

### **III. MST FORMS**

The following forms, reports, and guides are primarily used by personnel on an MST deployment. Forms included in this Unit include:

- HHS-301, Personnel Arrival/Departure Information
- HHS-302, Personnel Information Form
- HHS-303, Property Transfer Report
- HHS-304, Property Transfer Log
- HHS-305, Rental Vehicle Tracking Log
- HHS-306, Overtime Authorization
- HHS-307, Individual Time Sheet
- HHS-308, Team Time Report
- HHS-309, Mission Assignment Log
- HHS-310, Hotel Room Tracking Log
- HHS-311, Daily Fuel Requirement Log
- HHS-312, Credit Card Purchase Log
- HHS-313, Requisition for Supplies, Equipment, and Services
- HHS-314, Performance Appraisal
- HHS-315, Planning Process Checklist
- HHS-316, Shift Briefing Form
- HHS-317, Planning Cycle Guide

### **III. MST FORMS**

#### **PERSONNEL ARRIVAL/ DEPARTURE INFORMATION, HHS-301**

##### **Purpose**

Provide a complete list of all personnel assigned to the incident through the check in and demobilization process.

##### **Preparation**

The individual Team Leader and the planning function are responsible to complete the information on all personnel assigned to the incident. The primary responsibility for the completion of this form is with the Point of Arrival/Mobilization Center Specialist in conjunction with the Resource and Mobilization Unit Leaders who use the information to ensure assignments are made and a record of demobilized resources is available. Information is also shared with the Time Unit Leader to ensure time keeping services are available to all personnel.

##### **Distribution**

Current forms are maintained in the Planning and Logistics Sections with copies provided to the Documentation Unit Leader.

**PERSONNEL ARRIVAL/  
DEPARTURE INFO**

**FORM HHS -301**

12/97

(1) INCIDENT

#

/

(2) DISASTER RESPONSE NUMBER:

(3) LOCATION:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6) TEAM NAME:

(7) POINT OF  
DEPARTURE:

(8) POINT OF  
ARRIVAL:

(9) Name	(10) Home Station	(11) Depart/Return Date	(12) Airline Flight/Time
1			/
			/
2			/
			/
3			/
			/
4			/
			/
5			/
			/
6			/
			/
7			/
			/
8			/
			/
9			/
			/
10			/
			/
11			/
			/
12			/
			/

Note: Give connecting flight information.

(13) Signature

(14) Date

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U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**PERSONNEL ARRIVAL/DEPARTURE INFORMATION, HHS-301**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Location	List the location of the incident from where the personnel will be arriving/departing.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	List the Section Chief for the function completing the form.
6	Team Name	List the Team Name and/or number.
7	Point Of Departure	List the location the team or individual departed from to arrive at the incident.
8	Point Of Arrival	List the specific location the team or individual arrived at the incident, i.e., airport, travel via own vehicle, etc.
9	Name	Name of the individual on each team. First name, middle initials and last name.
10	Home Station	List the home base of each individual assigned.
11	Depart/ Return Date/Time	List the date (mm/dd/yy) and time (24 hour) the individual departed and will return to their home base.
12	Airline Flight/Time	Airline and flight number the individual traveled on to the incident and returned to their base.
13	Signature	Provide the signature of the responsible team leader.
14	Date	Enter the mm/dd/yy the information is completed.

### **III. MST FORMS**

#### **PERSONNEL INFORMATION FORM, HHS-302**

##### **Purpose**

To provide an emergency contacts record for all assigned employees.

##### **Preparation**

The responsibility for completion of the form is with Team Leaders and individuals. The Resource Unit Leader will work with the Time and Housing Unit Leaders to ensure all assigned personnel have a current record.

##### **Distribution**

The Resource Unit Leader for the duration of the incident should maintain completed forms. At demobilization the forms should be stored with the Documentation Unit Leader.

**PERSONNEL INFORMATION  
FORM**

(1) Affiliation (Team/Agency)

**FORM HHS – 302**

12/97

(2) PERSONAL:

NAME:

last m.i. first

Medical Strike Team ID #:

ADDRESS:

Driver License #:

State/Expir. Date: /

(3) CONTACT NUMBERS:

Primary Telephone:

(4) HOTEL/MOTEL INFORMATION:

Hotel Name:

Secondary Telephone:

Address:

Personal Cellular:

Telephone:

Personal Pager:

Room #:

(5) EMERGENCY CONTACT INFORMATION #1:

Name/Relation:

Address:

Home Phone:

Work Phone:

Cellular Phone:

Personal Pager:

(6) EMERGENCY CONTACT INFORMATION #2:

Name/Relation:

Address:

Home Phone:

Work Phone:

Cellular Phone:

Personal Pager:

(7) MEDICAL INFORMATION:

Personal Physician:

Telephone Number:

Present Medical Condition:

Medications:

Allergies/Medicinal Reactions:

(8) Signature

(9) Date

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U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

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**III. MST FORMS**

**PERSONNEL INFORMATION FORM, HHS-302**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Affiliation (Team/Agency)	List the affiliation including the Team name and/or number and the home base hosting agency.
2	Personal	Personal information such as home name and address, medical teams ID number, drivers license number, state, etc.
3	Contact Numbers	Telephone numbers including residence, pager, cellular, etc.
4	Hotel/Motel Information	Information on accommodations while assigned to the incident including hotel name, telephone number, room number, etc.
5	Emergency Contact Information 1	List primary emergency contact name, address and telephone number.
6	Emergency Contact Information 2	List secondary emergency contact name, address and telephone number.
7	Medical Information	List personal medical information such as physician's name and telephone number, allergies, medication taking, etc.
8.	Signature	The form is signed verifying that all information is accurate.
9	Date	Enter the mm/dd/yy the form was signed.

