

Form 125A - STSA Asset Information Form

A. Asset Information - Filled out by Vehicle Registration Position

PARKING LOT: _____

Date/Time In: _____

ASSET TYPE (check one):

Ambulance - Ambulance -
BLS ALS

☐☐

Coach Bus

☐

Mini Bus

☐

Passenger
Van

☐

School Bus

☐

Wheelchair
Van

☐

License Plate: _____ **State** _____ **Number** _____

Driver's Name: _____

Driver Cell Phone Number: _____

Organization Name: _____

Fuel Level: _____

***** DRIVER: IMMEDIATELY SUBMIT THIS FORM TO THE STAFF AT THE DRIVER INFORMATION TABLE NEXT TO THE COMMAND POST*****

B. Assignment Order - Filled out by Logistics Position

Date/time of Assignment: _____

Community Assigned: _____

C. Dispatch - Filled out by Vehicle Dispatch Position

Date/Time vehicle dispatched: _____

Verify the Driver has the following items:

Map(s) to assigned Local Transportation Staging Area (LTSA) ☐

Dosimetry and Paperwork ☐

D. Exit - Filled out by Check-out Position

Date/Time vehicle exited the site: _____

Information on this form verified with driver ☐

*****RETAIN THIS FORM AND FILE IN THE CHECK-OUT TOTE BOX*****