

Date Adopted: / / 08

by: **Selectboard.**  
(LEGISLATIVE BODY)

Official Signature (if not electronic):  
(I.E., CHAIRPERSON)

## VERMONT RAPID RESPONSE PLAN

City/Town of: **Athens**, in **Windham** County

|  |                          |   |
|--|--------------------------|---|
| Business Address: <b>56 Brookline Rd. Athens, VT 05413</b> |                          |   |
| Tel: <b>802-869-3370</b>                                   | Fax: <b>802-869-3370</b> | E-mail: <b>townofathens@vermontel.net</b> |

|   |                             |         |
|---|-----------------------------|---------|
| Point of Contact (POC) <b>David Bemis</b> POC Mailing Address: <b>434 Route 35, Athens VT</b> |                             |         |
| <b><u>PLEASE DO NOT USE THE SAME TELEPHONE NUMBERS IN MULTIPLE BOXES.</u></b>                 |                             |         |
| Home #:   | Work #: <b>802-869-3268</b> | Cell #: |
| Pager #:  | E-mail:                     |         |

### 1. Alert and Mobilize the Local Emergency Management Organization

(These people are the same as your Emergency Planning Team)

|                          | First Name    | Last Name          | Job Title                               | Email Address: | Home # | Work #              |
|--------------------------|---------------|--------------------|---|----------------|--------|---------------------|
| <input type="checkbox"/> | <b>David</b>  | <b>Bemis</b>       | <b>Selectboard Chair</b>                |                |        | <b>802-869-3268</b> |
| <input type="checkbox"/> | <b>David</b>  | <b>Bemis</b>       | <b>Emergency Management Coordinator</b> |                |        | <b>802-869-3268</b> |
| <input type="checkbox"/> | <b>Thomas</b> | <b>Taylor</b>      | <b>Road Commissioner</b>                |                |        | <b>802-869-2451</b> |
| <input type="checkbox"/> | <b>Sandra</b> | <b>Capponcelli</b> | <b>Health Officer</b>                   |                |        | <b>802-869-2590</b> |
| <input type="checkbox"/> |               |                    |   |                |        |                     |
| <input type="checkbox"/> |               |                    |   |                |        |                     |
| <input type="checkbox"/> |               |                    |   |                |        |                     |
| <input type="checkbox"/> |               |                    |   |                |        |                     |

### 2. Establish an Incident Command Post and make appropriate local decisions

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | a. Identify the Incident Commander  |                          |  |
| <input type="checkbox"/> | b. Identify the Incident Command Post   |                          |  |
| <input type="checkbox"/> | c. Assess the Situation   | <input type="checkbox"/> | Start a log of actions taken.                        |
|                          |   | <input type="checkbox"/> | Determine Type of Disaster                           |
|                          |   | <input type="checkbox"/> | Determine Casualties                                 |
|                          |   | <input type="checkbox"/> | Secure a perimeter around affected area              |
|                          |   | <input type="checkbox"/> | Reroute traffic if necessary                         |
|                          |   | <input type="checkbox"/> | Request additional resources (Mutual Aid) if needed. |
| <input type="checkbox"/> | d. Consider potential staffing needs (extended or multiple operational periods)                         |                          |  |
| <input type="checkbox"/> | e. Establish a communications plan for radio use  |                          |  |
| <input type="checkbox"/> | f. Hold emergency meeting of governing body to determine if a local declaration of emergency is needed. |                          |  |
| <input type="checkbox"/> | g. If so, sign a request for a <b>Local Declaration of State of Emergency</b> form and attach           |                          |  |

| <b>3. Alert Vermont Emergency Management</b> |   |   |
|--|---|---|
| <input type="checkbox"/>                     | Call Vermont Emergency Management<br>Request activation of state resources such as VTrans, Agency of Natural Resources, Dept. of Labor, National Guard, Health Dept. etc. to provide State resources. (ie. Clean Drinking Water, Generators, Heavy Equipment, etc.) | <b>1-800-347-0488,<br/>1-802-244-8721</b> |
| <input type="checkbox"/>                     | HAZMAT Hotline (spills, etc.) VEM Duty Officer will make additional State agency notifications.   | <b>1-800-641-5005</b>                     |

