



Waterborne Response Team Self-Assessment Tool

Waterborne Response Team

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 V – 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 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 or Jurisdiction: _____

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

Phone Number: _____ Email Address: _____

Financial POC: _____

Phone Number: _____ Email Address: _____

Is your agency willing to deploy your team? Yes No

If yes, are you willing to deploy: County Statewide EMAC (Out-of-State) Federal

Does more than one agency contribute to the makeup of your team? Yes No

If yes, which agencies?

If your team consists of more than one agency, which agency purchases/maintains your equipment? _____

Does your team have dedicated vessels for delivery/deployment? Yes No

Which agency has command/control over the team during an activation / callout / deployment?



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If your team is made up of more than one agency, which agency maintains your certificates, training, and equipment operational readiness and maintenance records and funding?

Waterborne Response Team Typing Level

(Select the highest level of Typing you are seeking to be recognized as):

- Type V Type IV Type III Type II Type I



Section 2: Deployment/Activation/Callout History

Instructions:

This section captures a detailed summary of a recent Waterborne Response 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 (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:

- ✓ ICS 201/202 or IAP Assignment Pages
- ✓ ICS-204 Assignment List (Selected Operational Periods)
- ✓ ICS-214 Unit Logs (Selected Days)
- ✓ Deployment Roster
- ✓ Mission Ready Package Activation (if applicable)
- ✓ IAP (if applicable)
- ✓ Applicable Reports (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/Activation/Callout Report #1

Incident Name and Incident/Report #: _____

Incident/Callout Location: _____

Deployment/Callout Date(s): From _____ to _____

Time: From: _____ to _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Sponsoring or Tasking Agency: _____

Deployment/Activation/Callout Type:

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

Typing Level at Time of Deployment/Activation/Callout:

- Type V Type IV Type III Type II Type I

Deployment/Activation/Callout Type (Check all that apply):

- Life Saving Assistance Rapid Impact Assessment Secure Disaster/Incident
- Scene impacted by Weapons of Mass Destruction (WMD) Waterborne Security
- Search, Rescue, and Recovery Operations Technical Special Operations
- Dignitary Special Events Explosive Ordnance Disposal SWAT
- Other: _____

Deployment/Activation/Callout Metrics

Total Team Members Deployed: _____

Average Daily Operational Tempo:

- Single 12-hr Shift 24-hour Operations (including Split Shifts) Surge Periods Only

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 Waterborne Response Team 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:

“(On date/time), the Central County Waterborne Response Team deployed (location/report #) for one operational period to defeat three suspected explosive devices located near high-profile targets and their supporting infrastructure. All suspected devices were defeated based on the results of the initial inspection of the devices.”

Deployment Narrative (Required):



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Deployment/Activation/Callout Report #2

Incident Name and Incident/Report #: _____

Incident/Callout Location: _____

Deployment/Callout Date(s): From _____ to _____

Time: From: _____ to _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Sponsoring or Tasking Agency: _____

Deployment/Activation/Callout Type:

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

Typing Level at Time of Deployment/Activation/Callout:

- Type V Type IV Type III Type II Type I

Deployment/Activation/Callout Type (Check all that apply):

- Life Saving Assistance Rapid Impact Assessment Secure Disaster/Incident
- Scene impacted by Weapons of Mass Destruction (WMD) Waterborne Security
- Search, Rescue, and Recovery Operations Technical Special Operations
- Dignitary Special Events Explosive Ordinance Disposal SWAT
- Other: _____

Deployment/Activation/Callout Metrics

Total Team Members Deployed: _____

Average Daily Operational Tempo:

- Single 12-hr Shift 24-hour Operations (including Split Shifts) Surge Periods Only

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 Waterborne Response Team 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:

“(On date/time), the Central County Waterborne Response Team deployed (location/report #) for one operational period to defeat three suspected explosive devices located near high-profile targets and their supporting infrastructure. All suspected devices were defeated based on the results of the initial inspection of the devices.”

