# SS EPZ/EMD Quarterly Checklist

This section summarizes the minimum REP responsibilities for each EMD during the year. Each quarter is to be reported to receive quarterly flat rate reimbursement.

This checklist is also found and can be completed on the HSEM Resource Center under REP: <https://prd.blogs.nh.gov/dos/hsem/?page_id=2099>

**EMERGENCY MANAGEMENT DIRECTOR REP MAINTENANCE CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State Fiscal Year 2021** | **Q1** | **Q2** | **Q3** | **Q4** |
| **Community:** |  | July – Sept. | Oct. – Dec. | Jan.-March | April - June |
| **EQUIPMENT** |  |  |  |  |
| 1. Communications tests completed. | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 2. Telephone numbers for personnel, facilities, and agencies verified. | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 3. Inventory checks completed. | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 4. Checks of EOC Equipment (other than dosimetry and meters). | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 5. 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. | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 2. Training plan for next year completed and approved by REP Planning (on Assessment Request). |  |  |  | \_\_\_/\_\_\_ |
| 3. Drill/exercise plan for next year completed and approved by REP Planning (on Assessment Request). |  |  |  | \_\_\_/\_\_\_ |
| 4. Participated in Drills/exercises, Workshops, TTXs as required. | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **REP ANNUAL UPDATE** |  |  |  |  |
| 1. Any alterations, including relocation, of facilities reported to REP Planning. | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 2. Map accuracy checked. | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 3. Schools, day cares and other special facilities identified and transportation needs updated. (In concert with HSEM Special Facilities Field Rep.) | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 4. Signatory page of the REP plan signed by appropriate municipal official when elections held. |  |  |  | \_\_\_/\_\_\_ |
| 5. Any Local Letters of Agreement reviewed and updated. |  |  | \_\_\_/\_\_\_ | X |
| 6. Plan and procedures reviewed and comments noted. Comments forwarded to REP Planning. | X | \_\_\_/\_\_\_ | X | X |
| 7. Any roadway changes due to maintenance, construction, or other projects reported to REP Planning. | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **PDAFN LIST** |  |  |  |  |
| 1. Listing of citizens with Disabilities and Access/Functional Needs. COMPLETED listing forwarded to REP Planning.  | X | X | \_\_\_/\_\_\_ | X |
| **BUDGETS** |  |  |  |  |
| 1. Annual Assessment Request prepared and forwarded to HSEM by March 15th. | X | X | \_\_\_/\_\_\_ | X |
|  |  |  |  |  |
|  |  |  |  |
| Signature |  |  | Date |  |
| **Due Dates: Q1 = 10/15 Q2=1/15 Q3=4/15 Q4=6/1** |