



# Incident Management Team Self-Assessment Tool

## *Incident Management Team (IMT)*

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

Version 1.0 – 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. A byproduct of the Team receiving a typing level should be to align with the host agency's Preparedness Capability Level. During the in-person Assessment (Assessment), Assessors will review your documentation, cache, and other supporting records 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.

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.



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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 using 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), IAPs from past deployments, a clear blue sky Organizational Chart, and the documents identified in this assessment tool, is highly recommended for presentation during your assessment session.

**Team Name:** \_\_\_\_\_

Sponsoring Agency or Jurisdiction: \_\_\_\_\_

**Team Point of Contact/Program Manager (Name, Title):** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Sponsoring Agency's Financial POC:**

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### What is your organization's authorization or enabling authority to deploy this team?

(Check all that apply and attach supporting documentation such as MOUs, charters, or enabling agreements)

- 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.



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**Federal Authorization** – Deployment authorized through federal coordination, cooperative agreement, or recognized mission support framework.

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

**Is your team an All-Hazard IMT?**  Yes  No

**What unique background experiences are represented by the Team Members** (Check all that apply):

- Fire
- Wildland Fire
- Rescue
- Law Enforcement
- Hazmat
- GIS/sUAS (Technical)
- Infrastructure
- Health
- Human Services
- Transportation
- Radiological
- Other: \_\_\_\_\_

**If your team is discipline-specific, please identify which discipline.**

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

- Type III
- Type II
- Type I

**Narrative (Optional):**



## Section 2: Deployment History

### Instructions:

This section captures a detailed summary of a recent Incident Management Team deployment 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.

### Recommended Supporting Documentation for Assessment Presentation:

- ✓ Incident Action Plan (IAP) for each phase of the mission
- ✓ ICS 201/202
- ✓ ICS-204 Assignment List (Selected Operational Periods)
- ✓ Completed ICS-214 Unit Logs (Selected Days)
- ✓ 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)

*This space is left intentionally blank*



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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/Region: \_\_\_\_\_ State: \_\_\_\_\_

Requesting or Tasking Agency: \_\_\_\_\_

### Deployment Authorization Type:

- Local Mutual Aid     Statewide/Regional     Interstate/EMAC     Federal     Other

### Complexity Level of the Incident at Time of Deployment:

- Type IV     Type III     Type II     Type I

### Peak Level of Complexity During the Deployment

- Type IV     Type III     Type II     Type I

### Deployment Incident Type (Check all that apply):

- Floods/Severe Storms/Tornadoes     Hurricane/Tropical Storms  
 Winter Storms/Snow/Ice     Wildfires/Fire Management     Drought  
 Human-caused events/Technological incidents     EOC/MAC Support\*  
 Planned Events/Security Missions     Public Health/Pandemic     HAZMAT  
 Other: \_\_\_\_\_

### Deployment Environment (Check the environmental status at the time of deployment):

- Stable     Austere

### Deployment Metrics

Total team members mobilized at the time of deployment: \_\_\_\_\_

- Total personnel managed on deployment:  0-20     20-50     51-100     101-200  
 201-300     301-500     500+



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**What was your team assigned to do on the deployment (Check all that applied):**

- Command & Coordination       Planning & Situational Awareness       Operations Management
- Logistics & Resource Management       Finance & Administration
- Public Information and External Coordination       Recovery and Transition Support
- Special Assignments (Based on Incident Type)

**Average Daily Operational Tempo:**

- 8-hours       10-hours       12-hours       16-hours       24-hours

**Executive Summary (Suggested 3–6 sentences)**

Summarize the deployment, clearly highlighting the team’s core Incident Management Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance on the deployment. The narrative below should help assessors clearly understand what the Team did on the deployment, which is backed up by the Team’s supporting documentation.

