

# STATE ESF-8 PUBLIC HEALTH & MEDICAL RESPONDER ORDER

<b>Incident Name:</b>		<b>Mission Number:</b>	
<b>Mission Description:</b>			
<b>Responder Contact Information</b>	Responder's Name:	Region Affiliation:	
	Responder's Phone Number(s):		
	Responder's Email Address:		
<b>Assignment Details</b>	Position(s):	Position(s) Qty:	
	Deployment Type:	Federal <input type="checkbox"/>	State <input type="checkbox"/> Local <input type="checkbox"/> Headquarters <input type="checkbox"/>
<b>Report To (Point of Contact or Team Leader)</b>	Point of Contact Name:		
	Phone Number:		
	Alternate Contact Number:		
<b>Check In Location for the Responder(s)</b>	Check In Location Name:		
	Location Address:		
	City:	County:	
	State:	Zip Code:	
<b>Dates &amp; Times Assignment Period</b>	Departure Date:	Start Date:	Start Time:
	On-site Arrival Date:		End Time:
	Demobilization Date:		Special Notes:
<b>Special Instructions</b>			
<b>Responder &amp; Safety Forms</b>			
<b>INCIDENT CHECK-IN INSTRUCTIONS</b>			
<b>ACTIONS NEEDED</b>			
<b>All responders are required to:</b>			
* Have supervisor approval prior to deployment/activation.			
* Update contact information in the Everbridge SERVFL notification system.			
<input type="checkbox"/> Complete the pre-deployment assessment to verify your readiness to deploy and provide a copy to your day-to-day supervisor.			
<input type="checkbox"/> Complete the Deployment Information Sheet and provide to the onsite point of contact when you arrive.			
<b>TRAVEL ARRANGEMENTS</b>			
Lodging/Transportation Arrangements			
<b>PREPARED BY</b>			
Name:			Date:

