

MO Division of Fire Safety
MUTUAL AID RESOURCE REQUEST CHECKLIST

Event Tracking # _____ EVENT: _____

DATE: _____ TIME: _____ PRIORITY FLASH HIGH MEDIUM LOW

REQUESTING PARTY: _____ PHONE/CONTACT INFO: _____

REQ. RECVD BY: _____ REQ. FORWARDED TO: _____

RESOURCE REQUESTED: _____

MISSION: _____ HSRRS COMPONENT? YES NO

LOGISTICAL NEEDS:

GAS _____

WATER _____

FOOD _____

LODGING _____

OTHER _____

APPARATUS SIZE/WEIGHT RESTRICTIONS _____

ON SCENE DATE/TIME REQUESTED: _____

ESTIMATED DURATION OF DEPLOYMENT: _____

STAGING LOCATION: _____ REPORTING TO: _____

COMMUNICATIONS (RADIO FREQ/PHONE, ETC.): _____

RESOURCE COMING FROM (DEPARTMENTS AND APPARATUS ID):

NAME/NUMBER FOR RESOURCE CONTACT: _____

NOTES: _____