### **III. MST FORMS**

#### **PROPERTY TRANSFER REPORT, HHS-303**

##### **Purpose**

Provide documentation necessary for accountability of property issued for the incident.

##### **Preparation**

The MST Section making the transfer is responsible for completing the Transfer Report. This generally falls into the Logistics Section of the MST.

##### **Distribution**

The Property Transfer Report will be retained in the Logistics Section and will serve as the primary record of transfer document. Differences in issues and returns must be reconciled prior to unit/personnel demobilization.



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U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**PROPERTY TRANSFER REPORT, HHS-303**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Location	List the location on the incident where the property is assigned.
4	Date/Time Prepared	Enter the mm/dd/yy, (24 hour time).
5	Property Transfer Report Number	These are sequential numbers assigned that are transferred to the HHS-304, Property Transfer Log.
6	From	List the release office, address and responsible custodian for the property transferred.
7	To	List the receiving office, address and consignee (person responsible for the property).
8	Terms or Authority Transfer	List any specific terms or authorities provided for the transfer.
9	Supplies Assigned This Period	List specific supplies assigned during the operational period that may receive the property for use.
10	Line Item	List the line the property is listed on.
11	Description Of Property	List a specific description of the property transferring.
12	Quantity	List the number of specific items transferring.
13	Unit Value	List the current value (if known) of each unit being transferred.
14	Total Value	List the total value (if known) of the property transferred based on multiplying the quantity by the unit value.
15	Shipping Instructions	List specific instructions if the property is to be shipped by common carrier.

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U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
16	Approved	Show the signature, title and date of the person approving the transfer of the property. This may generally be the MST Logistics Section Chief.
17	Released	Show the signature, title and date of the person releasing the property. This may generally be the MST Supply Unit Leader.
18	Received	Show the signature, title and date of the person receiving the property.
19	Section Chief Signature	Approval by the appropriate Section Chief transferring property.
20	Date	Enter the mm/dd/yy the form was signed.

### **III. MST FORMS**

#### **PROPERTY TRANSFER LOG, HHS-304**

##### **Purpose**

Provide a listing of all non-expendable property transferred in support of the incident.

##### **Preparation**

Prepared and maintained by the Supply Unit Leader within the Logistics Section of the MST.

##### **Distribution**

The log will be maintained as a source document throughout the incident and will serve as a return reference when property is returned after use or at demobilization.



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U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**PROPERTY TRANSFER LOG, HHS-304**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Date/Time Prepared	Mm/dd/yy, 24 hour time
4	Prepared By	List the Section Chief for the function completing the form.
5	Item Description	Provide a simple description of the item being transferred.
6	Manufacturer	List the manufacturer name of the item.
7	Model	List the specific manufacturer model of the property.
8	Serial #	List the specific manufacturer serial number.
9	HHS #	List specific HHS property number.
10	HHS/OEP #	List specific HHS/OEP property number.
11	Agency/Unit Xferred To	List the agency and/or specific unit receiving the property.
12	Person Xferred To	List the person, by name receiving the property.
13	Property Xfer #	Enter the property transfer number.
14	Date	Enter the date the property was transferred.
15	Signature	Section Chief or Unit Leader approving the transfer of equipment.
16	Date	Enter the date the form was signed.

### **III. MST FORMS**

#### **RENTAL VEHICLE TRACKING LOG, HHS-305**

##### **Purpose**

Provides a current list of all rental vehicles assigned to the incident and shows the person who is assigned the equipment.

##### **Preparation**

The Rental Vehicle Tracking Log is initiated and maintained by the Transportation Unit Leader.

##### **Distribution**

The form is maintained within the Transportation Unit until all equipment has been checked in during demobilization. Completed forms are turned into the Documentation Unit for assembly into the complete incident package.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

**RENTAL VEHICLE TRACKING LOG, HHS-305**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Date/Time Prepared	Mm/dd/yy, 24 hour time
4	Prepared By	Show the name of the Transportation Unit Leader or designee completing this log.
5	Type/Model	List the specific model and type of rented equipment, e.g. sedan, 4 door.
6	Color	List the specific color of the vehicle rented.
7	Tag #	List the vehicle license number.
8	Rented By	List the name of the person who originally rented the vehicle.
9	Rental Agency	List the specific rental agency that owns the vehicle.
10	Rented	List the specific date the vehicle was check out of the rental agency.
11	Returned	List the specific date the vehicle was returned to the rental agency.
12	Contract #	List the specific contract or agreement number between HHS/OEP and the rental agency.
13	Rate	List the rate for the rental of the vehicle. This could be a daily or hourly rate and may or may not include a mileage rate.
14	Assigned To	List the name of the individual who is responsible and has the vehicle assigned.
15	Signature	The Transportation Unit Leader should sign the form verifying all information is correct.
16	Date	The Transportation Unit Leader should date the form verifying all information is correct.

### **III. MST FORMS**

#### **OVERTIME AUTHORIZATION, HHS-306**

##### **Purpose**

To receive approval from the MST Leader for overtime expended in support of the actual mission taken by health and medical personnel.

##### **Preparation**

The functional section desiring the approval to work overtime hours completes the request.

##### **Distribution**

The completed and approved authorization is maintained in the Administrative/Finance Section to document approval of overtime shown on HHS-307 Individual Time Sheet.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**OVERTIME AUTHORIZATION, HHS-306**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Accounting Code	List the Accounting Code that has been provided by HHS/OEP to the assigned incident.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	List the Section Chief for the function completing the form.
6	Approving Official	Print the name of the Section Chief who is approving overtime within the functional area.
7	Organization	Print the name of the functional organization, i.e., Logistics, Planning, etc
8	Name	List the name of the individual(s) the overtime is requested for. Show first name, middle initial and last name.
9	Grade	List the salary grade of the individual requesting the overtime.
10	Requested Dates/Est. No. Of Hrs.	List the date and estimated number of hours for the overtime requested.
11	Actual Dates/No. Of Hours	List the actual date and number of hours the overtime was worked.
12	Supervisor's Initials	The Section Chief (Supervisor) for the unit requesting the overtime initials the form.
13	Justification	Write a brief statement for the reason for the overtime request and what other options were explored.
14	Remarks	List any other pertinent remarks relating to the completion of the request.
15	Approval Block	Check the appropriate approved or disapproved block.
16	Signature	The MST Leader must approve all requests for overtime for response personnel.
17	Date	The date the specific request has been approved.

### **III. MST FORMS**

#### **INDIVIDUAL TIME SHEET, HHS-307**

##### **Purpose**

A documentation of individual time worked.

##### **Preparation**

The individual assigned to the incident turns the form in after approvals are received from the MST Leader.

##### **Distribution**

Once approved, the Individual Time Sheet is turned into the Time Unit Leader for posting and processing of payment at the end of the assignment.

# INDIVIDUAL TIME SHEET

**FORM HHS-307**

04/99

(1) INCIDENT

(2) SOCIAL SECURITY NUMBER:

(3) PAY PERIOD:

(4) DUTY STATION (City/State):

(5) PREPARED BY:

(6) NAME:

(7) HOME TEAM:

(8) Week #1	(9) Date	(10) Time In	(11) Time Out	(12) Total Hours	(13) Reg. Hours	(14) O/T Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

(15) Week #2	Date	Time In	Time Out	Total Hours	Reg. Hours	O/T Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

(16) Total Regular Hours

(17) Total Overtime Hours

- All time should be in 24-hour format. Each day should be recorded from 0000 to 2400. If your shift is split between two days, enter the specific hours worked on each day individually. For example, if you work 2000 hrs. Friday to 0800 hrs. Saturday, enter 2000 --2400 on Friday and 0000 - 0800 on Saturday.
- Hours worked up to 8.5 should be entered in the regular hours column. The half hour is unpaid for lunch/dinner; you will only receive pay for 8 hours.  
Overtime — enter the number of hours over 8.5 in one day or over 40 hours in one week (Sunday – Saturday).

(18) Employee Signature

(19) Overtime Approval — MST Leader Signature  
It is the responsibility of the employee to obtain approval and signature for overtime worked above the shift set by the MST.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**INDIVIDUAL TIME SHEET, HHS-307**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Social Security Number	List Social Security number. Payment cannot be processed without this number.
3	Pay Period	List the pay period (1-26) for the period which work was performed.
4	Duty Station	List the city and state where you and/or your team are assigned.
5	Prepared By:	Print name of person preparing.
6	Name	List first name, middle initial and last name.
7	Home Team	List name and/or number of the team that you are assigned to on the incident.
8	Week #1	List time as worked during the first week of the official pay period.
9	Date	List date as worked during the first week of the official pay period.
10	Time In	List the starting time for the day. Use 24-hour time.
11	Time Out	List the ending time for the day. Use 24-hour time.
12	Total Hours	List the total hours worked for the day.
13	Reg. Hours	List the first 8 hours as regular time hours.
14	O/T Hours	List any hours, over and above the first 8 hours as overtime. Do not list time less than 1/4 hour.
15	Week #2	List time as worked during the second week of the official pay period.
16	Total Regular Hours	List the total regular hours worked during the pay period.
17	Total Overtime Hours	List the total hours over the regular hours worked during the pay period.
18	Employee Signature	Must be signed by the employee verifying accuracy and completeness.
19	Overtime Approval	MST Leader signature (approval) is required for all individual time reports.

### **III. MST FORMS**

#### **TEAM TIME REPORT, HHS-308**

##### **Purpose**

Provide a mechanism for current team time to be reported for incident use.

##### **Preparation**

Responsibility for completion is with the assigned Team Leader. A copy of the approved HHS-306, Overtime Approval Form accompanies this form.