Deployment Narrative (Required):



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Deployment/Activation/Callout Report #3

Incident Name and Incident/Report #: _____

Incident/Callout Location: _____

Deployment/Callout Date(s): From _____ to _____

Time: From: _____ to _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County: _____ State: _____

Sponsoring or Tasking Agency: _____

Deployment/Activation/Callout Type:

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

Typing Level at Time of Deployment/Activation/Callout:

- Type V Type IV Type III Type II Type I

Deployment/Activation/Callout Type (Check all that apply):

- Life Saving Assistance Rapid Impact Assessment Secure Disaster/Incident
- Scene impacted by Weapons of Mass Destruction (WMD) Waterborne Security
- Search, Rescue, and Recovery Operations Technical Special Operations
- Dignitary Special Events Explosive Ordinance Disposal SWAT
- Other: _____

Deployment/Activation/Callout Metrics

Total Team Members Deployed: _____

Average Daily Operational Tempo:

- Single 12-hr Shift 24-hour Operations (including Split Shifts) Surge Periods Only

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 Waterborne Response Team 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:

“(On date/time), the Central County Waterborne Response Team deployed (location/report #) for one operational period to defeat three suspected explosive devices located near high-profile targets and their supporting infrastructure. All suspected devices were defeated based on the results of the initial inspection of the devices.”

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 if 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.

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. If you have additional MOUs or other agreements, please add them to a separate document or sheet of paper and add them to the ReadyOP submission file or email them to the SRT CAP Assessment Team

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. _____

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 Self-Insured
 Other: _____

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



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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"/>
Training, PTB (where applicable), and Exercise Management 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"/>



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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"/>
	<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 Waterborne Response Teams evaluate their staffing levels against the FEMA/NIMS-typed minimum personnel requirements for Type V through Type I teams. The table provides a structured method to document your team’s capabilities and identify gaps or surpluses in personnel. The Team should include all participating members (including other chartered agencies) where appropriate.

How to Use the Table

Column	Description
Position	Lists nationally recognized RTLTL-typed roles required on Waterborne Response Teams. Waterborne Search & Rescue (SAR) Team RTLTL .
Type V/ VI/ III / II / I Columns	Indicate the minimum required personnel for each team type based on FEMA’s RTLTL 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., Boat Crew Member), 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 Boat Crew Member who is also a qualified Boat Operator 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 V through Type I). Use this to quickly confirm if your team meets baseline compliance or needs to build roster strength in specific areas.



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Position Title	Type V	Type IV	Type III	Type II	Type I	Number of qualified personnel primarily assigned and rostered in this position
National Incident Management System (NIMS) Type 1 Boat Operator (LE)	1	1	1	1	1	
NIMS Type 1 Boat Crew Member (LE)	NA	1	1	2	3	
Totals	1	2	2	3	4	

Team Narrative (Optional):





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Section 5: Equipment and Cache Readiness

This section assesses the team’s alignment with FEMA’s RTLT standards across the core equipment listed within the standard. Self-score each area using the scale below, and be prepared to reference inventory lists, cache photos, or live presentations during the assessment.

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. The following Special Conditions are applied by the RTLT standard. Below, if the Type is not listed, then it is not specified by the RTLT standard and should not be considered in your assessment.

