staff Assistance Visit (SAV)

File Cover:

Element – Governance and Administration
Date Last Amended: **August 2014**
Branch – Operations

Division # _____
Division Contact Person: _____ Phone: _____
Department: _____ E-Mail: _____
Address: _____ City: _____ Zip: _____
Division FILO: _____ Phone: _____
Division FILO: _____ Phone: _____

SAV Performed By: _____ Date(s): _____

Comments:

SAV Assessments:

Total Sub-Elements Rated # _____
Red: _____ %
Yellow: _____ %
Green: _____ %
N/A: _____ %
Total: _____ 100 %

Assessment and Ratings Comments:

Next SAV Assessment Target Date: _____

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|--|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 11) Do all departments respond with NFPA compliant apparatus? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 12) Do departments respond to MABAS calls with MABAS-issued equipment? (e.g. APRs, UltraRadiacs, MABAS GPS, RAD 57 etc.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 13) How many MABAS alarms per year occur in the division? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 14) Is the division submitting monthly activity reports to MABAS? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 15) Has this division conducted an internal or external financial audit on their portion of dues in the past twenty-four (24) months? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 16) Does your division have a fire fighter rehabilitation policy in compliance with NFPA 1583 where you are utilizing the MABAS RAD 57? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 17) Are all departments responding to MABAS alarms with the recommended staffing? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 18) Does this MABAS division retain copies of their minutes from their scheduled meetings? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 19) Does this MABAS division have a list of e-mail contacts, main U. S Post Office mailing addresses, business phone number and fax numbers for all their member departments? (Please provide a copy.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 20) Has all of the information in question #19 been entered in the Division Management Section of the MABAS Web (CIMS)? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 21) Does this MABAS division maintain a file of all its member agency's MABAS contracts and Board resolutions/ordinances for becoming a MABAS member? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 22) Has this MABAS division conducted or participated in a large scale exercise or tabletop in the last thirty-six (36) months? (Do not count validation exercises.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 23) Are box alarm cards reviewed by a committee? If so, how often? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 24) Identify and update this division's Executive Board representatives by name and department with one primary and three alternates (authority to cast a vote on their behalf at MABAS Executive Board Meeting). Attach the list. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 25) Are any division-owned assets insured through MABAS-IL? (If so, please provide current list with year, make, model and VIN and license plate number.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 26) Are your division's member departments processing personnel for the credentialing of statewide deployments (Tier II cards)? |

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| B) DIVISIONAL DISPATCH CENTER OPERATIONS: | | | | |
|--|------------------------------------|-----------------------------------|---------------------------------|--|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Has the primary and secondary division dispatch center information been entered in the divisional management section of the MABAS Web (CIMS)? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) Do the primary and secondary divisional dispatch centers have an IFERN radio frequency with the proper PL tones? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) If the Division has received an IFERN radio through a MABAS grant, inspect and verify operational readiness and inventory MABAS-provided equipment. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Do the primary and secondary divisional dispatch centers have the appropriate encoding tones on the IFERN frequency for extra alarm activation? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 5) Is the IFERN radio coverage area adequate for all of the division's departments and associated dispatch centers to receive MABAS extra alarm activations? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 6) Are the primary and secondary divisional dispatch centers routinely conducting monthly IFERN radio tests in accordance with the Telecommunications, Communications and Dispatch (TCD) Committee Policies, Procedures & Guidelines? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 7) Confirm that <u>none</u> of the IFERN and tactical frequencies is operating through a repeater network. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 8) Is a complete set of the MABAS Telecommunications, Communications, and Dispatch (TCD) Committee Policies, Procedures and Guidelines available in the primary and secondary dispatch centers? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 9) Are Individual fire agency/department box cards available in the primary and secondary dispatch centers in hardcopy and/or electronic formats? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 10) Are RED Center's and IEMA's twenty-four hour access emergency numbers (seven digit plus area codes) readily accessible in the primary and secondary dispatch centers (RED Center has two numbers 847-724-5700 and 847-272-2121) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 11) Are the primary and secondary dispatch center's twenty-four hour direct access (seven digit plus area code) numbers correctly listed in the Statewide Plan? (Confirm number rings directly to dispatch center) (If incorrect, telephone RED Center immediately and forward an amending e-mail to the MABAS office.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 12) Is there a copy of the MABAS Planning and Mobilization Reference Guide – 2014 Edition (<i>Coloring Book</i>) in the primary and secondary dispatch centers? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 13) Have the MABAS Planning and Mobilization Reference Guide – 2014 Edition (<i>Coloring Book's</i>) blanks been filled in at both the primary and secondary dispatch centers (Tabs A and F-Y, pages 13 and 30-56)? (Red = No blanks/updates filled in; Yellow = Some blanks/updates filled in; Green = All blanks/updates filled in.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 14) By sampling, do the primary and secondary dispatch center operators know how to use the MABAS Planning and Mobilization Reference Guide – 2014 Edition (<i>Coloring Book</i>)? |