##### **Distribution**

Once completed and approved, the form is sent to the Time Unit Leader at the close of each operational period for posting current personnel time on appropriate government time documents.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

**TEAM TIME REPORT, HHS-308**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Response Team	Identify which Response Team report is included.
3	Pay Period	List official government pay period number.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	List the Section Chief for the function completing the form.
6	Name	First name, middle initial, Last name.
7	SSN	List the employees Social Security Number.
8	Day Of Week/Date	Columns are provided for the day of the week. The date must be included mm/dd/yy below the day of the week.
9	Time In/Out	Use 24 hour time for starting and stopping work for the day listed.
10	Total Hours	List total hours worked for the day.
11	Approval	MST Leader must approve and sign in order to receive compensation for overtime above the normal tour set by the MST. It is the responsibility of the person preparing this form to obtain approval and signature of the MST Leader.
12	Date	Show mm/dd/yy the MST Leader made the approval

### **III. MST FORMS**

#### **MISSION ASSIGNMENT LOG, HHS-309**

##### **Purpose**

Documents health and medical activities for the incident during FEMA FRP responses.

##### **Preparation**

The Log is maintained and kept current. Mission Assignments serve as the basis for action by Federal health and medical resources in support of the incident.

##### **Distribution**

The Mission Assignment Log reviewed by the MST Leader and maintained within the Operations Section.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**MISSION ASSIGNMENT LOG, HHS-309**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Response To	Show the specific location of the area where operations are taking place.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	List the Section Chief for the function completing the form.
6	Mission Description	Write a brief description of the goal to be accomplished by OEP actions.
7	Request Date	List the date the mission is requested using mm/dd/yy.
8	Approved Date	List the date the mission is approved using mm/dd/yy.
9	Requested (name/agency)	List the name of the individual and the agency making the requested action.
10	Approved (name/agency)	List the name of the individual and the agency approving the requested action.
11	HHS/OEP Number	List a discrete HHS/OEP number for tracking the HHS/OEP actions.
12	Mission Number	List the requesting agencies mission assignment number.
13	Amount	List the estimated value or cost to HHS/OEP for completing the action requested.
14	Signature	Signature of approving official, MST Leader or MST Operations.
15	Date	Show the date of the approval.

### **III. MST FORMS**

#### **HOTEL ROOM TRACKING LOG, HHS-310**

##### **Purpose**

Used within the Logistics Section to track health and medical response personnel lodging assignments on the incident. A copy may be maintained at the MST Base of Operations (BoO) as a reference to call back personnel in the event of an emergency.

##### **Preparation**

The Housing Unit Leader completes and maintains the form as a working document for each hotel to ensure all rooms are used and to anticipate the need for additional rooms.

##### **Distribution**

The form is currently maintained at the Housing Unit and turned into the Documentation Unit at the end of the incident.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

**HOTEL ROOM TRACKING LOG, HHS-310**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Response To	Show the specific location of the area where operations are taking place.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	Show the person completing the form, generally the using Housing Manager or Facilities Unit Leader.
6	Hotel	List the hotel name.
7	Phone	List the telephone number of the hotel being used and the name of the contact person. It may also be helpful to list the extension where the Housing Unit may be reached.
8	Address	List the address of the hotel being used.
9	Week Of	List the date of the week starting with Sunday.
10	Room Number	List the room number used by the emergency worker.
11	Contract Number	List the government contract or agreement number.
12	Day Of The Week	List the name(s) of the emergency worker assigned to specific rooms for the day of the week listed.
13	Signature	Approved and prepared by the Housing Unit Leader.
14	Date	Show mm/dd/yy the approval was made by the Housing Unit Leader.

### **III. MST FORMS**

#### **DAILY FUEL REQUIREMENT LOG, HHS-311**

##### **Purpose**

Provides a planning document for use within the Logistics function to determine daily fuel requirements.

##### **Preparation**

Prepared by the Transportation and Facilities Unit Leaders for all mechanical fuel driven equipment use.

##### **Distribution**

Provided to the Logistics Section Chief or Transportation Unit Leader.

# DAILY FUEL REQUIREMENT LOG

FORM HHS – 311

12/97

(1) INCIDENT

#

(3) DATE/TIME PREPARED:

(4) PREPARED BY:

(2) DISASTER RESPONSE NUMBER:

(5) UNIT ON LINE	(6) TEAM NAME	(7) UNIT #	(8) Tank Size	(9) GPH	(10) MPG	(11) Hrs/Day	(12) Miles/Day	(13) Daily Reqmnt	(14) In Service
<b>(15) Diesel- Powered Equipment</b>									
Drash	MST	OEP-1							
60KW MQ Generator	MST	OEP-31							
Refrigerated Truck	MST	OEP-51							
250GPH Water Maker	MST	OEP-60							
Suburban (95)	MST	OEP-88							
Crew Cab	MST	OEP-89							
Cube Van	MST	OEP-90							
Drash Generator	MST	OEP-95							
Drash Generator	MST	OEP-96							
								<b>Daily Diesel Fuel Requirements</b>	
<b>(16) Gasoline-Powered Equipment</b>									
6KW Generator	MST	OEP-4							
6KW Generator	MST	OEP-5							
6KW Generator	MST	OEP-6							
Suburban (93)	MST	OEP-58							
4-Wheeler	MST	OEP-56							
4-Wheeler	MST	OEP-57							
								<b>Daily Gasoline Requirements</b>	
<b>(17) Kerosene-Powered Equipment</b>									
Portable Heater	MST	OEP-33							
Portable Heater	MST	OEP-34							
Portable Heater	MST	OEP-35							
Portable Heater	MST	OEP-59							
Portable Heater	MST	OEP-70							
Portable Heater	MST	OEP-71							
								<b>Daily Kerosene Requirements</b>	

