ALABAMA TELECOMMUNICATOR EMERGENCY RESPONSE TASKFORCE

ATTACHMENT B: TERT ACTIVATION REQUEST

1. Name of Agency: _____

2. Physical Address: _____

_____

3. Contact Person: _____

4. Telephone#: _____

5. Email: _____

	Notified	Time / Date
6. County EMA:	_____	_____
7. State EMA:	_____	_____
8. TERT Coordinator:	_____	_____

9. Nature of emergency and impact on PSAP: _____

_____

10. Is the emergency isolated or is affecting other area PSAPs: _____

_____

11. What is the anticipated deployment environment (PSAP, Field Response, other)? _____

12. Number of Positions to be staffed:

Law/Dispatcher	_____	Also handles call processing duties ☐
Fire/EMS Dispatcher	_____	Also handles call processing duties ☐
Law/Fire/EMS Dispatcher	_____	Also handles call processing duties ☐
Call Processor only	_____	

13. Any technical equipment or staff needed: _____

_____