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|--|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 15) Do the primary and secondary dispatch centers have a StarComm21 transceiver and understand how to operate it? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 16) Are the primary and secondary divisional dispatch centers routinely conducting monthly StarCom21 radio tests in accordance with the Telecommunications, Communications and Dispatch (TCD) Committee Policies, Procedures & Guidelines? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 17) Is the StarCom21 radio at the primary and secondary dispatch centers on-line and operational? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 18) Have the primary and/or secondary dispatch centers sent dispatchers to the MABAS Annual Dispatchers Conference in the past twelve (12) months? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 19) Are the primary and secondary dispatch center operators (by sampling) comfortable and confident in the skills needed to handle a MABAS extra alarm incident or is additional training required? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 20) Are the primary and secondary dispatch center operators (by sampling) comfortable and confident in the skills needed to handle Statewide Plan activation or is additional training needed? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 21) Do primary and secondary dispatch center operators know how to use the authentication matrix in the MABAS Preparedness Workbook – 2014 Edition? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 22) Have the division officers granted the primary and secondary dispatch centers authority to accept statewide plan deployment taskings through CAD and/or RED Center through the use of the MABAS Planning Workbook – 2014 Edition? |

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| C) DIVISIONAL FIELD OPERATIONS: | | | | |
|--|--------------------------|--------------------------|--------------------------|---|
| Red | Yellow | Green | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1) Have the division's individual departments completed basic MABAS box cards for Fire, EMS, Haz-Mat, TRT, Underwater Rescue and Recovery Operations and Task Forces? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2) Have this division's individual departments participated in MABAS extra alarm incidents or field exercises in the past twelve (12) months? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3) Do this division's individual department's mobile and portable radios have the IFERN frequency and MABAS tactical frequencies with proper PL tones? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4) Do this division's individual departments use the Incident/Unified Command System? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) Do this division's individual departments have a personnel accountability system in place and use it (i.e. passports)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6) Do this division's individual departments use staging areas for MABAS extra alarm incidents? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7) Has this division practiced and is knowledgeable of the reception system used for any Statewide Plan activation due to a Declaration of Disaster? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8) How would you rate the division's overall NIMS compliance? (Red <50%, Yellow = 51-90% or Green = >90%) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9) Are all departments in the division current with their NIMSCAST? (Status report for NIMSCAST to be provided to the division at time of SAV.) (Red = <50%, Yellow = 51%-90%, Green = >90%.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10) Do this division's individual departments know how to activate the MABAS system, including requests for interdivisional aid? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11) Do this division's individual departments know how to activate the Statewide Plan and how to seek a Declaration of Disaster? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12) Do all departments in the division have and use written mayday and emergency RIT standards and procedures? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13) Does this division have a predetermined mutual aid sequence for the closest three (3) decontamination units and do the primary and secondary dispatch centers have the list? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14) Does this division have a predetermined list of the closest five (5) MABAS Haz-Mat Teams, and do the primary and secondary dispatch centers have the list? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15) Does this division have a predetermined list of the closest five (5) Technical Rescue Teams, and do the primary and secondary dispatch centers have the list? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16) Does this division have a predetermined list of the closest two (2) ITTF/MABAS/ILEAS Unified Command units, and do the primary and secondary dispatch centers have the list? |

