



EOC Management Support Self-Assessment Tool

Emergency Operations Management Support Team (EOC)

Based on FEMA's Resource Typing Library Tool (RTL)
and National Resource Typing Standards

Version 2.0 – February 2026



Specialty Response Team
Assessment Program



Specialty Response Teams (SRT) Program Self-Assessment Tool



Overview of the Tool's Purpose

This Self-Assessment Tool is designed to support specialty response teams in evaluating their operational readiness, capabilities, and alignment with FEMA's National Incident Management System (NIMS) resource typing definitions. By following a structured, objective review of personnel qualifications, equipment inventories, deployment logistics, and operational standards, this tool enables teams to measure their current capacity against nationally recognized benchmarks for each team type (Type III – Type I).

The primary goal is to provide a realistic snapshot of each team's strengths, identify areas for growth, and guide targeted improvements through an administrative assessment. These assessments inform planning, enhance interagency coordination, and support requests for mutual aid or deployment by state and federal agencies.

Purpose of the Self-Assessment Report and Assessors' Report

Teams will utilize the self-assessment reporting tool to provide the assessors with a complete view of their capabilities, denoting what typing level the team aspires to be administratively recognized as by the Florida Division of Emergency Management. During the In-Person Assessment, Assessors will review your documentation, cache, and other supporting documentation against the RTLT and other standards to provide a typing based on observation and assessment within the Assessor's Report. Note, this Assessment does not bar the Team from responding in their jurisdictions. The Assessment merely provides recognition or guidance based on administrative observations.

Assessment Presentation and Documentation

Teams will present their finished self-assessment during a scheduled evaluation session with assessors and peer reviewers. This session is intended to validate information, discuss discrepancies, and highlight best practices.

To support the assessment presentation:

Teams should have all supporting documentation readily available, including Position Task Books (PTBs) if available, training certificates, equipment inventories, deployment rosters, standard operating guidelines (SOGs), and mutual aid agreements.

Electronic or physical formats are acceptable, but documents should be clearly labeled and accessible to assessors.

Supporting materials help substantiate the team's claimed capabilities and ensure alignment with FEMA's typing and credentialing expectations. Supporting documents should be on hand for reference



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Section 1: Team Identification

This section provides foundational information about your team's identity, structure, and recent operational experience. Complete this section with clear and current data, as it establishes the context for your team's readiness and capabilities throughout the assessment. This information is critical for reviewers and assessors to validate alignment with FEMA Typing standards.

Please ensure that all information provided is accurate and current as of the date of the assessment. Supporting documentation, such as a current Typing Certificate (if issued by an authority), current or recent IAPs, or a clear Organizational Chart, is highly recommended for presentation during your assessment session.

Team Name: _____

Sponsoring Agency/Organization or Jurisdiction:

Team Point of Contact/Program Manager (Name, Title): _____

Phone Number: _____ Email Address: _____

Financial POC: _____

Phone Number: _____ Email Address: _____

Is your organization willing to deploy your team? Yes No

Under what authority does your organization enable you to deploy?

- Local / County Mutual Aid Authorization** – Deployment authorized under local ordinance, county charter, or standing mutual aid agreement.
- Statewide / Regional Authorization** – Deployment authorized through state emergency management directive, regional partnership, or standing agreement for mission support.
- Interstate / EMAC Authorization / National** – Deployment authorized by the state for participation in the Emergency Management Assistance Compact (EMAC) or equivalent interstate coordination framework.
- Federal Authorization** – Deployment authorized through federal coordination, cooperative agreement, or recognized mission support framework.



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Other Authorized Agreement – Deployment authorized through an established agreement, contract, or enabling mechanism with a governmental or recognized response entity.

How are you organized? (Please check one)

Incident Support Model (ISM) Yes No

Incident Command System (ICS) Yes No

Departmental Yes No

Blended Yes No

If blended, please describe:

EOC Support Management Team Typing Level (Select the highest level of Typing you are seeking to be recognized as):

Type III Type II Type I

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Section 2: Deployment History

Instructions:

This section captures a detailed summary of recent activations of an EOC within the past 36 months (up to 3 deployments) that reflects the team's operational capabilities and alignment with FEMA's resource typing definitions. This information will help assessors evaluate the team's ability to mobilize, operate, and sustain technical rescue functions in a real-world incident environment.