Equipment	Special Condition
Boat – Operation Equipment	Boats must have ventilation systems in accordance with US Coast Guard (USCG)33 Code of Federal Regulations (CFR) Parts 175 and 183, and 46 CFR Part 25
	Boats must have a Backfire Flame Arrestor in accordance with USCG 46 CFR Parts 25 and 58
	Boats must have a “Discharge of Oil Prohibited” placard and a system or items to prevent oil or oily waste from discharging into any waters in accordance with USCG 33 CFR Parts 151 and 155
	Boats must carry safety equipment in compliance with federal regulations
Boat – Illumination and Warning	Boats must have navigation lights and sound-producing devices in accordance with USCG 33 CFR Part 83
Boat – Towing Equipment	The Authority Having Jurisdiction (AHJ) determines appropriate mooring and towing lines to fit the boats’ capabilities
Boat – Vessel Protection	Personnel should use additional fenders. Use fenders to perform law enforcement missions safely, to come alongside other boats during the transfer of personnel from one boat to another, and to moor
Boat – Safety Equipment	Visual distress signals must be in accordance with USCG 33 CFR Part 175.01
	Fire extinguishers must be in accordance with USCG 46 CFR Part 25
	Boats must carry safety equipment in accordance with all applicable federal laws and regulations, and any other applicable local, state, territorial, and tribal laws, rules and regulations
Boat - Communications	Radios should have the capability to provide for interoperable communication between the dispatch center or command personnel, aviation support, and other operational units assigned to the same mission
Team Member – PPE	PFDs must be in accordance with USCG 33 CFR Part 175
	PPE is mission-specific and may vary by working environment; it includes protective footwear, protective clothing for skin exposure, eye and ear protection, respirators, gloves, and masks



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Equipment – Operations Equipment. Type V: Score: ____

Includes boats for operations in special conditions, for example, air boats, hovercraft, and swamp buggies.

Equipment – Operations Equipment. Type IV: Score: ____

Includes a boat for operations in water of 18 inches or less

Equipment – Operations Equipment. Type III: Score: ____

Includes a boat for operations in water of 18 inches or more

Equipment – Operations Equipment. Type II: Score: ____

Includes a boat that is greater than 20 feet long, with two engines, capable of operating in seas of up to four feet, 30 knots of wind and speeds greater than 25 knots

Equipment – Operations Equipment. Type I: Score: ____

Includes a boat that is greater than 30 feet long, with two engines, capable of operating in seas of up to four feet, 40 knots of wind and speeds greater than 25 knots

Equipment – Illumination and Warning Equipment. Type 5: Score: ____

Includes 1 flashlight and 1 sound-producing device. Navigation lights, if operating at night

Equipment – Illumination and Warning Equipment. Type 4 & 3: Score: ____

Same as Type 5 PLUS 1 spotlight

Equipment – Illumination and Warning Equipment. Type 2 & 1: Score: ____

Same as Type 3 PLUS 1 blue light and 1 siren

Equipment – Towing Equipment. Type III-I: Score: ____

Includes a towline.

Equipment – Vessel Protection. Type VI-I: Score: ____

Includes fenders.

Equipment – Personal Protective Equipment (PPE). Type V-I: Score: ____

Includes personal floatation devices (PFD) and anti-exposure coveralls or dry suits when operating in water temperatures less than 60 degrees.

Equipment – Personal Protective Equipment (PPE): Type V & IV: Score: ____

Includes 1) Visual Distress Signals, 2) Fire extinguishers, and 3) Appropriate safety equipment



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Equipment – Personal Protective Equipment (PPE): Type III-I: Score: ____

Include Type IV PLUS 1 – VHF-FM marine radio

Equipment – Navigation Equipment. Type IV-I: Score: ____

Includes Global Positioning System (GPS) unit

Equipment – Transportation Equipment. Type II & I: Score: ____

Includes 1 Vehicle. A NIMS Type 3 Team may have access to a vehicle capable of carrying requisite personnel and equipment based on mission needs.

Equipment – Personal Protective Equipment (Weapon). Type II & I: Score: ____

Includes a rifle, .223 caliber or larger

Equipment – Electronic Waterway Surveillance. Type I: Score: ____

Includes a radar unit.

Equipment – First Aid. Type V-I: Score: ____

Includes a basic first aid kit.

Equipment – Other. *Include a description in the space below*

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 Waterborne Response 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.

Life Saving Assistance: Score: ____

Capability: The ability to provide immediate medical aid, triage, and life-sustaining interventions to individuals affected by an incident or disaster. This includes rapid medical stabilization, hemorrhage control, airway management, and coordination of transport to higher levels of care.

Rapid Impact Assessment: Score: ____

Capability: The ability to conduct immediate, systematic assessments of damage, hazards, and unmet needs following an incident. This includes gathering visual, aerial, and on-the-ground data to determine life safety threats, infrastructure impacts, and resource priorities.