(18) Signature

(19) Date

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**DAILY FUEL REQUIREMENT LOG, HHS-311**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Date/Time Prepared	Mm/dd/yy, 24-hour time.
4	Prepared By	Show the name of the individual preparing the form, generally the Equipment Manager.
5	Unit On Line	List equipment, owned or leased that will be used on the incident.
6	Team Name	List the appropriate team name or number for identification.
7	Unit #	List the HHS identification number or the license number or identification on leased equipment.
8	Tank Size	List the size of the fuel tank for each piece of equipment listed.
9	GPH	List the gallons per hour of fuel consumption.
10	MPG	List the estimated miles per gallon consumed.
11	Hrs/Day	List the hours for each day the equipment has or will operate.
12	Miles/Day	List the miles for each day the equipment will operate.
13	Daily Requirement	List the total amount of fuel to be consumed for each piece of equipment.
14	In-Service	List the mm/dd/yy and hour the equipment is placed in service.
15	Diesel-Powered Equipment	List only equipment powered by diesel fuel.
16	Gasoline-Powered Equipment	List only equipment powered by regular unleaded gasoline.
17	Kerosene-Powered Equipment	List only equipment powered by kerosene or other fuel.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual

---

### III. MST FORMS

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
18	Signature	Signature of the person approving the listing of all equipment and fuels. This could be the Equipment Manager or Transportation Unit Leader of Logistics Section Chief.
19	Date	Show the date the form is approved.

### **III. MST FORMS**

#### **CREDIT CARD PURCHASE LOG, HHS-312**

##### **Purpose**

To provide a record of all government credit card use by cardholders. All purchases to support the Team or the incident made using a government credit card must be logged.

##### **Preparation**

The Section Chief, Unit Leader, or person who has been issued the government credit card is responsible to log purchases. For ease of tracking, one sheet per functional area should be maintained, regardless of the issuance of the credit card.

##### **Distribution**

The applicable Command or General Staff person should submit the purchase log to the Administrative/Finance Section Chief at the end of each operational period.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

**CREDIT CARD PURCHASE LOG, HHS-312**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident name	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by OEP/EOC and is either a HHS number or FEMA Disaster Number.
3	Response To	Show the specific location of the area where operations are taking place.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time
5	Prepared By	List the Section Chief for the function completing the form.
6	Date	Mm/dd/yy of actual purchase.
7	Description Of Item Purchased	Briefly describe item(s) purchased and location where they will ultimately be used on the incident.
8	Purchased From	List the name and address of the vendor who sold the item.
9	Purchased By	List the name and title of the purchaser.
10	Auth. By	List the name of the Section Chief with the authority for approval of the purchase.
11	Amount	List the total amount of the purchase including taxes and gratuities paid.
12	App. #	Show the appropriation number that the service or material will be charged against.
13	CAN #	
14	OCC #	
15	Signature	The individual responsible for documenting these purchases should sign the form as verifying accuracy and completeness.
16	Date	Show the date mm/dd/yy the form was approved.

### **III. MST FORMS**

#### **REQUISITION FOR SUPPLIES, EQUIPMENT, AND SERVICES, HHS-313**

##### **Purpose**

Provides a standard format for the requisition of supplies, service, material and equipment in support of the HHS/OEP effort on the incident.

##### **Preparation**

The form completion is the responsibility of the Supply Unit Leader within the Logistics Section.

##### **Distribution**

Once completed the record documented on the order can be used as a checklist for items received. At the conclusion of the incident, all original forms should be filed with the Documentation Unit Leader for inclusion in the final incident package.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

**REQUISITION FOR SUPPLIES, EQUIPMENT, AND SERVICES, HHS-313**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Requisition/Job Number	List the number assigned to this specific requisition.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	List the Section Chief for the function completing the form.
6	Item Number	List the item number being ordered. This number begins with 001 and goes on sequentially.
7	Description	Describe the item ordered. The more specific the description the better the chance of getting the desired item.
8	Quantity	List the specific quantity desired
9	Unit	Define the unit desired, e.g. bx=box, ea =each, etc.
10	Stock Number	Catalog stock number. This may be from a GSA or other merchant catalog.
11	Unit Price	Specific price for the unit ordered.
12	Amount	Total amount for the quantity ordered. This is the quantity multiplied by the unit price.
13	Justification	List any specific justification that will assist the purchasing agent to make the purchase requested.
14	Fund Site	Show the appropriate funding code designated for the incident.
15	Requisitioner's Name	Show the name and incident title of the person making the requisition.
16	Date Required	Show the absolute date the item(s) are needed. ASAP is not acceptable.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
17	Address	Show the address where the items ordered will be shipped to.
18	Deliver To	List the individuals' name and telephone number that will receive the item(s) ordered.
19	Signature	Show the approving Section Chief or MST Leader approving the requisition.
20	Date	Show the date mm/dd/yy the form was approved.