Provide complete, verifiable details. Supporting documentation should be made available during the assessment (e.g., ICS 214 Unit Logs, deployment orders, mission rosters, After-Action Reports, or issued Mission Ready Package activations).

Recommended Supporting Documentation for Assessment Presentation:

- ✓ IAP/EOC Action Plan
- ✓ ICS 201/202 or EOC Assignment Pages
- ✓ ICS-204 Assignment List (Selected Operational Periods)
- ✓ ICS-214 Unit Logs (Selected Days)
- ✓ Position Tasks Books (PTBs) or skill set checklists
- ✓ Deployment Roster
- ✓ Mission Ready Package Activation (if applicable)
- ✓ Photos or Maps of Operations Area (Optional)

Recommended for the Presentation at Assessment Session:

- ✓ Organizational Chart (reflecting current team structure)
- ✓ Typing Certificate (if issued by state or federal authority)

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Deployment Report #1

Incident Name: _____

Deployment Dates: From _____ to _____

Total Days Deployed or Operational Periods: _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Requesting or Tasking Agency: _____

Deployment Activation Type:

- Local Mutual Aid Regional (Intrastate) State Activation (SERT/FDEM)

Typing Level at Time of Deployment

- Type III Type II Type I

Activation Incident Types (Check all that apply):

- Hurricane/Flooding Wildfire/Interface Fire Hazmat/CBRNE Mass/Care
Sheltering EOC/MAC Support* Planned Events/Security Missions
 Public Health/Pandemic Recovery/Reconstruction
 Other: _____

Deployment Metrics

Total Team Members Deployed: _____

Deployment Environment

- Stable Austere

Average Daily Operational Tempo:

- 8-hour Shift Single 12-hr Shift 24-hour Operations (Split Shifts)

If surge, what is the Longest Continuous Operational Period: _____ hours



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Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team’s core EOC Management Support functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance and readiness in a mission environment consistent with its typing.

Example:

“In October 2025, the Central County EOC (CC EOC) was activated to a Level 1 Status in support of a downed aircraft within the County’s jurisdictional borders. The EOC supported the initial field ICP. Unified command with the LE, Fire, and the Airport was instituted, and the County EOC director was in coordination with the State Director. The CC EOC was activated for 21 days, working a 12/12 schedule. On Day 7, the CCEOC was moved to a Level 2 activation as operations in support of the Central County Airport’s IST.”

Deployment Narrative (Required):

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Deployment Report #2

Incident Name: _____

Deployment Dates: From _____ to _____

Total Days Deployed or Operational Periods: _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Requesting or Tasking Agency: _____

Deployment Activation Type:

- Local Mutual Aid Regional (Intrastate) State Activation (SERT/FDEM)

Typing Level at Time of Deployment

- Type III Type II Type I

Activation Incident Types (Check all that apply):

- Hurricane/Flooding Wildfire/Interface Fire Hazmat/CBRNE Mass/Care
Sheltering EOC/MAC Support* Planned Events/Security Missions
 Public Health/Pandemic Recovery/Reconstruction
 Other: _____

Deployment Metrics

Total Team Members Deployed: _____

Deployment Environment

- Stable Austere

Average Daily Operational Tempo:

- 8-hour Shift Single 12-hr Shift 24-hour Operations (Split Shifts)

If surge, what is the Longest Continuous Operational Period: _____ hours



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Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team’s core EOC Management Support functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance and readiness in a mission environment consistent with its typing.

Example:

“In October 2025, the Central County EOC (CC EOC) was activated to a Level 1 Status in support of a downed aircraft within the County’s jurisdictional borders. The EOC supported the initial field ICP. Unified command with the LE, Fire, and the Airport was instituted, and the County EOC director was in coordination with the State Director. The CC EOC was activated for 21 days, working a 12/12 schedule. On Day 7, the CCEOC was moved to a Level 2 activation as operations in support of the Central County Airport’s IST.”

Deployment Narrative (Required):

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Deployment Report #3

Incident Name: _____

Deployment Dates: From _____ to _____

Total Days Deployed or Operational Periods: _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Requesting or Tasking Agency: _____

Deployment Activation Type:

- Local Mutual Aid Regional (Intrastate) State Activation (SERT/FDEM)

Typing Level at Time of Deployment

- Type III Type II Type I

Activation Incident Types (Check all that apply):

- Hurricane/Flooding Wildfire/Interface Fire Hazmat/CBRNE Mass/Care
Sheltering EOC/MAC Support* Planned Events/Security Missions
 Public Health/Pandemic Recovery/Reconstruction
 Other: _____

Deployment Metrics

Total Team Members Deployed: _____

Deployment Environment

- Stable Austere

Average Daily Operational Tempo:

- 8-hour Shift Single 12-hr Shift 24-hour Operations (Split Shifts)

If surge, what is the Longest Continuous Operational Period: _____ hours



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Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team’s core EOC Management Support functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance and readiness in a mission environment consistent with its typing.

Example:

“In October 2025, the Central County EOC (CC EOC) was activated to a Level 1 Status in support of a downed aircraft within the County’s jurisdictional borders. The EOC supported the initial field ICP. Unified command with the LE, Fire, and the Airport was instituted, and the County EOC director was in coordination with the State Director. The CC EOC was activated for 21 days, working a 12/12 schedule. On Day 7, the CCEOC was moved to a Level 2 activation as operations in support of the Central County Airport’s IST.”

Deployment Narrative (Required):

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Section 2: Deployment AAR/Improvement Plan

The following table allows teams to self-identify any issues and corrective action activities during the team's deployments.

Issue	Corrective Action	Anticipated Completion Date	Cost (leave blank in none)

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Section 3: Administrative Compliance

This section verifies the administrative foundation necessary for your team’s deployment readiness, legal authorization, and grant eligibility (if applicable). Strong administrative compliance ensures that the team can be deployed swiftly and legally within the framework of mutual aid systems, while also maintaining alignment with ICS/NIMS standards and risk management practices that are appropriate to your EOC operations.

All information should be supported by up-to-date documentation (See Section 1 for examples) and should reflect the team’s current organizational status. During the scheduled assessment, teams should be prepared to present supporting information as indicated.

Mutual Aid Agreements / Memorandums of Understanding (MOUs)

Does your team have signed mutual aid agreements or MOUs in place with neighboring jurisdictions, regional partners, or state agencies?

- Yes No In Progress

If yes, list the primary partners with whom agreements are active:

- 1. _____
- 2. _____
- 3. _____

Partner 1: Date of Most Recent MOU Review or Renewal: _____

Partner 2: Date of Most Recent MOU Review or Renewal: _____

Partner 3: Date of Most Recent MOU Review or Renewal: _____

Date of Most Recent MOU Review or Renewal: _____

Insurance Coverage and Legal Readiness

Does the team or sponsoring agency maintain insurance coverage for deployments?

- Yes No Unknown

Types of Coverage (Check all that apply):

- General Liability Workers’ Compensation Auto/Vehicle Professional Liability
 Volunteer Liability Other: _____

Carrier Name (if known or mark self-insured): _____

 (Attach current Certificate of Insurance)



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Policies and Standard Operating Procedures (SOPs)

Does the team maintain written policies or SOPs related to the following items located in the table below? Space is provided to the Team to write in other examples that meet the item located in the table.

Area	Yes	No	In Progress
Program Governance and Succession Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credentialing, Identification, and Personnel Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-year Training & Exercise Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deployment Operations Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobilization Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cache and Equipment Readiness Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and Grant Compliance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications and Technology Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records, Data, and Public Information Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-Action Review and Improvement Planning SOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Assessment and Capability Evaluation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuity and Concept of Operations Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Aid and Stakeholder Coordination Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Annual Program Reporting Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 4: Personnel

Instructions:

This section is designed to help Emergency Operations Center Management Support Teams evaluate their staffing levels against the FEMA/NIMS-typed minimum personnel requirements for Type III through Type I teams. The table provides a structured method to document your team’s capabilities and identify gaps or surpluses.

