



STATE OF UTAH
Statewide Mutual Aid Act (SMAA)
MOBILIZATION SHEET

Incident Name/Mission Number: _____

Description of SMAA mission: _____

You are being deployed to the requesting jurisdiction of _____

The address is _____

You are to report to _____ Phone: _____

Your scheduled reporting date/time is _____

Expected duration of assignment _____

Expected operating environment, communication protocol, assignment details _____

Before Deployment:

- Confirm the "Mission Request" form (SMAA Form #101) is completed
- If not a state employee, fill out "Agent of the State Agreement" Form 102 (if mutual aid is not local to local)
- Obtain situational briefing and Pre-Deployment Checklist from the SMAA/EMAC Coordinator (only if acting as an agent of the State)
- Obtain travel information for mission deployment
- Prepare appropriate equipment for specific assignment and/or function
- Perform communications check with **all** assigned communications equipment prior to departure.

Upon Arrival at Deployment Site/Staging Area:

- Notify the Requesting Jurisdiction Point of Contact of your arrival at point of assignment or staging area and obtain mission briefing. Provide personal contact information for your home jurisdiction in case of emergency.
- Notify the SMAA/EMAC Coordinator (only if acting as an agent of the State) of your arrival at the point of assignment and provide an estimated date of departure and arrival back to home organization.
- Perform communications check and confirm contact numbers with home organization.
- Personnel will report to their assigned work area supervisor.

- Plan for continued operations, establish work shift to support the operations, report required information to SMAA/EMAC Coordinator (only if acting as an agent of the State)
- Contact the SMAA/EMAC Coordinator (only if acting as an agent of the State) of change(s) of assignment
- As your assignment comes to an end, follow Demobilization Procedure Checklist ICS Form # 221

Contact:

SMAA/EMAC Coordinator
 801 538-3400
 801-538-3770 (f)
 logsemac@utah.gov

Requesting Jurisdiction: _____
 Phone Number: _____
 Fax Number: _____
 E-Mail address: _____

Field Point of Contact: _____
 Phone: _____
 Fax: _____
 E-mail: _____

PRE-DEPLOYMENT PERSONAL EQUIPMENT CHECK LIST

- Cash (Amount appropriate for deployment length)
- Credit Card

Clothing (Dependent upon the deployment days)

- Proper Attire for Weather Conditions

Contact Information

- List of Phones Numbers to your dependents
- Emergency Contact List
- Medications
- Doctors Contact Information

Hygiene Kit

- Toothpaste
- Toothbrush
- After Shave Lotions
- Shaving Cream
- Razor
- Mouthwash
- Dental Floss
- Lip Balm/Sunscreen

Electronic Devices

- Laptop (if desired)
- Charging Devices
- Batteries
- GPS
- Charge all Electrical Devices
- Cell Phone
- Flashlight

Identification

- Drivers License
- Passport (if necessary)
- Badge and ID

Additional Medical Items

- Personal First Aid Kit

Final Recommendations

- Cancel/postpone Meetings/Engagements
- Notify Personal Family/Friends of deployment