**Example:**

*“In October 2025, the Central County (CCIMT) Type III IMT was activated in response to a downed aircraft within the County’s jurisdictional borders. The initial ICP was established onsite utilizing soft-sided structures. Unified command with the LE, Fire, and the Airport was instituted. The CC IMT was activated for 7 days, working a 16/8 schedule. The CCIMT was packed in and worked in an austere environment for the first 4 days based on the complexity of the event and the need for continuous onsite command. On Day 3, the team rotated to a 12/12 to provide a level of relief and was able to move to a stable command post across the street at the County’s Public Works building. Demobilization occurred on Day 7, transferring command back to the Airport’s Incident Support Team.*

**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 Authorization Type:

- Local Mutual Aid     Statewide/Regional     Interstate/EMAC     Federal     Other

### Complexity Level of the Incident at Time of Deployment:

- Type IV     Type III     Type II     Type I

### Peak Level of Complexity During the Deployment

- Type IV     Type III     Type II     Type I     Unknown

### Deployment Incident Type/IWI (Check all that apply):

- Floods/Severe Storms/Tornadoes       Hurricane/Tropical Storms
- Winter Storms/Snow/Ice     Wildfires/Snow/Ice       Wildfires/Fire Management
- Drought       Human-caused events/Technological incidents     EOC/MAC Support\*
- Planned Events/Security Missions     Public Health/Pandemic       HAZMAT
- Other: \_\_\_\_\_

### Deployment Environment (Check the environmental status at the time of deployment):

- Stable       Austere

### Deployment Metrics

Total Team Members at the Time of Deployment: \_\_\_\_\_

- Total personnel managed on deployment:     0-20     20-50     51-100
- 101-200     201-300     301-500     500+



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**What was your team assigned to do on the deployment (Check all that applied):**

- Command & Coordination     Planning & Situational Awareness     Operations Management
- Logistics & Resource Management     Finance & Administration
- Public Information and External Coordination     Recovery and Transition Support
- Special Assignments (Based on Incident Type)

**Average Daily Operational Tempo:**

- 8-hours     10-hours     12-hours     16-hours     24-hours

**Executive Summary (Suggested 3–6 sentences)**

Summarize the deployment, clearly highlighting the team’s core Incident Management Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance on the deployment. The narrative below should help assessors clearly understand what the Team did on the deployment, which is backed up by the Team’s supporting documentation.

**Example:**

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**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 Authorization Type:

- Local Mutual Aid     Statewide/Regional     Interstate/EMAC     Federal     Other

### Complexity Level of the Incident at Time of Deployment:

- Type IV     Type III     Type II     Type I

### Peak Level of Complexity During the Deployment

- Type IV     Type III     Type II     Type I     Unknown

### Deployment Incident Type/IWI (Check all that apply):

- Floods/Severe Storms/Tornadoes     Hurricane/Tropical Storms  
 Winter Storms/Snow/Ice     Wildfires/Snow/Ice     Wildfires/Fire Management  
 Drought     Human-caused events/Technological incidents     EOC/MAC Support\*  
 Planned Events/Security Missions     Public Health/Pandemic     HAZMAT  
 Other: \_\_\_\_\_

### Deployment Environment (Check the environmental status at the time of deployment):

- Stable     Austere

### Deployment Metrics

Total Team Members at the Time of Deployment: \_\_\_\_\_

- Total personnel managed on deployment:     0-20     20-50     51-100  
 101-200     201-300     301-500     500+



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**What was your team assigned to do on the deployment (Check all that applied):**

- Command & Coordination     Planning & Situational Awareness     Operations Management
- Logistics & Resource Management     Finance & Administration
- Public Information and External Coordination     Recovery and Transition Support
- Special Assignments (Based on Incident Type)

**Average Daily Operational Tempo:**

- 8-hours     10-hours     12-hours     16-hours     24-hours

**Executive Summary (Suggested 3–6 sentences)**

Summarize the deployment, clearly highlighting the team’s core Incident Management Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team’s actual performance on the deployment. The narrative below should help assessors clearly understand what the Team did on the deployment, which is backed up by the Team’s supporting documentation.