### **III. MST FORMS**

#### **PERFORMANCE APPRAISAL HHS-314**

##### **Purpose**

Provide written documentation of individual performance while assigned to an incident.

##### **Preparation**

The primary responsibility for completion lies with the rated employee's immediate supervisor. It should be noted that this is a two-part form. Both sides of the form need to be completed and signed by both parties.

##### **Distribution**

Completed performance evaluations should be turned in to the Documentation Unit Leader at the time of demobilization. Forms are to be transmitted to HHS/OEP by the MST Leader or CFO. Unsatisfactory performance ratings will be handled by established personnel channels dealing with such matters. Completed forms will be reviewed by HHS/OEP for promotional and training considerations.

# PERFORMANCE APPRAISAL FORM

FORM HHS-314

11/97

(1) INCIDENT

(2) NAME:

(3) POSITION TITLE:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6) REGION/PROGRAM AREA:

(7) EVAL PERIOD — FROM/TO:

(8) DISASTER RESPONSE NUMBER:

(9) GRADE (PT/TEMP) OR LEVEL

**NOTE TO EVALUATOR:** Part I must be completed for all employees. Part II must be completed on all employees in a supervisory capacity. You are required to discuss this evaluation with the employee prior to it being signed by either party. This evaluation must be completed prior to the employee's departure from the assignment.

The following definitions are to be used:

- S SATISFACTORY — consistently meets normal requirements.
- U NEEDS IMPROVEMENT — fails to meet normal requirements.
- N/A UNABLE TO EVALUATE — no opportunity to observe performance.

## PART I

## PART II

(10) ELEMENTS

(11)  
RATING

ELEMENTS

RATING

■ **KNOWLEDGE OF JOB, RULES, REGULATIONS AND POLICIES** — understands duties and responsibilities and applies skills in conformance with applicable guidelines.

\_\_\_\_\_

■ **QUALITY/TIMELINES/SENSE OF PRIORITIES** — produces useful volume of work, meets deadlines, organizes/prioritizes work.

\_\_\_\_\_

■ **QUALITY OF WORK** — finished product is accurate, complete, and in compliance with procedures.

\_\_\_\_\_

■ **INITIATIVE** — assumes responsibility, completes assignments with minimal supervision.

\_\_\_\_\_

■ **DEPENDABILITY** — gets the job done efficiently, adhering to procedures is supportive and reliable.

\_\_\_\_\_

■ **COMMUNICATIONS SKILLS** — gets ideas across clearly, concisely and effectively, both orally and in writing.

\_\_\_\_\_

■ **COOPERATIVENESS** — works well with others to achieve a common goal.

\_\_\_\_\_

■ **PLANNING AND ORGANIZING** — effectively utilizes staff time and skills and develops priority-driven work schedule.

\_\_\_\_\_

■ **LEADERSHIP** — inspires teamwork and productivity; delegates responsibility.

\_\_\_\_\_

■ **DEVELOPS, MOTIVATES AND COUNSELS STAFF** — identifies employee potential; encourages and assists in employee development.

\_\_\_\_\_

■ **PERSONNEL MANAGEMENT** — achieves program goals within the limitations of staff and personnel budget; controls overtime usage.

\_\_\_\_\_

■ **EQUAL OPPORTUNITY/AFFIRMATIVE ACTION** — complies with regulations; displays fairness in selections; encourages/recognizes employees' achievements.

\_\_\_\_\_

■ **TECHNICAL ABILITY** — provides sound, timely advice and inspires action.

\_\_\_\_\_

■ **RESOURCES MANAGEMENT** — efficient management of funds, equipment and supplies.

\_\_\_\_\_

**PERFORMANCE  
APPRAISAL FORM**

**FORM HHS-314**

**PAGE 2** 11/97

(12) INCIDENT

(13) NAME:

(14) POSITION TITLE:

(15) DATE/TIME PREPARED:

(16) PREPARED BY:

/  
(17) REGION/PROGRAM AREA:

/  
(18) EVAL PERIOD — FROM/TO:

(19) DISASTER RESPONSE NUMBER:

(20) GRADE (PT/TEMP) OR LEVEL (

**(21) NARRATIVE (required):**

**(22) SIGNATURE OF RATING OFFICIAL**

**DATE**

**(23) SIGNATURE OF EMPLOYEE** (signifies only that rating has been discussed, does not necessarily indicate concurrence)