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|---|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 17) Are all departments in this division included in an Emergency Operations Plan that includes a top five (5) all risk threat list to their area, and concept of operations/contingency plans for each? (Red = <50%, Yellow = 51%-90%, Green = >90%) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 18) Have the individual departments in this division developed and implemented written procedures and policies for personnel assigned Millennium PPE masks? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 19) Have personnel assigned Millennium PPE masks been fit tested for use of the mask and IDOL compliance? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 20) Have individual departmental personnel received basic training on the use, care and maintenance of Millennium PPE masks and cartridge filters? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 21) Is this division in development of or has developed an IMAT team capability? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 22) Spot check and review operational protocols for compliance of all field assigned "UltraRadiac" radiation detection devices. Are annual recalibrations being performed? |

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| D) WAREHOUSE MATERIALS AND ASSIGNED DIVISIONAL RESOURCES: | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------|-----------------|-----|---|-------------|-----------------|-----------------|-----------------------|-------|-------|----------------------|-------|-------|---------------------|-------|-------|--------------------------|-------|-------|----------------------------|-------|-------|
| Red | Yellow | Green | N/A | 1) Visit warehouse and visually inspect and inventory the following items: <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Item</u></th> <th style="text-align: center;"><u>Quantity</u></th> <th style="text-align: center;"><u>Location</u></th> </tr> </thead> <tbody> <tr> <td>DuoDote Injector Kits</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Millennium Canisters</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Camel Back Canteens</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Med Triage-Tracking Tags</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Mass Casualty Incident Bag</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> | <u>Item</u> | <u>Quantity</u> | <u>Location</u> | DuoDote Injector Kits | _____ | _____ | Millennium Canisters | _____ | _____ | Camel Back Canteens | _____ | _____ | Med Triage-Tracking Tags | _____ | _____ | Mass Casualty Incident Bag | _____ | _____ |
| <u>Item</u> | <u>Quantity</u> | <u>Location</u> | | | | | | | | | | | | | | | | | | | | |
| DuoDote Injector Kits | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Millennium Canisters | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Camel Back Canteens | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Med Triage-Tracking Tags | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Mass Casualty Incident Bag | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 2) Is a copy of the current IDPH DuoDote Injector Protocol, approved 3-15-2012, attached to the Divisional DuoDote Injector case? | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 3) Inspect and operate mobile generator/light tower. Hrs. _____ Fuel _____ Key Tethered? _____ Are related cords/reels/connectors present? _____ Fuel Cap Tethered (Recommended)? _____ | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 4) If assigned, inspect and spot check inventory of MABAS Decontamination Vehicle, including blankets, gowns & water filtration unit. Odometer _____ Fuel _____ License Plate _____ Engine Hours _____ Generator Hours _____ License Plate Present? _____ | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 5) If assigned, Inspect and review inventory of ITTF/MABAS/ILEAS Mobile Unified Command vehicle. | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 6) If assigned, inspect MABAS boat(s) and trailer, including related MABAS-issued equipment. License Plate _____ License Plate Present? _____ | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 7) Review assignment of MABAS Division 9 (Chicago Fire Department) map books for operational effectiveness. | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 8) Review dispatch procedures and inspect Masimo RAD 57, non-invasive patient carbon monoxide measuring unit for operational readiness. RAD57 Location: _____ | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 9) If assigned, inspect and check Chicago Fire Department wrench & hydrant adapters. Location? _____ | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 10) Check Canberra UltraRadiac Recalibration Device and Operational Protocol. With what division do you share the Recalibration device? _____ Are annual adjustments of radiation recalibration value being made? _____ | | | | | | | | | | | | | | | | | | |
| Red | Yellow | Green | N/A | 11) If assigned, inspect and operate MABAS Air/Cascade Vehicle as well as review dispatch procedures and operational protocols. Odometer _____ Fuel _____ License Plate _____ Engine Hours _____ Compressor Hours _____ License Plate Present? _____ | | | | | | | | | | | | | | | | | | |

