# State Transportation Staging Area

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| **State Fiscal Year 2020** | [x]  **Q1** | [ ]  **Q2** | [ ]  **Q3** | [ ]  **Q4** |
| **STSA:** |  | **July – Sept** | **Oct – Dec** | **Jan- March** | **April - June** |
| **EQUIPMENT** |   |   |   |   |
| 1. Communications tests completed.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Telephone numbers for personnel, facilities, and agencies verified.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Inventory checks completed.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Checks of STSA equipment (other than dosimetry).
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Checks of dosimetry (re-zeroing). Any equipment issues reported to RIMC.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **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.
 | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **BUDGETS**  |
| 1. Annual Assessment Request prepared and forwarded to HSEM by March 15th.
 | \* | \* | \_\_\_/\_\_\_ | \* |
|  |  |  |  |  |
|  |  |  |  |
| Signature |  | Date |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Due: Q1 = 10/15 Q2=1/15 Q3=4/15 Q4=6/1** |