| <b>4. Alert General Population and Evacuate as Needed. (eg: siren, PA, Door-to-door, etc.)</b> |   |
|--|---|
| <input type="checkbox"/>   | Alert the Public of the potential hazards of the event at the outset and during the event.<br>Methods of alert: |
| <input type="checkbox"/>   | Communicate protective action to be taken and evacuation information.<br>Evacuation routes:                     |
| <input type="checkbox"/>   | Additional Notes:   |

| <b>5. Contact Shelter Coordinator and Open Emergency Shelters if evacuation requested.</b> |   |  |                     |
|--|---|--|---------------------|
| Local Coordinator  | e-mail address                                      | Home #                                       | Work #              |
|  |   |  |                     |
|  |   |  |                     |
| Facility Name  |   | Facility Contact Numbers                     |                     |
| Address  |   | Phone #                                      | Fax #               |
| <input type="checkbox"/>   | Shelter # 1: <b>Bellows Falls Union High School</b> | <b>P.O. Box 429, Bellows Falls, VT 05101</b> | <b>802-463-3944</b> |
| <input type="checkbox"/>   | Shelter # 2:  |  |                     |
| <input type="checkbox"/>   | Shelter # 3:  |  |                     |

**6. Expand the ICS Structure as needed to the size and scope of the incident  
(See ICS 203 and ICS Responsibilities Review document)**

| <b>7. Activate the Emergency Operations Center to Support the Incident Commander as Needed.</b> |         |              |
|---|---------|--------------|
| Facility Name   | Address | Phone Number |
| <input type="checkbox"/>  |         |              |
| <input type="checkbox"/>  |         |              |
| <input type="checkbox"/>  |         |              |

| <b>8. Conduct repairs according to Mitigation Plan when feasible and document all repairs<br/>(ie. repair with larger culvert, replace with better materials, etc)</b> |                     |
|--|---------------------|
| Known Problem  | Mitigation Solution |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |

**9. If incident expands over multiple operational periods, assign relief workers for ALL positions. As incident winds down, release excess resources as per demobilization plans.**

**10. As incident enters Recovery Phase, conduct a complete damage assessment for public and private damages. Meet with State and Federal Officials to map out next steps.**

| <b>ICS Responsibilities Review</b>      |   |
|---|---|
| <b>Command Section</b>                  |   |
| <b>Incident Commander</b>               | <b>Overall responsibility for and management of the incident</b>  |
| Public Information Officer              | Central contact for gathering from and dissemination to the news media and other agencies and organizations   |
| Safety Officer                          | Assess hazardous and unsafe situations and develop measures for assuring personnel safety   |
| Liaison Officer                         | Point of contact at the incident for personnel from assisting or cooperating agencies. These agencies have pre-existing chains of command, and protocols. They work for the Incident Commander and are given assignment and tasks, through the Liaison Officer. These would include: Vermont Emergency Management, FEMA, American Red Cross, VT National Guard Units, VT HAZMAT Team, County Sheriff, Search and Rescue, Civil Air Patrol and the like. |
| <b>Operations Section</b>               |   |
| <b>Operations Section Chief</b>         | <b>Responsible for the direction and coordination of all incident tactical operations,</b>  |
| Divisions / Groups                      |   |
| Law Enforcement                         | Traffic; law & order, alert and warning   |
| Fire & Rescue                           | Fire & Rescue & Evacuation; alert and warning   |
| Ambulance                               | Emergency Medical and Emergency Transportation  |
| Public Works                            | Roads, Bridges, Sewer, Water  |
| HAZMAT Team                             | Hazardous Materials, Radiological Hazards   |
| Search and Rescue                       | Search and Rescue   |
| Staging Areas                           | locations at an incident where resources are placed while awaiting tactical assignment  |
| <b>Planning Section</b>                 |   |
| <b>Planning Section Chief</b>           | <b>Responsible for the collection and evaluation of incident situation information, preparing situation status reports, displaying situation information, maintaining status of resources, developing an Incident Action Plan, and preparing required incident related documentation.</b>   |
| Units                                   |   |
| Resources Unit                          | Responsible for all check-in activity and for maintaining the status of all personnel and equipment resources assigned to the incident.   |
| Situations Unit                         | Collects and processes information of the current situation, prepares situation displays and situation summaries, develops <b>maps</b> and projections.   |
| Documentation Unit                      | Prepares the <b>Incident Action Plan</b> , maintains documentation, and provides duplication services.  |
| Demobilizing Unit                       | Assists in ensuring that an orderly, safe, and cost-effective movement of personnel will be made when they are no longer required at the incident.  |
| <b>Logistics Section</b>                |   |
| <b>Logistics Section Chief</b>          | <b>Responsible for providing services and support to meet incident needs.</b>   |
| Units                                   |   |
| Communications Unit                     | Develop Communications Plan, distribute and maintain communications equipment, and manage the Incident Communications Center  |
| Medical Unit                            | Develop a Medical Plan, provide 1 <sup>st</sup> aid and light medical treatment for personnel assigned to the incident, develop emergency medical transportation plan and reports   |
| Food Unit                               | Supplies feeding and potable water requirements at all incident facilities.   |
| Supply Unit                             | Orders personnel, equipment, and other supplies as needed   |
| Facilities Unit                         | Sets up and manages facilities in support of the incident. Also provides security support for the facilities and incident as required.  |
| Ground Support Unit                     | Provides transportation, maintains and fuels vehicles assigned to the incident  |
| <b>Finance / Administration Section</b> |   |
| <b>Finance/Admin. Section Chief</b>     | <b>Responsible for monitoring incident-related costs, and administering any necessary procurement contracts</b>   |
| Units                                   |   |
| Time Unit                               | Ensures that all <b>personnel time</b> on an incident or event is recorded  |
| Procurement Unit                        | Processes paperwork associated with equipment rental and supply contracts. Responsible for <b>equipment time</b> reporting.   |
| Compensation/Claims Unit                | <u>Compensation</u> : Is responsible for workers compensation claims and maintains files of injuries and/or illnesses associated with the incident<br><u>Claims</u> : Handles investigation of all claims involving damaged property associated with or involved in the incident.   |
| Cost Unit                               | Responsible for providing all cost estimates and cost saving recommendations  |

| ICS 203<br>Local ICS Organization Assignment List (use during an emergency) |                          |      |                 |
|---|--------------------------|------|-----------------|
| ICS Staff Position  | Contact                  | Name | Contact Numbers |
| <b>1. Incident Commander</b>  | <input type="checkbox"/> |      |                 |
| Deputy  | <input type="checkbox"/> |      |                 |
| Safety Officer  | <input type="checkbox"/> |      |                 |
| Public Information Officer  | <input type="checkbox"/> |      |                 |
| Liaison Officer   | <input type="checkbox"/> |      |                 |
| Name & Contact Number   |                          |      |                 |
| <b>2. Operations Section Chief</b>  | <input type="checkbox"/> |      |                 |
| EMS Division/Group  | <input type="checkbox"/> |      |                 |
| Police Division/Group   | <input type="checkbox"/> |      |                 |
| Fire Division/Group   | <input type="checkbox"/> |      |                 |
| Division/Group  | <input type="checkbox"/> |      |                 |
| Division/Group  | <input type="checkbox"/> |      |                 |
| Division/Group  | <input type="checkbox"/> |      |                 |
| Division/Group  | <input type="checkbox"/> |      |                 |
| Division/Group  | <input type="checkbox"/> |      |                 |
| Division/Group  | <input type="checkbox"/> |      |                 |
| Name & Contact Numbers  |                          |      |                 |
| <b>3. Planning Section Chief</b>  | <input type="checkbox"/> |      |                 |
| Situation Unit Leader   | <input type="checkbox"/> |      |                 |
| Resources Unit Leader   | <input type="checkbox"/> |      |                 |
| Documentation Unit Leader   | <input type="checkbox"/> |      |                 |
| Demobilization Unit Leader  | <input type="checkbox"/> |      |                 |
|   | <input type="checkbox"/> |      |                 |
| Name & Contact Number   |                          |      |                 |
| <b>4. Logistics Section Chief</b>   | <input type="checkbox"/> |      |                 |
| Communications Unit Leader  | <input type="checkbox"/> |      |                 |
| Facilities Unit Leader  | <input type="checkbox"/> |      |                 |
| Food Unit Leader  | <input type="checkbox"/> |      |                 |
|   | <input type="checkbox"/> |      |                 |
|   | <input type="checkbox"/> |      |                 |
|   | <input type="checkbox"/> |      |                 |
|   | <input type="checkbox"/> |      |                 |
| Name & Contact Numbers  |                          |      |                 |
| <b>5. Finance/Admin Section Chief</b>                                       | <input type="checkbox"/> |      |                 |
| Cost Unit   | <input type="checkbox"/> |      |                 |
| Procurement Unit  | <input type="checkbox"/> |      |                 |
|   | <input type="checkbox"/> |      |                 |
|   | <input type="checkbox"/> |      |                 |
|   | <input type="checkbox"/> |      |                 |
| <b>Prepared By:</b>   |                          |      | <b>Date:</b>    |

**Planning Task #1 - Functional Areas/State Support Functions**

**Identify who or what agency/department will gather and maintain a resource list for, and Coordinate actions within, each Functional Area.**

| Agency                 | (1) Transportation | (2) Communications | (3) Public Works/Engineering | (4) Firefighting | (5) Emergency Mgmt, Recovery, Mitigation | (6) Mass Care, Food & Water | (7) Resource Support | (8) Health & Medical Services | (9) Search & Rescue | (10) Hazardous Materials | (11) Agriculture & Natural Resources | (12) Energy | (13) Law Enforcement | (14) Public Information |
|------------------------|--------------------|--------------------|------------------------------|------------------|--|-----------------------------|----------------------|-------------------------------|---------------------|--------------------------|--------------------------------------|-------------|----------------------|-------------------------|
| Road Crew / DPW        | P                  |                    | P                            |                  | S  |                             | S                    |                               |                     |                          |                                      |             |                      |                         |
| Fire Department        |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| School                 |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Town Selectboard       |                    | P                  |                              |                  | P  |                             | P                    |                               |                     |                          |                                      |             |                      | P                       |
| Constable / Police     |                    |                    |                              |                  | S  |                             | S                    |                               | S                   |                          |                                      |             | P                    |                         |
| 1st Response / Rescue  |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Shelter Coordinator    |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Animal Control Officer |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Town Health Officer    |                    |                    |                              |                  |  |                             |                      | S                             |                     |                          | P                                    |             |                      |                         |
| Recreation Coordinator |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Town Clerk             |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Town Treasurer         |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Other (Please Specify) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Other (Please Specify) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Other (Please Specify) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Other (Please Specify) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Other (Please Specify) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Other (Please Specify) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Other (Please Specify) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| Other (Please Specify) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |

P= Primary Agency, S= Support Agency

| Functional Area/ State Support Function Review  |   |
|---|---|
| (For use in completing table associated with Planning Task #1)  |   |
| <p><b>1. Transportation</b> - Control of transportation assets in support of the movement of emergency resources, including the evacuation of people and distribution of food and supplies.</p>   | <p><b>8. Health &amp; Medical Services</b> - Provides care and treatment for the ill and injured; mobilizes trained health and medical personnel and other emergency medical supplies, materials and facilities; provides public health and environmental sanitation services, disease and vector control, and the collection, identification, and protection of human remains. Coordinates special medical needs shelters.</p> |
| <p><b>2. Communications</b> - Provides emergency warning, information and guidance to the public and responders. Secures resources needed to provide backup capability for all means of communication.</p>  | <p><b>9. Search &amp; Rescue</b> - Provides resources for activities to locate, identify and remove from a stricken area, persons lost or trapped in buildings and other structures.</p>  |
| <p><b>3. Public Works &amp; Engineering</b> - Provides debris clearance, road, highway and bridge repairs. Repair and restoration of essential public works systems and services and the safety inspection of damaged public buildings.</p>   | <p><b>10. Hazardous Materials</b> - Provides response, inspection, containment and cleanup of hazardous materials.</p>  |
| <p><b>4. Firefighting</b> - Provides for mobilization and deployment, and assists in coordinating structural and wildfire fire fighting resources; provides incident management assistance for on-scene incident command and control operations.</p>  | <p><b>11. Agriculture &amp; Natural Resources</b> - Provides coordinated response in the management and containment of communicable diseases in an animal health of plant emergency.</p>  |
| <p><b>5. Emergency Management, Recovery &amp; Mitigation</b> - In support of the local Incident Commander, provides for the overall coordination of the town's emergency operations; collects, analyzes and disseminates critical information on emergency operations for decision making purposes; provides liaison with state/federal government.</p> | <p><b>12. Energy</b> - Coordinates with the private sector the emergency repair and restoration of critical public energy utilities. Coordinates the rationing and distribution of emergency power and fuel.</p>  |
| <p><b>6. Mass Care, Food &amp; Water</b> - Manages and coordinates sheltering, feeding and first aid for disaster victims. Identifies, secures, prepares, and/or arranges for transportation of safe food and water supplies for mass feeding to affected areas following a disaster.</p>   | <p><b>13. Law Enforcement</b> - Provides for the protection of life and property by enforcing laws, orders and regulations. Provides for area security, traffic and access control.</p>   |
| <p><b>7. Resource Support</b> - Provides for coordination and documentation of personnel, equipment, supplies, facilities and services used during disaster response and initial relief operations.</p>   | <p><b>14. Public Information</b> - Provides for effective collection, control and dissemination of public information to inform the general public of emergency conditions and available assistance.</p>  |

| Planning Task #2                                   |                    |            |            |         |            |
|--|--------------------|------------|------------|---------|------------|
| Identify Agency Contact Person and contact methods |                    |            |            |         |            |
| AGENCY   | Contact Person     | Home Phone | Work Phone | Pager # | Cell Phone |
| Road Crew / DPW                                    | NA                 |            |            |         |            |
| Fire Department                                    | NA                 |            |            |         |            |
| School   | NA                 |            |            |         |            |
| Town Selectboard                                   | David Bemis        |            | 869-3268   |         |            |
| Constable / Police                                 | Stephen Oakes      |            | 869-3207   |         |            |
| 1st Response / Rescue                              |                    |            |            |         |            |
| Shelter Coordinator                                |                    |            |            |         |            |
| Animal Control Officer                             |                    |            |            |         |            |
| Town Health Officer                                | Sandra Capponcelli |            | 869-2590   |         |            |
| Recreation Coordinator                             |                    |            |            |         |            |
| Town Clerk   | Darlene Wyman      |            | 869-3370   |         |            |
| Town Treasurer                                     | Darlene Wyman      |            | 869-3370   |         |            |
| Selectboard Member                                 | Thomas Taylor      |            | 869-2451   |         |            |
| Selectboard Member                                 | Michael Bates      |            | 869-2298   |         |            |
| Other (Please Specify)                             |                    |            |            |         |            |
| Other (Please Specify)                             |                    |            |            |         |            |
| Other (Please Specify)                             |                    |            |            |         |            |
| Other (Please Specify)                             |                    |            |            |         |            |
| Other (Please Specify)                             |                    |            |            |         |            |
| Other (Please Specify)                             |                    |            |            |         |            |

| Planning Task #3  |  |             |
|---|--|-------------|
| High Hazard and/or Vulnerable Sites List (Initial locations to check to determine damage) |  |             |
| Low-lying areas; problem culverts & bridges; stream survey, railway crossing, etc.        |  |             |
|   | Identified Sites (actual locations)            | Checked by: |
| <input type="checkbox"/> 1:   | Floodplain areas subject to fast rising waters |             |
| <input type="checkbox"/> 2:   |  |             |
| <input type="checkbox"/> 3:   |  |             |
| <input type="checkbox"/> 4:   |  |             |
| <input type="checkbox"/> 5:   |  |             |
| <input type="checkbox"/> 6:   |  |             |
| <input type="checkbox"/> 7:   |  |             |
| <input type="checkbox"/> 8:   |  |             |
| <input type="checkbox"/> 9:   |  |             |

| <b>Planning Task #4</b><br><b>High Risk Populations List (for special attention/possible evacuation during an incident)</b><br><b>Identify schools, daycare centers, nursing homes,</b><br><b>medical equipment-dependent residents, handicapped residents, etc.</b> |                                |              |               |
|--|--------------------------------|--------------|---------------|
|  | High Risk Population (address) | Verified by: | Evacuated by: |
| <input type="checkbox"/> 1:  | No list available              |              |               |
| <input type="checkbox"/> 2:  |                                |              |               |
| <input type="checkbox"/> 3:  |                                |              |               |
| <input type="checkbox"/> 4:  |                                |              |               |
| <input type="checkbox"/> 5:  |                                |              |               |
| <input type="checkbox"/> 6:  |                                |              |               |
| <input type="checkbox"/> 7:  |                                |              |               |
| <input type="checkbox"/> 8:  |                                |              |               |
| <input type="checkbox"/> 9:  |                                |              |               |
| <input type="checkbox"/> 10:   |                                |              |               |
| <input type="checkbox"/> 11:   |                                |              |               |
| <input type="checkbox"/> 12:   |                                |              |               |
| <input type="checkbox"/> 13:   |                                |              |               |

| Planning Task #5<br>Disaster Lead Agency/Coordinator  |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
|---|---------|-------|------|--------------|-----------|--------------|--------------------|------------------------|------------------------|---------------------------|------------------|--------------|------------------------|------------------------|------------------------|
| Who or what agency will command this type of disaster |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Agency  | Drought | Flood | Fire | Winter Storm | Ice Storm | Power Outage | Infectious Disease | Animal/Plant Emergency | Mass Casualty Incident | Hazardous Materials Spill | Public Gathering | Civil Unrest | Other (Please Specify) | Other (Please Specify) | Other (Please Specify) |
| Road Crew / DPW                                       |         | S     |      | P            | S         |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Fire Department                                       |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| School  |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Town Selectboard                                      | P       | P     | S    | S            |           | P            |                    |                        |                        |                           | P                |              |                        |                        |                        |
| Constable / Police                                    |         |       |      |              |           |              |                    |                        |                        |                           | S                | P            |                        |                        |                        |
| 1st Response / Rescue                                 |         | S     | S    |              | S         | S            | S                  |                        | P                      | S                         | S                |              |                        |                        |                        |
| Shelter Coordinator                                   |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Animal Control Officer                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Town Health Officer                                   |         |       |      |              |           |              | P                  | P                      | S                      |                           |                  |              |                        |                        |                        |
| Recreation Coordinator                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Town Clerk  |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Town Treasurer  |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify)                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify)                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify)                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify)                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify)                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify)                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify)                                |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |

P= Primary Agency, S= Support Agency

| <b>Planning Task #6<br/>MUTUAL AID and OTHER RESOURCES</b>                    |                       |                         |
|---|-----------------------|-------------------------|
| <b>Critical phone numbers of available resources for use in disaster</b>      |                       |                         |
| Resource  | 24 hour Phone #       | Primary Radio Frequency |
| <input type="checkbox"/> American Red Cross: <b>Sharon Bruce</b>              | <b>885-1350</b>       |                         |
| <input type="checkbox"/> Fire, Town of:                                       |                       |                         |
| <input type="checkbox"/> Fire, Town of:                                       |                       |                         |
| <input type="checkbox"/> Fire, Town of:                                       |                       |                         |
| <input type="checkbox"/> Police, Town of: <b>Windham County Sheriff</b>       | <b>365-4949</b>       |                         |
| <input type="checkbox"/> EMS, Town of:  |                       |                         |
| <input type="checkbox"/> Public Works Town of:                                |                       |                         |
| <input type="checkbox"/> Public Works Town of:                                |                       |                         |
| <input type="checkbox"/> CERT:  |                       |                         |
| <input type="checkbox"/> Power Company: <b>Central Vermont Public Service</b> | <b>(800) 451-2877</b> |                         |
| <input type="checkbox"/> Fuel Company: <b>Cota &amp; Cota</b>                 | <b>463-0000</b>       |                         |
| <input type="checkbox"/> Phone Company: <b>Vermont Telephone</b>              | <b>(888) 242-7584</b> |                         |
| <input type="checkbox"/> Other: <b>Springfield Humane Society</b>             | <b>885-3997</b>       |                         |
| <input type="checkbox"/> Other: <b>Grace Cottage Hospital</b>                 | <b>(802) 365-7357</b> |                         |
| <input type="checkbox"/> Other:   |                       |                         |
| <input type="checkbox"/> Other:   |                       |                         |
| <input type="checkbox"/> Other:   |                       |                         |
| <input type="checkbox"/> Other:   |                       |                         |
| <input type="checkbox"/> Other:   |                       |                         |

| <b>Planning Task #7<br/>Evacuation Routes and Shelter Facilities</b>   |
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| <b>Please attach additional maps or diagrams to this document, and provide a reference and Title for each below. Include Local Maps Showing Locations of Critical Facilities, Areas of Concern, Shelters and evacuation Routes</b> |

City/Town of Athens

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