How to Use the Table

Column	Description
Position	Lists nationally recognized NIMS-typed roles required on Emergency Operations Management Support Teams (EOC). EOC Management Support Team RTL
Type III / II / I Columns	Indicate the minimum required personnel for each team type based on FEMA’s EOC Management Support resource typing definitions.
Number of qualified personnel primarily assigned and rostered in this position	Enter the actual number of individuals on your current roster who are assigned and ready to serve in that position. Individuals must be deployable and not double-counted.

Staffing Strategy and Recommendations

- Teams aiming for reliable deployment coverage should strive for **2 to 3 times the minimum requirement** listed in the table for each position.
- This depth allows for personnel rotations, shift coverage during long operations, leave/vacancy coverage, and backup deployment capabilities.
- For high-demand roles (e.g., PSC, OSC, LSC), deeper staffing is highly encouraged.

Disclaimer on Double Counting

Important: Each responder may only be counted **once** in the **"Assigned and Rostered "** column, even if they hold multiple certifications or fulfill several roles.

For example, a PSC who is also a qualified EOC Support Director should only be recorded once in their **primary assigned role**.

Minimum Totals by Team Type

At the bottom of the table, a **Totals Row** reflects the **minimum required number of personnel** for each Task Force type (Type III through Type I). Use this to quickly confirm if your team meets baseline compliance or needs to build roster strength in specific areas. * represents or equivalent



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department per jurisdiction. The team should only add numbers to the rows corresponding to their operating model. For Type II & I, the RTLTL requires staffing for 24-hour shifts; therefore, the staff count double over a Type III team. **All positions listed below are required to meet the definition of team by the RTLTL document.**

Position Title	Type III			Type II			Type I		
	RTLTL Required	Rostered	Trainee	RTLTL Required	Rostered	Trainee	RTLTL Required	Rostered	Trainee
ISM-EOC Director	1			1			1		
ISM Situational Awareness Coordinator	1			1			1		
ISM Planning Support Section Coordinator	1			1			1		
ISM Resource Support Section Coordinator	1			1			1		
ISM Center Support Section Coordinator	1			1			1		
ISM Public Information Officer	1			1			1		
Total	6			6			6		
ICS-EOC Director	1			1			1		
ICS Operations Section Coordinator	1			1			1		
ICS Planning Section Coordinator	1			1			1		
ICS Logistics Section Coordinator	1			1			1		
ICS Finance/Admin Section Coordinator	1			1			1		
ICS Public Information Officer	1			1			1		
Total	6			6			6		
Dept.-Emergency Manager	1			1			1		
Dept. – Dept. of Natural Resources*	1			1			1		
Dept. – Dept. of Health & Human Services*	1			1			1		
Dept. – Dept. of Public Works	1			1			1		
Dept. – Dept. of Public Safety	1			1			1		
Dept. – Dept. of Administration	1			1			1		
Totals	6			6			6		



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List additional unit leaders or support staff in the table below for Ops, Logs, Plans, & F&A, and any other support personnel.

Position Title	Type III			Type II			Type I		
	RTL Required	Rostered	Trainee	RTL Required	Rostered	Trainee	RTL Required	Rostered	Trainee
ISM									
Total									
ICS									
Total									
Dept.									
Totals	12			15			15		



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Team Narrative (Optional):

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Section 5: Equipment and Cache Readiness

Teams should provide a self-score for the following cache, aligning with the rating of the Typing Level you are requesting to be assessed at. The RTL document represents the minimum standard you are requesting to be reviewed for. Teams should provide a narrative on how they exceed the minimum standards.

Scoring Key

- 3 – Fully meets standard – mission ready
- 2 – Substantially meets standard – minor gaps
- 1 – Partially meets – major gaps or dependencies
- 0 – Not Capable
- X – Not Applicable (NA)

Teams should use NA if an area being assessed does not apply to their Team's Assessment.

1. **Electronics & Office Equipment per Team Member:** Score: ____

Includes electronic and office equipment commensurate with the mission assignment, including laptops. Type 2/1 teams should also have 1) printers and 2) office supplies available

2. **Personal Protective Equipment per Team:** Score: ____

Includes appropriate Personal Protective Equipment (PPE), if appropriate

3. **Communications Equipment:** Score: ____

Type 3 includes cell phones. Type 2 includes Mi-Fi capabilities supporting 5 connections. Type 1 includes 1) satellite phones and 2) a mobile internet cradle capable of supporting multiple connections or an alternate capability of each team member to access the internet, such as individual cell phone hot spots.