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| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 12) If assigned, check SCBA Fit Test Machine and loan policy. (Record serial number and check for annual recalibration.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 13) Check trailer and start assigned Polaris 6 x 6 Utility Terrain Vehicle (UTV) to check for operational readiness. Are goggles and safety helmets being utilized? Odometer _____ Hours _____ Fuel _____ License Plate _____ License Plate Present? _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 14) Inspect IMAT trailer, spot check inventory and determine if this division has a response procedure for the IMAT trailer to incidents of magnitude. Has the IMAT trailer supplies been organized for ease of use during deployment? License Plate _____ License Plate Present? _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 15) If assigned, inspect and operate the MABAS Positive Pressure Ventilation Vehicle (MVU) as well as review dispatch procedures and operational protocols. Odometer _____ Fuel _____ License Plate _____ License Plate Present? _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 16) Inspect condition and inventory components of Expedient Western Shelter Package & Trailer. (All shelter system components to be carried within assigned trailer.) License Plate _____ License Plate Present? _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 17) Has team deployment sustainment supplies/equipment been added to the Expedient Western Shelter Trailer? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 18) If assigned, inspect condition and inventory MABAS mannequins Adult Quantity _____ Child Quantity _____ Infant Quantity _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 19) Does the division conduct regular training on major MABAS-issued assets? (Please provide copy of annual training schedule and documentation of training conducted in past 12 months for division personnel, not special operations teams.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 20) Are all trailer hitches on MABAS-issued equipment color coded per the MABAS/IFSI standard? (1 7/8" – White; 2" – Orange; 2 5/16" – Blue) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 21) Are current insurance cards present in all MABAS vehicles? |

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| E) HAZ-MAT TEAMS: | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Red | Yellow | Green | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1) Identify lead team members (at least two) and attach a list of their name, rank, department, address, phone number, and e-mail address. Has the team leader information been entered in the divisional management section of the MABAS Web (CIMS)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2) Does the team have a governance structure, such as a team organizational chart? (Review governance documents and/or organizational chart.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3) Does the team have a written set of operational guidelines, procedures, protocols, etc.? (Review guidelines, procedures & protocols.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4) Does the team have a dispatch protocol and are all their division's individual departments and dispatch centers aware of the protocol? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) Does the team's roster include a minimum of twenty (20) names of individuals who are on the team and fully certified? (Red = 1-9; Yellow = 10-15; Green = 16+) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6) Has the team entered their Deployment Roster in the Division Management Section of the MABAS Web (CIMS)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7) Has the team provided a current completed Individual Roster Information Form for each of the team members shown on the roster in Question #6? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8) Has the team provided a photocopy of all team members required certifications/certificates to be a member of the deployable team? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9) Does the team's training roster in CIMS include ten (10) names of individuals who are currently in the process of certification training? (Red = 1-6, Yellow = 7-9, Green = 10) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10) Has the team entered their 10 member Training Roster in the Division Management Section of the MABAS Web (CIMS)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11) Have the deployable team members applied for and received their Tier II credentialing I.D.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12) Does the team have a written annual (12 months) or greater continuing education – exercise training plan? (Provide copy of annual training plan.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13) Does the team maintain a set of individual training records/competency records of its team's members? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14) Does the team require annual physicals for team members in accordance with IDOL requirements? (Medical records should be maintained by each department. Then, the Chief of each department certifies to the Team Leader which members are compliant.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15) Inspect and inventory all major equipment assigned in accordance with the inventory – spot check some serial numbers on major pieces of equipment. a) A list of those items over \$5,000.00 to meet the DHS requirement. b) A list of items between \$1,000.00 and \$5,000.00 c) Spot check other items as determined. |