**Example:**

*“In October 2025, the Central County (CCIMT) Type III IMT was activated in response to a downed aircraft within the County’s jurisdictional borders. The initial ICP was established onsite utilizing soft-sided structures. Unified command with the LE, Fire, and the Airport was instituted. The CC IMT was activated for 7 days, working a 16/8 schedule. The CCIMT was packed in and worked in an austere environment for the first 4 days based on the complexity of the event and the need for continuous onsite command. On Day 3, the team rotated to a 12/12 to provide a level of relief and was able to move to a stable command post across the street at the County’s Public Works building. Demobilization occurred on Day 7, transferring command back to the Airport’s Incident Support Team.*

**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 by Incident Name	Corrective Action Indicated	Anticipated Completion Date	Cost (leave blank if none)

**AAR Narrative (Optional):** In the following section, please provide additional narration on any AAR issue you wish.



## Section 3: Administrative Compliance

Section 3 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.

This Section primarily focuses on the lead or coordinating agency but acknowledges that other participating agencies have a responsibility to ensure that the lead or coordinating agency is aware of any MOUs, Insurance limitations, or policy limitations that may affect the team’s ability to deploy.

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 in-person 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? If you have more than three partners, please attach a list of names on a separate page and attach it to the ReadyOps file.

- Yes     No     In Progress

If yes, list the primary partners (1-3) 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: \_\_\_\_\_

### Insurance Coverage and Legal Readiness

Do your participating organization(s) maintain appropriate/adequate insurance coverage to deploy teams outside of your/their jurisdictions?

- Yes     No     Unknown



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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): \_\_\_\_\_

## Policies and Standard Operating Procedures (SOPs)

Does the team maintain written policies or SOPs related to the following items located in the table below? Each line is provided to the team as an example of the type of plan that a Team may present to an assessor. Note, the Assessment Team understands that it is very unlikely that a team will have each of these plans. Teams should only select the ones that apply to them. 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"/>
Qualifications and Credentialing System Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Year Training and Exercise Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobilization Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cache and Equipment Management 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"/>



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Area	Yes	No	In Progress
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"/>
Annual Program Reporting Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Management, Identification Other documents	<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"/>

**Section 3 Narrative (Optional):** In the following section, please provide additional insight.



## Section 4: Personnel

### Instructions:

This section is designed to help Incident Management 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 Incident Management Teams (IMT). <a href="#">Incident Management Team RTLT</a>
Type III / II / I Columns	Indicates the <b>minimum required personnel</b> for each team type based on FEMA’s IMT resource typing definitions.
Number of qualified personnel primarily assigned and rostered in this position	Enter the <b>actual number of individuals</b> on your current roster who are <b>assigned and ready</b> to serve in that position. Individuals must be deployable and not double-counted.  The cell is split into two. The left side reports the number required by the RTLT document. The right side is for the Team to report the number of qualified team members rostered on the Team.

### 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 Planning Section Chief who is also a qualified Incident Commander should only be recorded once in their **primary assigned role**.



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## Minimum Totals by Team Type

At the bottom of the table, a **Totals Row** reflects the **minimum required number of personnel** for each Team 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. For a Type 2 team, the RTL document specifies 15 positions to be a team, but within the team construct Unit Leaders, Air Operations, GIS & Computer Specialist are currently not Typed by NQS. Those positions have been noted in red italics. All positions listed below are required to meet the definition of team by the RTL document.

Position Title	Type III			Type II			Type I		
	RTL Required	Credential	Trainee	RTL Required	Credential	Trainee	RTL Required	Credential	Trainee
<i>Example: Planning Section Chief</i>	1	3		1	4		1	2	
National Incident Management System Incident Commander	1			1			1		
Public Information Officer	1			1			1		
Safety Officer	1			1			1		
Liaison Officer	1			1			1		
Operations Section Chief	2			2			2		
Planning Section Chief	1			1			1		
Logistics Section Chief	1			1			1		
Finance/Administration Chief	1			1			1		
Communications Unit Leader	<i>1</i>			<i>1</i>			1		
Situation Unit Leader	<i>1</i>			<i>1</i>			1		
Resources Unit Leader	<i>1</i>			<i>1</i>			1		
Air Operations Branch Director		N/A		<i>1</i>			1		
Geographic Information Systems Specialist		N/A		<i>1</i>			1		
Computer Technical Specialist		N/A		<i>1</i>			1		
<b>RTL Totals</b>	<b>12</b>			<b>15</b>			<b>15</b>		
<b>Total Rostered</b>									





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## Section 5: Logistical Preparedness and Sustainment

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 RTLT document represents the minimum standard you are requesting to be reviewed for. Teams should provide a narrative on how they exceed the minimum standards. Below, use the table and checkboxes to mark which statement most closely aligns with your current operational reality.