Secure & Contain Incident or Disaster Scene: Score: ____

Capability: The ability to establish control over the affected area by implementing perimeter security, restricting unauthorized access, and maintaining safety of responders and the public. This includes coordination with law enforcement, emergency management, and fire/rescue for hazard isolation and evidence preservation.

Provide Waterborne Security: Score: ____

Capability: The ability to protect, patrol, and enforce security on navigable waterways, ports, and coastal zones impacted by a disaster. Includes maritime traffic control, exclusion zone enforcement, and deterrence of secondary threats (e.g., looting, sabotage, or unauthorized entry).



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Conduct Search, Rescue, and Recovery Operations: Score: ____

Capability: The ability to locate, extricate, and recover individuals from hazardous or inaccessible environments using specialized equipment and trained personnel. This includes surface, confined space, and waterborne search and rescue operations coordinated under a unified command structure.

Drone Capability: Do you have the capability within the team? Yes No

Do you require the assistance of another team? Yes No

Situational Awareness: Score: ____

Capability: Provides situational awareness by transmitting real-time or near-real-time imagery, data, or verbal assessment, using multiple technologies, such as photogrammetry, live video, thermal imaging, and LiDAR, to enhance the Common Operating Picture (COP), planning functions, and Incident Action Plan (IAP) development.

Standard: 14 CFR Part 107, 14 CFR Part 91, F.S. 934.50, ASTM F2890, NSARC CISAR Addendum

Equipment: Multi-rotor and/or fixed-wing sUAS, data connectivity systems (such as LTE/5G modem), satellite connectivity systems (such as Starlink), PPE, and radio communications

Interior/Technical Search: Score: ____

Capability: Uses appropriate sUAS platforms to conduct interior and/or confined space searches in cooperation with other search and rescue resources. Communicates findings using multiple technologies, including verbal assessment, live video, thermal imaging, or LiDAR

Standard: F.S. 934.50, ASTM F2890, NSARC CISAR Addendum

Equipment: Interior capable multi-rotor sUAS, data connectivity systems (such as LTE/5G modem), video encoder/streaming system, PPE, radio communications

Aerial Coordination: Score: ____

Capability: Coordinates with the Air Operations Branch, other assigned aviation resources (sUAS and manned), and incident command to ensure safe and effective aviation operations that meet incident objectives. Ensure compliance with FAA regulations, state and local statutes and regulations, airspace requirements, and airspace authorizations, including coordinating with the FAA Systems Operations Support Center.

Standard: 14 CFR Part 107, 14 CFR Part 91, F.S. 934.50, NSARC CISAR Addendum, SERT Air Operations Branch Standard Operating Guide, FEMA RTLT

Equipment: Laptop, data connectivity systems (such as LTE/5G modem), domain awareness systems (including ADSB-in, UAS Remote ID and data visualization), satellite connectivity systems (such as Starlink), radio communications, Aviation VHF radio



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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 (FEMA NIMS 509)
 Other (specify): _____

Waterborne Response Specific 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 Waterborne Response Team-specific training tracked across the team:

- _____



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Instructions for the Training Improvement Plan Table

Enter the number of team members who are currently trained and ready for each position, followed by the additional number you plan to have trained in 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.

Position Title	Training Goal 36 months	Notes	Cost

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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):



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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)

This space left intentionally blank



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's RLT typing or give your team added mission flexibility.

Examples include having dual hat rescue personnel who are rescue swimmer certified by USGS standard.

Estimated Daily Deployment/Activation/Callout 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



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Team Narrative (Optional):

This space left intentionally blank



Section 11: Certification Statement

The Agency Administrator, Chief of Police or Sheriff, Fire Chief, or Program Manager, must complete this section. 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, Chief of Police or Sheriff, Fire Chief, or Program 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: _____

Name of Certifying Official: _____

Title: _____

Phone: _____ Email: _____

Signature: _____

Date: _____