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| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 16) Is equipment on a written, scheduled inspection, maintenance and recalibration cycle? _____ Is a written record on file? _____ Has the team budgeted for these? _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 17) Inspect DuoDote Injectors issued to the Haz-Mat Team. Location of injectors: _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 18) Is a copy of the current IDPH DuoDote Injector protocol, approved 3-15-2012, attached to the Haz-Mat Team DuoDote Injector Case? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 19) Inspect Millennium Canister cache (160) issued to the Haz-Mat Team. Location: _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 20) Inspect Camel Backs (14) issued to the Haz-Mat Team. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 21) Are required annual recalibrations of equipment being conducted? Are recalibration records kept on file? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 22) Are expendables and time sensitive items (tickets, etc.) within acceptable timelines? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 23) Are expired items kept and used for training purposes and plainly marked "For Training Use Only"? (These "training items" are <u>not</u> to be kept on the response vehicles.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 24) Has the team participated in a joint drill or exercise with other MABAS regional Haz-Mat teams in the past twenty-four (24) months? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 25) Does team have all equipment centrally stored on dedicated vehicle(s) or trailer(s)? (Take a photo of unit(s)) Trucks _____ Trailers _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 26) Are the team's laptops and/or reference books easily available, operational and current? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 27) Is the team capable of being deployed within the MABAS goal of three (3) hours? (Ten members, Haz-Mat Equipment Cache, Generator/Light Tower, ATV, Shelter and be self-sufficient for 72 Hours.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 28) Does the equipment look like it has been exposed to hands-on training (versus still being in packing containers)? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 29) Does the team/division have a written procedure and training plan for decontamination of large groups of civilians and major pieces of equipment? (Review written procedure.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 30) List any new equipment provided to the Haz-Mat Team during the past 12 months. <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 31) Does this team have any unique equipment or capability which sets them apart from other teams? (Take a photo and attach a description of unique capability.) |

MABAS
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| F) TECHNICAL RESCUE TEAM: | | | | |
|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|---|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Identify at least two (2) lead team members and attach a list of their name, rank, department, address, phone number, and e-mail address. Has the team leader information been entered in the divisional management section of the MABAS Web (CIMS)? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) Does the team have a governance structure, such as a team organization chart? (Review governance documents and/or organizational chart.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) Does the team have a written set of operational procedures, guidelines, protocols, etc.? Including confined space? (Federally required) (Review procedures, guidelines & protocols.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Does the team have a dispatch protocol and are all the division's individual departments and dispatch centers aware of the protocol? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 5) Does the team's roster include a minimum of twenty (20) names of individuals who are fully certified? (Red = 1-9, Yellow = 10-15, Green = 16+) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 6) Has the team entered their Deployment Roster in the Division Management Section of the MABAS Web (CIMS)? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 7) Has the team provided a current completed Individual Roster Information Form for each of the team members shown on the roster in Question #6? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 8) Has the team provided a photocopy of all team members required certifications/certificates to be a member of the deployable team? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 9) Does the team's training roster include ten (10) names of individuals who are currently in the process of certification training? (Red = 1-6, Yellow = 7-9, Green = 10) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 10) Has the team entered their 10 member Training Roster in the Division Management Section of the MABAS Web (CIMS)? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 11) Have the deployable team members applied for and received their Tier II credentialing I.D? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 12) Does the team have a written annual (12 months) or more continuing education - exercise training plan? (Provide a copy of Annual Training Plan.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 13) Does the team maintain a set of individual training records/competency records of its team's members? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 14) Does the team require annual physicals for its team members in accordance with IDOL requirements? (Medical records should be maintained by each department. Then, the Chief of each department certifies to the Team Leader which members are compliant.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 15) Inspect and inventory all major equipment assigned in accordance with the inventory – spot check some serial numbers of major pieces of equipment. a. A list of those items over \$5,000.00 to meet the DHS requirement. b. A list of items between \$1,000.00 and \$5,000.00 c. Spot check other items as determined. |

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| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 16) Is equipment on a written, scheduled inspection, maintenance and recalibration cycle? _____ Is a written record on file? _____ Has the team budgeted for these? _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 17) Inspect DuoDote Injectors issued to Technical Rescue Team. Location: _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 18) Is a copy of the current IDPH DuoDote Injector protocol, approved 3-15-2012, attached to the Technical Rescue Team DuoDote Injector Case? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 19) Inspect Millennium Canister cache (16) issued to the Technical Rescue Team. Location: _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 20) Inspect Camel Backs (14) issued to the Technical Rescue Team. Location: _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 21) Spot check Haz-Mat Level B equipment assigned to the team. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 22) Has the team participated in a joint drill or exercise with other regional MABAS Technical Rescue Teams in the past twenty-four (24) months? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 23) If assigned, inspect and inventory MABAS assigned portable UHF radios (12 units). |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 24) Does the team have all its equipment centrally stored on dedicated vehicle(s) or trailer(s)? (Take a photo of unit(s).) Trucks _____ Trailers _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 25) Is the team capable of being deployed within the MABAS goal of three (3) hours? (Ten members, TRT Equipment Cache, Generator/Light Tower, ATV, Shelter and be self-sufficient for 72 Hours.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 26) Does the assigned equipment look like it has been used for hands-on training (versus still being in packing containers)? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 27) List any new equipment provided to the Technical Rescue Team during the past 12 months. <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div> |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 28) Does this Technical Rescue Team have any unique equipment or unique capabilities which set them apart from other teams? (Take photo and attach a description.) |