Team Narrative (Optional):



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Equipment Gap Identification

The following chart allows Team members to identify gaps in equipment needs and forecast costs associated with the need.

Equipment Need Description	Units Needed	Unit Cost	Cost

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Section 6: Operational and Support Capabilities Self-Assessment

Use the scale below to evaluate your team’s capability to perform core EOC Mission Support functions across technical disciplines. Assessors will use these responses, along with documentation and observation, to verify mission readiness. Each metric centers on EOC support operations: logistics, resource management, situational awareness, documentation, communications, sustainment, and coordination functions. Where applicable, sample documentation/evidence is listed to demonstrate compliance or performance. Base your self-assessment on actual equipment, personnel, and validated training.

Scoring Key

- 3 – Fully meets standard – mission ready
- 2 – Substantially meets standard – minor gaps
- 1 – Partially meets – major gaps or dependencies
- 0 – Not Capable
- X – Not Applicable (NA)

Teams should use NA if an area being assessed does not apply to their Team’s Assessment.

1. Activation and Operational Readiness

Metric	Description	Example Documentation
EOC Activation Support	Demonstrates ability to initiate or assist with activation protocols, notifications, and staffing coordination in accordance with EOC plans.	Activation checklists, notification rosters, call-down lists.
Facility Readiness	Ensures EOC workspace, technology, and communication systems are operational and configured for mission support.	Pre-activation inspection sheets, IT readiness checklists.
Shift Scheduling and Check-in	Manages personnel check-in, shift rotation, and accountability procedures.	Sign-in sheets, duty logs, assignment boards.
Safety and Security Readiness	Confirms access control, health, and safety measures for EOC personnel.	Safety briefing records, access logs, facility security plan.

2. Resource and Logistics Support

Metric	Description	Example Documentation
Resource Request Management	Processes, tracks, and communicates resource requests using established EOC systems.	ICS-213RR forms, resource tracker logs, WebEOC entries.
Procurement Coordination	Supports procurement or contracting actions in accordance with local procedures and authorities.	Purchase orders, vendor lists, procurement requests.
Inventory and Supply Control	Maintains and tracks inventory of mission-essential equipment and consumables.	Supply inventory sheet, replenishment records.



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Metric	Description	Example Documentation
Sustainment Operations	Provides logistical sustainment to EOC staff (feeding, lodging, sanitation, utilities, fuel).	Vendor receipts, logistics support plans, maintenance logs.

3. Situational Awareness and Information Flow

Metric	Description	Example Documentation
Information Collection and Verification	Gathers operational data from multiple sources (field reports, ESFs, liaisons) and verifies accuracy before dissemination.	Situation updates, SITREP templates, EEI matrix.
Data Entry and Display Management	Inputs and updates information systems, dashboards, and situational displays within the EOC.	Situation board screenshots, data logs.
Briefing Support	Develops or updates briefing slides and talking points for leadership briefings.	PowerPoint decks, summary notes.
Information Security	Handles sensitive, FOUO, and PII materials per policy.	Information handling SOPs, staff acknowledgements.

4. Planning and Documentation Support

Metric	Description	Example Documentation
Action Plan Development Support	Contributes to the development or formatting of EOC Action Plans and situation reports.	Draft EOC APs, planning meeting minutes.
Documentation and Recordkeeping	Ensures all documentation, forms, and logs are stored in accordance with the records plan.	File index, archive directory.
Operational Planning Support	Provides data inputs, maps, and resource summaries for operational or recovery planning.	Planning worksheets, GIS products.
After-Action Documentation	Assists with compiling lessons learned and recommendations post-operation.	AAR notes, improvement action tracker.

5. Communications and Interagency Coordination

Metric	Description	Example Documentation
Internal Communication Management	Ensures messages between sections and leadership are logged, tracked, and acknowledged.	Message logs, task tracking boards.
External Coordination Support	Facilitates communications between EOC and external partners (MAC, Joint Information Center, field units).	Email summaries, radio/telecom logs.



