

**VEHICLE ASSIGNMENT FORM
(SEABROOK STATION)**

Vehicle Type:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Wheelchair Van |
| <input type="checkbox"/> Van | <input type="checkbox"/> Van (15 Passenger) | <input type="checkbox"/> Coach Bus |
| | <input type="checkbox"/> Other: _____ | _____ |

You Are Assigned To:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Seabrook | <input type="checkbox"/> East Kingston | <input type="checkbox"/> Newton |
| <input type="checkbox"/> Hampton Falls | <input type="checkbox"/> Portsmouth | <input type="checkbox"/> Stratham |
| <input type="checkbox"/> Kingston | <input type="checkbox"/> Kensington | <input type="checkbox"/> Greenland |
| <input type="checkbox"/> South Hampton | <input type="checkbox"/> Exeter | <input type="checkbox"/> New Castle |
| <input type="checkbox"/> North Hampton | <input type="checkbox"/> Hampton | <input type="checkbox"/> Rye |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Newfields | |
| <input type="checkbox"/> Rockingham County Jail | | |
| <input type="checkbox"/> 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