# Host Communities

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| **State Fiscal Year 2020** | [ ]  **Q1** | [ ]  **Q2** | [ ]  **Q3** | [ ]  **Q4** |
| Host Community: |  | **July – Sept** | **Oct – Dec** | **Jan- March** | **April - June** |
| **EOC** |
| **EQUIPMENT** |   |   |   |   |
| 1. Communications tests completed.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Telephone numbers for personnel, facilities, and agencies verified.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Inventory checks completed.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Checks of Equipment (other than dosimetry and meters).
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Checks of dosimetry (re-zeroing) and meters (checking background). Any equipment issues reported to RIMC.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **TRAINING AND DRILLS** |   |   |   |   |
| 1. All required training requested/needed completed.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Training plan for next year completed and approved by REP Planning (on Assessment Request).
 | \* | \* | \_\_\_/\_\_\_ |  |
| 1. Drill/exercise plan for next year completed and approved by REP Planning (on Assessment Request).
 | \* | \* | \_\_\_/\_\_\_ |  |
| 1. Participated in Drills/exercises, Workshops, TTXs as required.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **REP ANNUAL UPDATE** |   |   |   |   |
| 1. Any alterations, including relocation, of facilities reported to REP Planning.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Map accuracy checked.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Signatory page of REP plan signed by appropriate municipal official when elections held.
 | \* | \* | \* | \_\_\_/\_\_\_ |
| 1. Any Local Letters of Agreement reviewed and updated.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Plan and procedures reviewed and comments noted. Forwarded to REP Planning.
 | \_\_\_/\_\_\_ | \* | \* | \* |
| 1. Any roadway changes due to maintenance, construction, or other projects reported to REP Planning.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **BUDGETS** |   |   |   |   |
| 1. Annual Assessment Request prepared and forwarded to HSEM by March 15th.
 | \* | \* | \_\_\_/\_\_\_ | \* |

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| **RECEPTION CENTER** |
| **EQUIPMENT** |   |   |   |   |
| 1. Communications tests completed.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Telephone numbers for personnel, facilities, and agencies verified.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Inventory checks completed.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Checks of Reception Center Equipment (other than dosimetry and meters)
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Checks of dosimetry (re-zeroing) and meters (checking background). Any equipment issues reported to RIMC
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Assembly and functional check of Portal monitor completed.
 | \_\_\_/\_\_\_ | \* | \_\_\_/\_\_\_ | \* |
| **TRAINING AND DRILLS** |   |   |   |   |
| 1. All required training requested/needed completed.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Participated in Drills/exercises, Workshops, TTXs as required.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **REP ANNUAL UPDATE** |   |   |   |   |
| 1. Facilities inspected for any alterations, including relocation. Report to REP Planning.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Any Local Letters of Agreement reviewed and updated.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
|  |  |  |  |  |
|  |  |   |  |
| Signature |  | Date |  |  |
|  |  |  |  |  |
| **Due: Q1 = 10/15 Q2=1/15 Q3=4/15 Q4=6/1** |