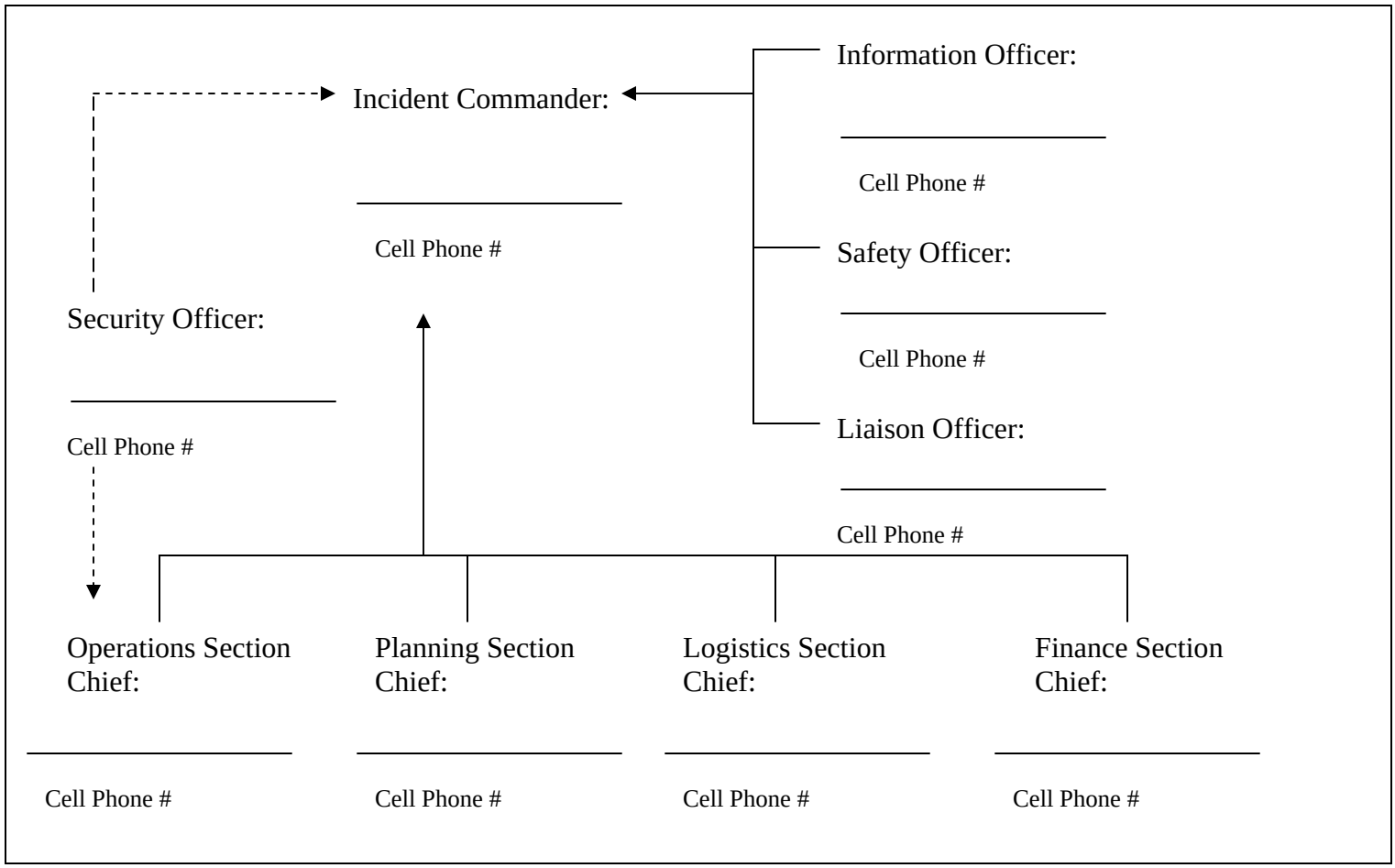
HASP FORM

UNITED STATES DEPARTMENT OF AGRICULTURAL
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

Command Structure: (Not all positions may be filled)



Emergency Number:

Incident Commander: Emergency Contact _____ Emergency Phone#_____

Safety Officer: Emergency Contact _____ Emergency Phone#_____

Security Officer: Emergency Contact _____ Emergency Phone#_____

Operations Chief: Emergency Contact _____ Emergency Phone#_____

Planning Chief: Emergency Contact _____ Emergency Phone#_____

Information Officer: Emergency Contact _____ Emergency Phone#_____

Liaison Officer: Emergency Contact _____ Emergency Phone#_____

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Key Team Members:

Name:_____ Position:_____ Cell #:_____

Emergency Contact:_____ Emergency Phone#:_____

Name:_____ Position:_____ Cell #:_____

Emergency Contact:_____ Emergency Phone#:_____

Name:_____ Position:_____ Cell #:_____

Emergency Contact:_____ Emergency Phone#:_____

Name:_____ Position:_____ Cell #:_____

Emergency Contact:_____ Emergency Phone#:_____

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Location of Incident:

Written Description of incident location (include address if relevant):

_____

_____

_____

Sketch/Map of incident location (sketch area if need otherwise attaché copy of map with area highlighted)

Location of Command Post (if possible also illustrate on sketch or map):

_____

_____

_____

Alternative Communications (if cell phone/radio use is questionable, list how communications will be assured):

_____

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Local Medical Care Providers:

Name:_____ Type of facility:_____

Address:_____ Phone #_____

Have arrangements been made to treat APHIS Personnel ☐ Yes ☐ No

General directions:

_____

_____

_____

Name:_____ Type of facility:_____

Address:_____ Phone #_____

Have arrangements been made to treat APHIS Personnel ☐ Yes ☐ No

General directions:

_____

_____

_____

Name:_____ Type of facility:_____

Address:_____ Phone #_____

Have arrangements been made to treat APHIS Personnel ☐ Yes ☐ No

General directions:

_____

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Has emergency medical transportation been arranged for APHIS personnel: ☐ Yes ☐ No

If yes, list name, contact information, and utilization procedure:

Has the Incident Safety Officer (ISO) assured that the "Buddy System" is in use for all Field Team Members:

☐ Yes ☐ No

If No, explain additional measures to assure field team members can communicate emergency situations:

Print Form