### 5.1 Self-Sufficiency Standards

Capability	Type III Description	Type II Description	Type I Description
<b>Food, Water, and Shelter</b>	<input type="checkbox"/> <p>Team is self-sufficient with food and water for up to 24 hours.</p> <input type="checkbox"/> <p>Team will need provisions for lodging and shelter.</p>	<input type="checkbox"/> <p>Team is self-sufficient with food and water for up to 48 hours.</p> <input type="checkbox"/> <p>Team may need provisions or assistance with lodging and shelter</p>	<input type="checkbox"/> <p>Team is self-sufficient with food, water, lodging, and shelter for up to 72, 96 on request.</p>
<b>Workspace</b>	<input type="checkbox"/> <p>Team will require provisions or assistance with workspace requirements.</p>	<input type="checkbox"/> <p>Team may need provisions or assistance with workspace requirements.</p>	<input type="checkbox"/> <p>Team is self-sufficient in workspace requirements.</p>
<b>Section/Team Go-Kit and Supplies</b>	<input type="checkbox"/> <p>Each section maintains sufficient supplies and equipment to successfully operate its section.</p> <input type="checkbox"/> <p>Includes producing or assisting in the preparation of an Incident Action Plan and managing an incident for 24 hours without resupply.</p>	<input type="checkbox"/> <p>Each section maintains sufficient supplies and equipment to successfully operate its section.</p> <input type="checkbox"/> <p>Includes producing or assisting in the preparation of an Incident Action Plan and managing an incident for 48 hours without resupply.</p>	<input type="checkbox"/> <p>Each section maintains sufficient supplies and equipment to successfully operate its section.</p> <input type="checkbox"/> <p>Includes producing or assisting in the preparation of an Incident Action Plan and managing an incident for 72 hours without resupply</p>



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Capability	Type III Description		Type II Description		Type I Description	
<b>Individual Go-Kits</b>	<input type="checkbox"/>	Each deployed member must be capable of supporting their mobilization for up to four (4) days.	<input type="checkbox"/>	Each deployed member must be capable of supporting their mobilization for up to seventeen (17) days.	<input type="checkbox"/>	Each deployed member must be capable of supporting their mobilization for up to seventeen (17) days.
<b>Austere-Environment Capabilities</b>	<input type="checkbox"/>	Team maintains the equipment and supplies required to meet the hygiene and sanitation capability needed by team members for 24 hours.	<input type="checkbox"/>	Team maintains the equipment and supplies required to meet the hygiene and sanitation capability needed by team members for 48 hours.	<input type="checkbox"/>	Team maintains the equipment and supplies required to meet the hygiene and sanitation capability needed by team members for 72 hours.



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Below, use the scored checkboxes to rate your team.

## Scoring Key Section

- 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 X if an area being assessed does not apply to their Team's Assessment.**

### 5.2 Mobilization and Deployment Readiness

Capability Description	Key Indicator	Self-Score (0-3 / X)
Team can assemble, load, and deploy personnel and cache within established timeframes.	Activation procedure tested; rosters ready; convoy/air transport identified; ICP integration validated.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

Source(s): 3TTPS App A; IMT Performance Capability 2022.

### 5.3 Transportation and Movement Support

Capability Description	Key Indicator	Self-Score (0-3 / X)
Transport of all personnel and cache via ground or air assets in a single movement.	Validated load plans; qualified drivers; securement and manifest control; alternate transport options.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

Source(s): 3TTPS App A; FL SRT IMT v0.9 Deployment History.

### 5.4 Cache Readiness and Equipment Sustainment

Capability Description	Key Indicator	Self-Score (0-3 / X)
Maintain equipment and supplies ready for immediate field use per team type.	Inventory complete; consumables stocked; maintenance current; packaged for rapid deployment.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

Source(s): FL SRT US&R v3.1; HazMat v1.2.