**DATE**

**(24) EMPLOYEE'S COMMENTS (optional):**

**(25) Signature of rating official/Title**

**(26) Date**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**PERFORMANCE APPRAISAL HHS-314**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Name	List the name of the individual being evaluated.
3	Position Title	List the title of the position the individual evaluated filled while assigned to the incident.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	Print the rating supervisors name and incident title.
6	Region/Program Area	List the Region and administrative program where the individual being rated works while not assigned to an incident.
7	Eval Period — From/To	List the evaluation period that the rating includes.
8	Disaster Response Number	List the response number assigned. This number is generally provided by OEP/EOC and is either a HHS number or FEMA Disaster Number.
9	Grade (FT/Temp) Or Level	List the rated employee's administrative grade, full time or temporary employment.
10	Elements	Review and provide the evaluation on the elements listed. An evaluation should be provided for each listed element.
11	Rating	Provide S for satisfactory, U for unsatisfactory or N/A for unable to rate each of the elements provided.
12	Incident - Page 2	List the appropriate incident name.
13	Name - Page 2	List the name of the individual being evaluated.
14	Position Title - Page 2	List the title of the position the individual evaluated filled while assigned to the incident.
15	Date And Time Prepared - Page 2	Mm/dd/yy, 24 hour time.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
16	Prepared By - Page 2	Print the rating supervisor's name and incident title.
17	Region/Program Area - Page 2	List the Region and administrative program where the individual being rated works while not assigned to an incident.
18	Eval Period — From/To - Page 2	List the evaluation period that the rating includes.
19	Disaster Response Number - Page 2	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
20	Grade (FT/Temp) or Level - Page 2	List the rated employee's administrative grade, full time or temporary employment.
21	Narrative	Include a supervisory narrative that defines or explains ratings provided.
22	Signature of Rating Official	Signature and title of supervisor completing the performance evaluation.
23	Signature of Employee	Signature of the employee verifying that the appraisal was discussed with the employee. Signature does not imply concurrence.
24	Employee Comments	Any specific comment the employee may elect to make should be written here.
25	Approved by Supervisor/Title -	Signature and title of HHS/OEP official approving the appraisal.
26	Date	Enter the date mm/dd/yy of the forms approval.

### **III. MST FORMS**

#### **PLANNING PROCESS CHECKLIST, HHS-315**

##### **Purpose**

Provide a checklist for members of the Command and General Staff and others to guide them through the action planning process.

##### **Preparation**

This checklist is prepared by the Planning Section Chief and approved by the MST Leader.

##### **Distribution**

The Planning Process Checklist should be posted in a prominent location in the MST BoO and other locations where frequent visibility and reference is available to intended participants.

<b>PLANNING PROCESS CHECKLIST</b>		(1) INCIDENT	<b>FORM HHS – 315</b>  11/97
# (2) DISASTER RESPONSE NUMBER::	(3) OPERATIONAL PERIOD:	(4) DATE/TIME PREPARED:	(5) PREPARED BY:
<b>(6) PLANNING STEP</b>		<b>(7) RESPONSIBILITY</b>	
<b>(8) Brief on current situation status:</b>		<b>Planning Section Chief</b>	
<b>(9) Brief on HHS resource status:</b>		<b>Planning Section Chief</b>	
<b>(10) Review strategic and HHS objectives:</b>		<b>MST Leader</b>	
<b>(11) Plot functional and geographic boundaries:</b>		<b>Operations Section Chief</b>	
<b>(12) Recommend tactics for functional and geographic boundaries:</b>		<b>Operations Section Chief</b>	

# PLANNING PROCESS CHECKLIST

FORM HHS -315

/97

(1) INCIDENT

<p>#</p> <p>(2) DISASTER RESPONSE NUMBER:</p>	<p>(3) OPERATIONAL PERIOD:</p>	<p>4/13/200 - 3:24 PM</p> <p>(4) DATE/TIME PREPARED:</p>	<p>(5) PREPARED BY:</p>
<p>(6) PLANNING STEP</p>		<p>(7) RESPONSIBILITY</p>	
<p>(13) Determine resource needs:</p>		<p>Operations Section Chief</p>	
<p>(14) Specify operations facilities and reporting locations. Plot on map:</p>		<p>Operations Section Chief</p>	
<p>(15) Discuss requirements for:</p> <p>+Communications                   +           Medical</p> <p>+Traffic                               +           Other logistical issues</p>			
<p>(16) Finalize action plan:</p>		<p>Planning Section Chief</p>	
<p>(17) Approve action plan:</p>		<p>MST Leader</p>	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

**PLANNING PROCESS CHECKLIST, HHS-315**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Operational Period	List the operational period referring for this Planning Process Checklist. It should be noted that there will be very little change in this checklist format from one operational period to another.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	List the Section Chief for the function completing the form This is generally the Planning Section Chief with concurrence from the MST Leader.
6	Planning Step	Lists the various steps in the Planning Process. These steps are continued on the second page of the HHS-315.
7	Responsibility	Lists the positions responsible for the discussion or presentation in the planning process. These responsibilities are continued on the second page of the HHS-315.
8	Brief On current situation	The Planning Section Chief or Situation Unit Leader is responsible to carry this out.
9	Brief On resource status	The Planning Section Chief or Resource Unit Leader is responsible to carry this out.
10	Review strategy and objectives	The MST Leader is responsible to carry this out.
11	Plot functional and geographic boundaries	The Operations Section Chief is responsible to carry this out.
12	Tactics for functional and geographic boundaries	The Operations Section Chief is responsible to carry this out.
13	Determine resource needs	The Operations Section Chief is responsible to carry this out.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
14	Specify facilities and reporting locations	The Operations Section Chief is responsible to carry this out.
15	Discuss Requirements for: Communications, Traffic, Medical , Other Logistical Issues.	The Logistics Section Chief is responsible to carry this out.
16	Finalize Action Plan	The Planning Section Chief is responsible to carry this out.
17	Approve Action Plan	The MST Leader is responsible to carry this out.

### **III. MST FORMS**

#### **SHIFT BRIEFING FORM, HHS-316**

##### **Purpose**

Provides a checklist for the MST Command and General Staff that will guide them through briefings at the start of each operational period.

##### **Preparation**

The Shift Briefing Form is prepared by the Planning Section Chief after consultation and agreement by the MST Leader.

##### **Distribution**

The form is for the briefer to use and to ensure an orderly format

**SHIFT BRIEFING  
FORM**

**FORM HHS – 316**

11/97

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) OPERATIONAL PERIOD:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

**(6) ACTION**

**(7) RESPONSIBILITY**

**(8) State strategic objectives:**

**MST Leader**

**(9) Update present assignment situation:**

**Operations Section Chief**

**(10) Projection for the operational period:**

**Operations Section Chief**

**(11) Specific assignments:**

**Operations Section Chief**

**(12) Safety message:**

**Safety Officer**

**SHIFT BRIEFING  
FORM**

**FORM HHS – 316**

11/97

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) OPERATIONAL PERIOD:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

**(6) ACTION**

**(7) RESPONSIBILITY**

**(13) Communications plan and other logistical issues:**

**Logistics Section Chief**

**(14) Questions and concerns:**

**MST Leader**

**(15) Signature**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

---

**III. MST FORMS**

**SHIFT BRIEFING FORM, HHS-316**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Operational Period	List the operational period referring to for this Planning Process Checklist. It should be noted that there will be very little change in this checklist format from one operational period to another.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	List the Section Chief for the function completing the form. Generally, this will be the Planning Section Chief.
6	Action	List specific actions that need to be completed as part of the briefings.
7	Responsibility	List specific responsibilities for the actions that need to be completed as part of the shift briefings.
8	strategic objectives	State the strategic objectives for the operational period. This is the responsibility of the MST Leader.
9	Present assignment situation	State the specific assignments that have been made in support of the tactics.
10	Projection for the operational period	State the expected projections and outcome for the current operational period.
11	Specific assignments	Outline specific assignments for the operational period.
12	Safety message	Provide an overview and specific safety information for all personnel assigned.
13	Communications plan and other logistical issues	Discuss the Communications Plan and any other logistical support items.
14	Questions and concerns	Resolve any unanswered questions or concerns.
15	Signature	Signed by the approving official, generally the MST Leader.

### **III. MST FORMS**

#### **PLANNING CYCLE, HHS GUIDE - 317**

##### **Purpose**

Provide a guide for the MST Command and General Staff to use throughout the entire operational period.

##### **Preparation**

The Planning Section Chief prepares the draft Guide in advance of the applicable operational period or during the first planning meeting after consultation and approval by the MST Leader.

##### **Distribution**

The Guide should be posted prominently in the MST BoO so all of the Command, General Staff, and others are aware of the daily deadlines for meetings, briefings, and planning support activities.

**PLANNING  
CYCLE GUIDE**

**FORM HHS – 317**

11/97

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) OPERATIONAL PERIOD:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

**(6) TIME**

**(7) EVENT**

**(8) Shift change:**

**(9) Prepare for Planning Meeting:**

**(10) Planning Meeting:**

(Command & General Staff, Agency Admin., Resource Unit Leader, Situation Unit Leader, Comm Unit Leader, etc.)

**(11) Prepare Action Plan:**

**(12) Review/finalize Operational Plan:**

**PLANNING  
CYCLE GUIDE**

**FORM HHS – 317**

11/97

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) OPERATIONAL PERIOD:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6) TIME

(7) EVENT

**(13) Approve Operational Plan:**

**(14) Prepare for Operations Briefing:**

**(15) Operations Briefing:**

**(16) Finalize reports:**

**(17) Shift change:**

(18) SIGNATURE

(19) DATE

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual**

**III. MST FORMS**

**PLANNING CYCLE GUIDE, HHS-317**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Operational Period	List the operational period considered.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared by	List the Section Chief for the function completing the form.
6	Time	List the times agreed by the MST Leader and Planning Section Chief for the events illustrated in the Planning Cycle.
7	Event	List the events that need to occur at the times designated in item 6.
8	Shift change	List the time that the Operations Section Chief and MST Leader decide to change shifts.
9	Prepare for Planning Meeting	List the time that the Command and General Staff have to prepare for the planning meeting.
10	Planning Meeting	List the actual time the planning meeting is scheduled to begin and who the attendees at the meeting will be.
11	Prepare Action Plan	List the time the MST Leader has designated the Action Plan will be complete and available for approval.
12	Review/finalize Operational Plan	The Planning Section Chief reviews and ensures the Action Plan is complete and finalized.
13	Approve Operational Plan	The MST Leader approves the Action Plan once complete.
14	Prepare for Operations Briefing	All members of the Command and General Staff have a responsibility for the briefing.
15	Operations Briefing	All members of the Command and General Staff have a responsibility to participate in the briefing.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
Forms Manual

---

### III. MST FORMS

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
16	Finalize reports	All personnel assigned to the incident have reports and records to complete and turn into the Documentation Unit through individual supervisors.
17	Shift change	The change will be announced and executed at the appropriate time.
18	Signature	Approval of the time cycle is the responsibility of the Planning Section Chief and MST Leader.
19	Date	List the date, mm/dd/yy approved by the MST Leader.