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| UNIT EMERGENCY MANAGEMENT (EM) QUARTERLY REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. UNIT:** | | | | | | | **2. TOTAL MILITARY ASSIGNED: CIVILIANS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **3. REPORT PERIOD: (Circle One) \***  1 2 3 4 | | | | | | | | |
| **4. EMERGENCY PREPAREDNESS LIASONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | NAME AND GRADE | | | | | | | | | | | | | DUTY PHONE | | | | | | | | | | HOME PHONE | | | | | | | | | | | | | DATE TRAINED | | | | | | | | | | | | | CURRENT APPT LETTER DATE | |
| PRI |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
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| **5. EOC REPRESENTATIVES (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | NAME AND GRADE | | | | | | | | | | | | DUTY PHONE | | | | | | | | | | | | HOME PHONE | | | | | | | | | | DATE TRAINED | | | | | | | | | | | | | | | DATE OF LAST EXERCISE | |
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| **6. UCC REPRESENTATIVES (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | NAME AND GRADE | | | | | | | | | | | | | DUTY PHONE | | | | | | | | | | HOME PHONE | | | | | | | | | | | | | DATE TRAINED | | | | | | | | | | | | | DATE OF LAST EXERCISE | |
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| **7. UNIT CONTROL CENTER INFORMATION (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | FACILITY #/ROOM # | | | | | | | | | | | | | | TELEPHONE # | | | | | | | FAX # | | | | | | | | | | | | | | | | | | | | STE # | | | | | | | | | REMARKS |
| PRI |  | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  |
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| ORGANIZATION EMAIL | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. EXERCISE EVALUATION TEAM MEMBERS (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND GRADE | | | | | | | | | | | | | | | | DUTY PHONE | | | | | | | | | | | DATE TRAINED | | | | | | | | | | | | | | DATE OF LAST EXERCISE | | | | | | | | | | REMARKS |
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| **9. SHELTER IN PLACE STATUS (for all unit facilities; include second sheet if more room is required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FACILITY# / ROOM # | | COMMUNICATIONS, SIPNET, NIPERNET, RADIOS, STE(s) | | | | | | | | | | | | | | | | | | IS SIP CHECKLIST PERSONALIZED? | | | | | | | | | | LAST EXERCISE | | | | | | | | | | SHELTER KIT | | | | | REMARKS  (Last Inventory) | | | | | | |
|  | | PHONE NO. | | | | # OF LMR(s) | | | | | | | | | | | LMR NET(s) | | | YES | | | NO | | | | | | | DATE  N0 | | | | | | | | | | YES | | | NO |  | | | | | | | |
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| **10. UNIT SPECIALIZED TEAMS (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASSIGNED TEAM | | | | | DATE OF CURRENT APPOINTMENT LETTER | | | | | | | | | | | | | | | | | | | | | | | | TRAINED | | | | | | | | | | | | IN HOUSE TRAINING DATE | | | | | | | REMARKS | | | |
| YES | | | NO | | | | | | | | |
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| NOTE: Specialized teams include: Readiness Support Team (RST), Contamination Control Team (CCT) and SUMP Team. Most teams and those units required to have them can be found in CEMP 10-2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UNIT EM QUARTERLY REPORT (PAGE 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR AND HIGH YIELD EXPLOSIVE (CBRNE) DEFENSE TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Scheduler’s Name: | | | | | | | | | | | | | | | | | | | Grade: | | | Duty Phone: | | | | | | | | | | | | | | | | Date of Current Appt Letter: | | | | | | | | | | | | | |
|  | | | # TRAINED THIS QUARTER | | | | | | | | | | | | | | | | | | # TRAINED YEAR TO DATE (1 JAN TIL DATE) | | | | | | | | | | | | | | | | | | | | | | | | | REMARKS: | | | | | |
| INITIAL | | | | | | REFRESHER | | | | | | | | | | | | INITIAL | | | | | | | | | | | | REFRESHER | | | | | | | | | | | | |
| GROUND CHEM | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | # TRAINED THIS QUARTER | | | | | | | FUNCTIONAL | | | | | | | | | | | # TRAINED YEAR TO DATE (1 JAN TIL DATE) | | | | | | | | | | | | | | | | | | FUNCTIONAL | | | | | | |
| TASK QUALIFICATION TRAINING | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |
| NOTE: Functional Areas are those jobs, defined by HQ USAF, that require additional, job specific training for CBRNE. They are: Logistics Cargo, Vehicles, Security Forces, Munitions, Intelligence, Aircrew Life Support, Medical, Services, Sortie Generation; and Aircrew/Aircraft Operations. Ref: AFI 10-2501 6.6.1.14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12. CHECKLISTS IN SUPPORT OF CEMP 10-2 (IF APPLICABLE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENT TITLE | | | | | | | | | | | DATE OF DOCUMENT | | | | | | | | | | | | | | | | | DATE REVIEWED | | | | | | | | | | | | | | | | | | | REMARKS | | | | |
| MAJOR ACCIDENT (Munitions/Nuclear Weapons/Off-base response/Mass Casualties/HAZMAT/Aircraft Crash) | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| NATURAL DISASTERS (Hurricanes/Tornadoes/Thunderstorms/ Flooding/Lighting Strike/Wildland Fires) | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| ENEMY ATTACK (Deployed Location Only) | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| TERRORIST USE OF WMD (Chemical/Biological/Radiological/ Nuclear/Explosive) | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| OTHER (Specify) | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| **13. STAFF ASSISTANCE VISIT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF LAST SELF INSPECTION | | | | | | | | DATE OF LAST SAV | | | | | | | | | | | | | | | | | | | | | | | | | | DATE OF REPLY TO CEX | | | | | | | | | | | | | | | | | |
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| **14. REMARKS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I have reviewed the information on this form and certify that it is correct. The information will be reviewed and the form will be updated quarterly and sent to the 87th CES/CEX. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. NAME and GRADE OF UNIT EMERGENCY PREPAREDNESS LIASON: | | | | | | | | | | | | | | | | | | Print | | | | | | | | | | | | | Signature | | | | | | | | | | | | | | | | | | | DATE: | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 16. NAME and GRADE OF UNIT COMMANDER/DESIGNATED REPRESENTATIVE: | | | | | | | | | | | | | | | | | | Print | | | | | | | | | | | | | Signature | | | | | | | | | | | | | | | | | | | DATE: | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |

**\* Reporting Periods: 1 (Jan-Mar), 2 (Apr-Jun), 3 (Jul-Sep), 4 (Oct-Dec).**

**NOTE: This report will be used by unit Emergency Preparedness Liaison (EPL) quarterly to help track units progress and/or maintenance of their EM Program. Forward this report to 87 CES/CEX by the last Friday of the last month of the quarter (i.e. Mar, Jun, Sep, and Oct).**

**May contain personal information to be protected under the Privacy Act of 1974. Email containing Privacy Act information must be**

**downloaded and removed from email folders upon receipt. May contain personal information, which must be protected**

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