VEHICLE ASSIGNMENT FORM
(SEABROOK STATION)

Vehicle Type:
☐ School Bus  ☐ Ambulance  ☐ Wheelchair Van
☐ Van  ☐ Van (15 Passenger)  ☐ Coach Bus
☐ Other:  __________  __________

You Are Assigned To:
☐ Seabrook  ☐ East Kingston  ☐ Newton
☐ Hampton Falls  ☐ Portsmouth  ☐ Stratham
☐ Kingston  ☐ Kensington  ☐ Greenland
☐ South Hampton  ☐ Exeter  ☐ New Castle
☐ North Hampton  ☐ Hampton  ☐ Rye
☐ Brentwood  ☐ Newfields
☐ Rockingham County Jail
☐ Rockingham County Nursing Home

☐ PICK UP DOSIMETRY IF YOU DO NOT ALREADY HAVE IT
☐ Report To The Evacuation Bed Station To Have 5 Bed Boards Installed
☐ Take ________ Additional Person(s) With You
☐ Report To Vehicle Exit

FOR COMPLETION BY VEHICLE PERSONNEL

Vehicle Number:  ________________

☐ Map Provided
☐ Check Dosimetry

Names Of Additional Personnel:
__________________________________
__________________________________
__________________________________

Check For Ambulance Only:
☐ MS-1 Hospital Map
☐ Ambulance Procedure
☐ Ambulance Contamination Control Kit

Upon arrival at reception/host facility notify 603-223-3663

FORM 125A