MABAS
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| G) UNDERWATER RESCUE AND RECOVERY TEAMS: | | | | |
|---|--------------------------|--------------------------|--------------------------|---|
| Red | Yellow | Green | N/A | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1) Identify at least two (2) lead team members and attach a list of their name, rank, department, address, phone number, and e-mail address. Has the team leader information been entered in the divisional management section of the MABAS Web (CIMS)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2) Does this team have a governance structure, organizational chart, etc. to determine policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3) Does this team have written operational guidelines, procedures, protocols, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4) Does this team have an adequate number of members to safely perform rescue and recovery operations, including dive masters, boat operations, shore masters, divers and support personnel? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) Do the team members and functional categories of personnel have needed formal training and certifications? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6) Does the team conduct regular scheduled training for personnel in the following functional categories: Scuba Divers _____ Side Scan Sonar Technicians _____ Sector Scan Sonar Technicians _____ Boat Operators _____ Flood/Swift Water Rescue _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7) Are boat operators trained to OSFM certification standards? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8) Have all boat operators been trained to the MABAS in-service standard provided at the time of boat equipment deployment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9) Does the team's roster include a minimum of twenty (20) names (30 if including sonar operators) who are on the team and fully certified? (Red = 1-9, Yellow = 10-15, Green = 16+). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10) Does the team' entered their Deployment Roster in the Division Management Section of the MABAS Web (CIMS)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11) Have the deployable team members applied for and received their Tier II credentialing I. D.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12) Please provide a roster of all trained Sonar Technicians, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13) Does the team have a written annual (12 months) or greater continuing education – exercise training plan? (Provide a copy of Annual Training Plan.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14) Are individual training record files maintained for all team personnel? (Spot check for certifications and evidence of yearly continuing education.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15) Are there minimal individual standards that team members must meet to remain active members? Is it enforced? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16) Does the team have written proactive safety procedures and are they enforced? |

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|--|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 17) Inspect equipment being used by divers and review written documentation that equipment is being inspected, calibrated, maintained and replaced as needed. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 18) Does the team have the trained, equipped and capable personnel to provide swift water rescue/recovery? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 19) Does this team have the trained, equipped and capable personnel to provide Surface/Sub-Surface rescue/recovery? (Which one or both?) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 20) Does this team have the trained, equipped and capable personnel to provide ice rescue/recovery? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 21) Does this team have trained search dogs and handlers to assist in victim location? If yes, do they own them or have access to them? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 22) Does this team have the capability, equipment and operators to provide sonar victim locating? Sector Scan Sonar _____ Side Scan Sonar _____ |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 23) Does this division have dive rescue boats (flat bottom or pontoon) with trailers? (Attach description and take photos.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 24) Does this division have unique underwater rescue and recovery equipment which provides a unique capability? (Attach written description and take a photo.) |

MABAS
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H) INCIDENT MANAGEMENT ASSISTANCE TEAM (IMAT):