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Metric	Description	Example Documentation
Public Information Support	Supports message tracking and public information dissemination coordination.	Press release queue, PIO task tracker.
Technology and Systems Support	Assists in maintaining radios, phones, and digital platforms for operational communication.	IT trouble tickets, radio check logs.

6. Financial Tracking and Administrative Support

Metric	Description	Example Documentation
Time and Cost Documentation	Tracks staff hours, overtime, and expenses accurately for reimbursement.	Timesheets, ICS-214s, cost summaries.
Reimbursement Preparedness	Maintains proper financial documentation for reimbursement submission.	Receipts, procurement documentation.
Contract and Vendor Coordination	Coordinates with vendors for support services and ensures invoices are logged and verified.	Contract logs, purchase documentation.
Administrative Reporting	Supports preparation of status summaries, forms, and correspondence for leadership review.	Daily admin reports, correspondence tracker.

7. Staff Support and Welfare

Metric	Description	Example Documentation
Personnel Accountability	Tracks attendance, shift rotations, and staff locations during operations.	Check-in sheets, duty roster.
Health and Safety Oversight	Monitors working conditions, rest cycles, and stress management.	Safety inspection reports, rest rotation plan.
Facility Maintenance Support	Ensures workspace cleanliness, readiness, and basic comfort support.	Facility maintenance logs, supply requisitions.
Training and Mentorship	Supports just-in-time training or onboarding of new EOC personnel.	Training logs, briefing outlines.

8. Technology, Data, and Systems Operations

Metric	Description	Example Documentation
System Proficiency	Demonstrates proficiency with core EOC systems (WebEOC, GIS, MS Teams, etc.).	Training certificates, usage logs.
Data Accuracy and Integrity	Verifies all data entered or disseminated for consistency and accuracy.	Quality assurance checklist.
Backup and Continuity	Ensures redundant systems, backups, and COOP measures are operational.	COOP records, server backups.



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Metric	Description	Example Documentation
Technical Troubleshooting Support	Identifies and resolves minor technical issues affecting operations.	IT helpdesk tickets, issue log.

9. Operational Coordination and Liaison Support

Metric	Description	Example Documentation
Liaison Coordination	Supports or documents interactions with ESFs, agencies, or private-sector partners.	Meeting notes, contact logs.
Task Tracking and Follow-up	Monitors open tasks, ensuring closure and reporting to section chiefs.	Action tracker, issue log.
Operational Rhythm Management	Assists with daily briefings, agendas, and task boards to maintain EOC rhythm.	Briefing schedule, task board snapshot.
Inter-Section Integration	Supports cross-functional coordination between operations, planning, and logistics.	Coordination meeting notes, cross-section summaries.

10. Process Improvement and Continuous Readiness

Metric	Description	Example Documentation
Performance Monitoring	Tracks team performance metrics during operations for improvement analysis.	Performance dashboard, self-assessment records.
Lessons Learned Capture	Identifies best practices and areas for improvement during and post-operation.	AAR forms, improvement plan worksheet.
Corrective Actions Implementation	Assists with applying lessons learned into SOPs and readiness training.	Updated SOPs, training updates.
Readiness Maintenance	Ensures all support systems, documentation templates, and checklists are up to date.	Readiness audit checklist.



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Section 7: Training

This section is to be utilized to review and validate the Team’s current and historic training credentials. Use the scale below to evaluate your team’s training credentials to assess your mission readiness.

ICS/NIMS Training Compliance

Has the team documented completion of the required ICS/NIMS training for all deployable members?

- Yes No Partial/In Progress

Is there a training matrix, tracker, or internal record that can be provided upon request? If yes, what tool?

- Yes No If Yes, what platform _____

Check all levels of ICS/NIMS training tracked across the team:

- IS-100 IS-200 IS-700 IS-800
 ICS-300 ICS-400 Position-Specific
 Other (specify):

Instructions for the Training Improvement Plan Table

In the chart below, enter your expectations for how much training time by position you are forecasting for each of the positions below for the next thirty-six (36) months. Use the notes column to explain any gaps, upcoming training, or special considerations. This helps identify current strengths and where additional training may be needed. The Team should only fill out the corresponding rows that align with their operational model.

