



Minnesota Mobile Medical Team - Deployment Form

Local Emergency Management Questionnaire

Location of incident/need for deployment:

Address/City/County/Region:

Incident Command Post

Location/Address:

Incident Commander Name:

Incident Commander Phone #:

Incident Commander Email:

IC Liaison officer/Point of Contact:

IC Liaison officer phone #:

IC Liaison officer Email:

Command Post 800 MHz talk group information:

Law Enforcement information

What agency is in charge of law enforcement for the incident?:

Point of contact:

Point of contact - main phone #:

Point of contact - mobile phone #:

Who will be providing security for the MN MMT?

Security phone numbers:

Staging Area Information

What agency is handling the check in process for the staging?

Where is the MN MMT to check in?
(Address)

Transportation to/from staging area:

Who is providing transportation to and from the staging area?:

Contact name for transportation:

Main phone number:

Mobile phone number:

Other contact information:

MN MMT Lodging

Is there lodging available for members of the MN MMT? Yes
No

Location of lodging/address:

Point of contact - name:

Point of contact - phone number:

Number of rooms available:

Is this separated from patients?	Yes	Separate for male/female?	Yes
	No		No
Separate rooms?	Yes	Separate showers?	Yes
	No		No
Laundry facilities?	Yes	Kitchen facilities?	Yes
	No		No

Emergency Medical Services

Agency #1:

Name of primary agency providing EMS services in the area:

Point of contact:

POC main phone number:

POC mobile phone number:

800 MHz talk group information:

Agency capabilities:

Is the agency certified as Advanced Life Support?

Yes
No

Does the agency have the capability to care for a ventilated patient?

Yes
No

Does the agency have the capability to do a 12-lead EKG?

Yes
No

Please identify the methods to be used to communicate with EMS - to request transportation of a patient.
i.e. radio, dispatch

Agency #2:

Name of secondary agency
providing EMS services in the area:

Point of contact:

POC main phone number:

POC mobile phone number:

800 MHz talk group information:

Agency capabilities:

Is the agency certified as Advanced
Life Support?

Yes
No

Does the agency have
the capability to care
for a ventilated patient?

Yes
No

Does the agency have the
capability to do a 12-lead EKG?

Yes
No

Please identify the methods to be
used to communicate with EMS - to
request transportation of a patient.
i.e. radio, dispatch