### 5.5 Equipment Maintenance and Service

Capability Description	Key Indicator	Self-Score (0-3 / X)
Power, communications, and safety equipment maintained to manufacturer and NFPA standards.	Inspection program; generator testing; calibration; PPE readiness.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

Source(s): IMT Performance Capability 2022; Swiftwater v3.1.



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## 5.6 Communications and Technology Support

Capability Description	Key Indicator	Self-Score (0-3 / X)
Deployable voice and data systems with redundant power for field operations.	Portable radios and repeaters operational; data links and SAT comms; interoperability tested; IAP printing capable.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

Source(s): FL SRT IMT v0.9 (Admin Compliance); NIMS Incident Complexity Guide 2021.

## 5.7 Medical and Safety Support

Capability Description	Key Indicator	Self-Score (0-3 / X)
Provide on-scene medical care and rehab for personnel during operations.	EMT / Toxmedic available; rehab area established; exposure monitoring; decon capability; Safety Officer assigned.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

Source(s): FL SRT US&R v3.1; IMT Performance Capability 2022.

## 5.8 Supply Chain and Resupply Capability

Capability Description	Key Indicator	Self-Score (0-3 / X)
Maintain extended operations through planned resupply and tracking systems.	Fuel plan; ordering and tracking system; vendor agreements; cache restock cycle after deployment.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

Source(s): 3TTPS App A; USFA Model Qualification System Instructions.

## 5.9 Demobilization and Return-to-Ready

Capability Description	Key Indicator	Self-Score (0-3 / X)
Restore personnel and equipment to ready status after deployment.	Post-deployment inspection; repairs / replacement; cache re-inventory; maintenance performed.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

Source(s): FL SRT IMT v1.0 (AAR / Improvement Plan); IMT Performance Capability 2022.



# Specialty Response Teams (SRT) Program Self-Assessment Tool



## 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

**Section 5 Narrative (Optional):** In the following section, please provide additional insight



# Specialty Response Teams (SRT) Program Self-Assessment Tool



## Section 6: Operational and Support Capabilities Self-Assessment

Use the scale below to evaluate your team’s capability to perform core Incident Management Team functions across technical disciplines. Assessors will use these responses, along with documentation and observation, to verify mission readiness. 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. Capabilities of an Incident Management Team – which are core functions performed by all IMTs and continuously performed by Teams.

Performance Subject	Phase/Sequence in Mission	Reasoning for Placement	Score
Incident / Event Management Teamwork	Mobilization / Team Formation	First step after activation: establishes internal coordination, roles, and operational rhythm.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Operational Management	Initial Operations	Core IMT functions execute tactics under the IAP and direct resources toward objectives.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Management of an Incident Within an Incident (IWI)	Safety / Sustained Operations	Triggered by responder injury or sub-incident, larger teams maintain formal IWI processes.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Transfer of Command	Mobilization (when assuming an existing incident)	Formal handoff using ICS 201/202; smaller Type 3 teams often begin as initial command instead.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Transition and/or Incident Closeout	Demobilization/Recovery Transition	Conducts final documentation, demobilization, and transfer of authority; ends every mission	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X



# Specialty Response Teams (SRT) Program Self-Assessment Tool



Performance Subject	Phase/Sequence in Mission	Reasoning for Placement	Score
Planning Management	Early Operations	Develops situation reports and IAPs; forms the structure for all subsequent operational periods.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Information Dissemination	Continuous	Maintains internal/external communications, situational awareness, and public confidence.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Logistical Management	Early to Sustained Operations	Provides supply, facilities, and base support to enable op	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Financial Management	Sustained Operations	Tracks time, cost, and procurement for accountability and reimbursement; runs parallel with operations.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

**2. Capabilities of an Incident Management Team** – which are core functions performed by all IMTs, but may not always be performed by the Teams

Performance Subject	Phase/Sequence in Mission	Reasoning for Placement	Score
Incident / Event Management – Unified Command	Establishment / Early Operations	Required when multiple jurisdictions share authority; single-jurisdiction events may not need it.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Aviation Management	Specialized / Sustained Operations	Applies when air operations are involved; typical of Type 2–1 teams.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Strategic (Long-Range) Planning	Extended Operations	Focuses on contingency and future ops; applies to long-duration or complex incidents.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Interaction with Elected and Appointed Officials	Throughout Operations	Used for politically sensitive or high-impact events; local IMTs may brief through agency channels only.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X



# Specialty Response Teams (SRT) Program Self-Assessment Tool



Performance Subject	Phase/Sequence in Mission	Reasoning for Placement	Score
Interaction with Elected and Appointed Officials	Throughout Operations	Used for politically sensitive or high-impact events; local IMTs may brief through agency channels only.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Integration and Use of Volunteers	Early to Sustained Operations	Depends on the activation of VOAD/CERT groups; not every incident employs volunteer coordination.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Integration and Use of Private Sector, NGOs, and Cooperating Agencies	Sustained Operations	Expands as the incident scale grows; it may be minimal for local incidents.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Integration and Use of Military and/or National Guard	Sustained / State-Level Operations	Requires State or Federal activation; seldom used at the county or regional level.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Interaction with FEMA Planning and Response Operations	Sustained / Multi-State Coordination	Occurs during joint State-Federal activations; absent in local events.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Evacuation and Reentry Management	Public Protection / Sustained Operations	Usually led by EM or Law Enforcement, IMTs coordinate when complexity increases.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Donations Management	Recovery Transition	Part of ESF-15; IMTs assist but rarely lead.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X
Debris Management	Recovery Transition	Falls under ESF-3/Public Works; IMTs may coordinate documentation, not execution.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> X

**Section 6 Narrative (Optional):** In the following section, please provide additional insight:



# Specialty Response Teams (SRT) Program Self-Assessment Tool



## 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 \_\_\_\_\_

Who maintains/stores your team's training records? \_\_\_\_\_

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

- IS-100     IS-200     IS-700     IS-800     ICS-300     ICS-400  
 E/L/G-191     O-305

### C&G Staff

- E/L-950 (Incident Command)     E/L-952 (Public Information Officer)  
 E/L-954 (Safety Officer)     E/L-956 (Liaison Officer)

### Operations Section

- E/L-958 (Operations Sections Chief)     E/L-960 (Division/Group Supervisor)  
 E/L-0984 (Task Force/Strike Team Leader)  
 E/L-986 (Air Operations Group Supervisor)

### Planning Section

- E/L-962 (Planning Section Chief)     E/L-964 (Situation Unit Leader)  
 E/L-965 (Resources Unit Leader)

### Logistics Section

- E/L-967 (Logistics Section Chief)     E/L-969 (Communications Unit Leader)  
 E/L-970 (Supply Unit Leader)     E/L-971 (Facilities Unit Leader)

### Finance & Administration Section

- E/L-973 (Finance/Administration Section Chief)  
 E/L-975 (Finance/Administration Unit Leader)



# Specialty Response Teams (SRT) Program Self-Assessment Tool



Other Positions (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.

Position Title	Training Goal 36 months	Notes	Cost
NIMs Incident Commander			
Public Information Officer			
Safety Officer			
Liaison Officer			
Operations Section Chief			
Planning Section Chief			
Logistics Section Chief			
Finance/Administration Chief			
Communications Unit Leader			
Situation Unit Leader			
Resources Unit Leader			
Air Operations Branch Director			
Geographic Information Systems Specialist			
Computer Technical Specialist			



## 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	
Drill		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Seminar		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Workshop		<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	



# Specialty Response Teams (SRT) Program Self-Assessment Tool



## Exercise After Action/Improvement Plan Table

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

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

**Section 8 Narrative (Optional):** In the following section, please provide additional insight



## 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 STARLink*

### 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.

#### In-State Cost Estimates

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:

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# Specialty Response Teams (SRT) Program Self-Assessment Tool



## Out-of-State Cost Estimates

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:

**Section 9 Narrative (Optional):** In the following section, please provide additional insight





## Section 11: Certification Statement

This section must be completed by the Agency Administrator, Program Manager, or Team Leader. 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 Administrator, Program Manager, or Team Leader

### 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.

#### 1. Executive Signature

Team Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Name of Certifying Official: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Specialty Response Teams (SRT) Program Self-Assessment Tool



## 2. Program Manager Signature

Team Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Name of Certifying Official: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 3. Team Lead Signature

Team Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Name of Certifying Official: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_