Position Title	Training Goal 36 months	Notes	Cost
EOC Director or Emergency Manager			
ISM Situational Awareness Coordinator			
ISM Planning Support Section Coordinator			
ISM Resource Support Section Coordinator			
ISM Center Support Section Coordinator			



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Position Title	Training Goal 36 months	Notes	Cost
ISM Public Information Officer			
ICS Operations Section Coordinator			
ICS Planning Section Coordinator			
ICS Logistics Section Coordinator			
ICS Finance/Admin Section Coordinator			
ICS Public Information Officer			
Dept. – Dept. of Natural Resources*			
Dept. – Dept. of Health & Human Services*			
Dept. – Dept. of Public Works			

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Section 8: Exercises Evaluation

This section captures the team’s recent operational testing through exercises, focusing on those that were evaluated and resulted in actionable improvement plans. It supports readiness validation for all team types and encourages continuous improvement through After-Action Review (AAR) processes.

Teams should report activities from the past 36 months and be prepared to present documentation if requested during the assessment.

Self-Assessment Metrics

Engagement Type	Count (Past 3 Years)	Evaluated?	AAR/IP Completed?	Notes or Key Lessons Applied
Full-Scale Exercises (FSE)		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Functional Exercises (FE)		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Tabletop Exercises (TTX)		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Drills		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Seminars		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Workshops		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Games		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

Team Narrative (Optional):



Section 9: Supplemental Information

This section provides an opportunity for the team to highlight additional capabilities, cost factors, and surge resources not captured elsewhere in the assessment. It supports strategic planning, funding justification, and deployment readiness documentation for local, state, or federal missions.

Please complete each subsection below. Supporting materials may be attached or referenced.

Recommended for the Presentation at Assessment Session

- ✓ Capability letters or team highlight one-pagers
- ✓ Cost estimate worksheet or assumptions summary
- ✓ Copies of MRPs (if developed)
- ✓ Photos or short summaries of surge assets
- ✓ Supporting MOUs or specialty team agreements

Unique Capabilities or Surge Resources

Describe any specialized assets, personnel, or configurations that extend beyond standard FEMA typing or give your team added mission flexibility.

Examples include Type II fully self-sufficient, including communications through STAR Link

Estimated Daily Deployment Cost

Provide the estimated average cost to deploy and sustain the team per day. This estimate may include personnel, lodging, meals, equipment use, vehicle costs, contracted services, and support trailers.

Type III: Estimated Daily Cost: \$ _____

Team Size this Estimate Reflects: _____ personnel

Type II: Estimated Daily Cost: \$ _____

Team Size this Estimate Reflects: _____ personnel

Type I: Estimated Daily Cost: \$ _____

Team Size this Estimate Reflects: _____ personnel

Notes or Cost Assumptions:



Specialty Response Teams (SRT) Program Self-Assessment Tool



Team Narrative (Optional):

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Specialty Response Teams (SRT) Program Self-Assessment Tool



Section 11: Certification Statement

This section must be completed by the Agency/Organization Administrator, EOC Director, or Emergency Manager. The purpose of this statement is to affirm the accuracy and completeness of the responses provided throughout the assessment.

The certification reflects that the team has conducted a fair and honest review of its capabilities, readiness, and administrative standing, and that the information submitted may be used by oversight authorities to support planning, funding, or mutual aid coordination.

Recommended for the Presentation at Assessment Session

- ✓ Signed certification statement on agency letterhead (digital or printed)
- ✓ Original may be submitted as a scanned PDF or attached to the assessment package
- ✓ Authorized signatory must be a designated Agency/Organization Administrator, EOC Director, or Emergency Manager.

Certification Statement

I hereby certify that the information provided in this assessment is accurate to the best of my knowledge and reflects the current operational status of the team identified herein. I acknowledge that this self-assessment will be used as part of a formal review process and may be referenced during planning, coordination, and deployment activities.

Team Name: _____

Sponsoring

Agency/Organization: _____

Name of Certifying Official: _____

Title: _____

Phone: _____ Email: _____

Signature: _____

Date: _____