# STSA Quarterly Checklist

This section summarizes the minimum REP responsibilities for the STSA Lead 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=4770>

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| **State Fiscal Year 2021** | | **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 April 1st. | | \* | \* | \_\_\_/\_\_\_ | \* |
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|  | |  |  | |  |
| Signature | |  | Date |  |  |
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| **Due: Q1 = 10/15 Q2=1/15 Q3=4/15 Q4=6/1** | | | | | |