| | | | | |
|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|--|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Does this division have a Type 4 Incident Management Assistance Team? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) How many members does the IMAT have from this division? Please attach a team roster of names and department affiliation. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) Identify lead team members (at least two) and attach a list of their names, department affiliation, addresses, phone numbers and e-mail addresses. Has the team leader information been entered in the divisional management section of the MABAS Web (CIMS)? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Are any members of the IMAT from another division? If so, please provide a separate list of team member names and their respective primary division. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 5) Does this division require minimum training and competency standards in order to be an IMAT member? If so, what are the requirements? (Attach a list of their adopted minimal training and competencies) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 6) Does the team maintain a set of individual training records and/or competency records of its team members? (Spot check for certifications and evidence of yearly continuing education.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 7) Does the team have a written annual (12 months) or greater continuing education - exercise training plan? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 8) Are there minimal individual standards, continuing education and/or drill-exercise requirements that team members must meet in order to remain a rostered team member? Are they enforced? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 9) Does this team have members at assigned NIMS positions? (Command, Ops, Logistics, Plans, Finance/Admin.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 10) Does the team have a dispatch protocol/deployment plan and are all the division's individual departments and dispatch centers aware of the protocol/plan? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 11) Do the divisional dispatch centers have a written copy of the dispatch protocol/deployment plan? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 12) Does the team have a written set of operational guidelines, procedures, protocols, etc? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 13) Is there a mission statement included in the operational guidelines, procedures, protocols, etc? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 14) Does the IMAT use standard NIMS ICS forms as a routine part of their operations? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 15) Does the team hold regular meetings/training sessions? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 16) Has this IMAT ever been dispatched and/or deployed? If so, was a written Incident Action Plan (IAP) developed? |

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|---|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 17) May MABAS have a copy of a written IAP developed during an incident? (Please attach.) |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 18) Are any members of this team also a member of an Illinois Type 3 team? If so, please attach a list of names and primary division(s). |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 19) Are any IMAT members also a member of other division teams such as Haz-Mat, TRT, and/or Dive/Rescue? If so, please attach a list of names, team, and primary division(s). |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 20) Has the team conducted a joint drill or exercise with other MABAS regional teams in the past twenty-four (24) months? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 21) Does this team utilize the MABAS provided IMAT trailer when the team is dispatched/deployed? |

Mechanic's Committee Annex

Mobile Generator/Light Tower

| | | | | |
|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|--|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Review condition of Generator/Light Tower Unit – Anything less than green, please note. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) Review documentation of last preventative maintenance. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) Does the host department have an exercise program in place? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Review repair or warranty work performed in the past 12 months. |
| | | | | |

MABAS Decontamination Vehicle

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|---|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Review condition of the MABAS Decontamination Vehicle – Anything less than green, please note. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) Review documentation of last preventative maintenance. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) Does the host department have an exercise program in place? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Review repair or warranty work performed in the past 12 months. |
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MABAS Boat(s) and Trailer

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|---|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Review condition of the MABAS Boat(s) and Trailer – Anything less than green, please note. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) Review documentation of last preventative maintenance. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) Does the host department have an exercise program in place? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Review repair or warranty work performed in the past 12 months. |
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MABAS
Staff Assistance Visit (SAV)

MABAS Air/Cascade Vehicle

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|---|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Review condition of the MABAS Air/Cascade Vehicle – Anything less than green, please note. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) Review documentation of last preventative maintenance. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) Does the host department have an exercise program in place? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Review repair or warranty work performed in the past 12 months. |
| | | | | |

Polaris 6 x 6 ATV and Trailer

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|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|---|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Review condition of the Polaris ATV and trailer – Anything less than green, please note. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) Review documentation of last preventative maintenance. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) Does the host department have an exercise program in place? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Review repair or warranty work performed in the past 12 months. |
| | | | | |

MABAS Positive Pressure Ventilation Vehicle

| | | | | |
|---------------------------------|------------------------------------|-----------------------------------|---------------------------------|---|
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 1) Review condition of the MABAS Positive Pressure Ventilation Vehicle – Anything less than green, please note. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 2) Review documentation of last preventative maintenance. |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 3) Does the host department have an exercise program in place? |
| Red <input type="checkbox"/> | Yellow <input type="checkbox"/> | Green <input type="checkbox"/> | N/A <input type="checkbox"/> | 4) Review repair or warranty work performed in the past 12 months. |
| | | | | |

MABAS
Staff Assistance Visit (SAV)

Document Management:

Executive Board Change form to IT and Operations Branch Chiefs (SIRC)
Monthly MABAS activity reports to Finance Section Administrative Assistant
Division Resource Inventory Forms to Plans Section Chief
Haz-Mat Team Contacts to IT and Plans Section Chief
TRT Team Contacts to IT and Plans Section Chiefs
Underwater Rescue and Recovery Team Contacts to IT and Plans Section Chief
New Member Ordinances and Agreements to Finance Section Administrative Assistant
Dues information to Finance Section Administrative Assistant
Division asset insurance list to Finance Section Chief