

Appendix I:  
Mandatory State Contract Forms

# CERTIFICATION STATEMENT

# ATTACHMENT I

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including attachments.

**OFFICIAL CONTACT.** The State requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Print Clearly)

Date	
Official Contact Name	
Email Address	
Fax Number with Area Code	
Telephone Number	
Street Address	
City, State, and Zip	

Proposer certifies that the above information is true and grants permission to the Department to contact the above named person or otherwise verify the information I have provided.

By its submission of this proposal and authorized signature below, proposer certifies that:

1. The information contained in its response to this RFP is accurate;
2. Proposer accepts the procedures, evaluation criteria, contract terms and conditions, and all other administrative requirements set forth in this RFP.
3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP.
4. Proposer's technical and cost proposals are valid for at least 120 days from the date of proposer's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have 10 business days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document. The Department has the option to waive this deadline if actions or inactions by the Department cause the delay.
6. Proposer certifies, by signing and submitting a proposal for \$25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the internet at [www.epls.gov](http://www.epls.gov)).

Authorized Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

**CFMS:  
DHH:  
AGENCY #**

Attachment II  
DHH - CF - 1

**CONTRACT BETWEEN STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS**

**AND**

**FOR**

☐ Personal Services   ☐ Professional Services   ☐ Consulting Services   ☐ Social Services

1) <b>Contractor (Legal Name if Corporation)</b>	5) <b>Federal Employer Tax ID# or Social Security #</b> (11 digits)
2) <b>Street Address</b>	6) <b>Parish(es) Served</b>
<b>City and State</b>	<b>Zip Code</b>
3) <b>Telephone Number</b>	7) <b>License or Certification #</b>
4) <b>Mailing Address (if different)</b>	8) <b>Contractor Status</b> Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No Corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No For Profit: <input type="checkbox"/> Yes <input type="checkbox"/> No Publicly Traded: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>City and State</b>	<b>Zip Code</b>
8a) <b>CFDA#</b> (Federal Grant #)	

9) **Brief Description Of Services To Be Provided:**

Include description of work to be performed and objectives to be met; description of reports or other deliverables and dates to be received (when applicable). In a consulting service, a resume of key contract personnel performing duties under the terms of the contract and amount of effort each will provide under terms of contract should be attached.

10) <b>Effective Date</b>	11) <b>Termination Date</b>
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12) This contract may be terminated by either party upon giving thirty (30) days advance written notice to the other party with or without cause but in no case shall continue beyond the specified termination date.

13) **Maximum Contract Amount**

14) **Terms of Payment**

If progress and/or completion of services are provided to the satisfaction of the initiating Office/Facility, payments are to be made as follows: (stipulate rate or standard of payment, billing intervals, invoicing provisions, etc.). Contractor obligated to submit final invoices to Agency within fifteen (15) days after termination of contract.

<b>PAYMENT WILL BE MADE ONLY UPON APPROVAL OF:</b>	<b>Name</b>	
	<b>Title</b>	<b>Phone Number</b>

15) **Special or Additional Provisions which are incorporated herein, if any (IF NECESSARY, ATTACH SEPARATE SHEET AND REFERENCE):**

**During the performance of this agreement, the Contractor hereby agrees to the following terms and conditions:**

1. Contractor hereby agrees to adhere as applicable to the mandates dictated by Titles VI and VII of the Civil Rights Act of 1964, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Americans with Disabilities Act of 1990 as amended; the Rehabilitation Act of 1973 as amended; Sec. 202 of Executive Order 11246 as amended, and all applicable requirements imposed by or pursuant to the regulations of the U. S. Department of Health and Human Services. Contractor agrees not to discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, political beliefs, disabled veteran, veteran status, or any other non-merit factor.
2. Contractor shall abide by the laws and regulations concerning confidentiality which safeguard information and the patient/client confidentiality. Information obtained shall not be used in any manner except as necessary for the proper discharge of Contractor's obligations. (The Contractor shall establish, subject to review and approval of the Department, confidentiality rules and facility access procedures.)
3. The State Legislative Auditor, Office of the Governor, Division of Administration, and Department Auditors or those designated by the Department shall have the option of auditing all accounts pertaining to this contract during the contract and for a three year period following final payment. Contractor grants to the State of Louisiana, through the Office of the Legislative Auditor, Department of Health and Hospitals, and Inspector General's Office, Federal Government and/or other such officially designated body the right to inspect and review all books and records pertaining to services rendered under this contract, and further agrees to guidelines for fiscal administration as may be promulgated by the Department. Records will be made available during normal working hours.

Contractor shall comply with federal and state laws and/or DHH Policy requiring an audit of the Contractor's operation as a whole or of specific program activities. Audit reports shall be sent within thirty (30) days after the completion of the audit, but no later than six (6) months after the end of the audit period. If an audit is performed within the contract period, for any period, four (4) copies of the audit report shall be sent to the Department of Health and Hospitals, Attention: **Division of Fiscal Management, P.O. Box 91117, Baton Rouge, LA 70821-3797** and one (1) copy of the audit shall be sent to the **originating DHH Office.**

4. Contractor agrees to retain all books, records and other documents relevant to the contract and funds expended thereunder for at least four (4) years after final payment or as prescribed in 45 CFR 74:53 (b) whichever is longer. Contractor shall make available to the Department such records within thirty (30) days of the Department's written request and shall deliver such records to the Department's central office in Baton Rouge, Louisiana, all without expense to the Department. Contractor shall allow the Department to inspect, audit or copy records at the contractor's site, without expense to the Department.
5. Contractor shall not assign any interest in this contract and shall not transfer any interest in the same (whether by assignment or novation), without written consent of the Department thereto, provided, however, that claims for money due or to become due to Contractor from the Department under this contract may be assigned to a bank, trust company or other financial institution without advanced approval. Notice of any such assignment or transfer shall be promptly furnished to the Department and the Division of Administration, Office of Contractual Review.
6. Contractor hereby agrees that the responsibility for payment of taxes from the funds received under this contract shall be Contractor's. The contractor assumes responsibility for its personnel providing services hereunder and shall make all deductions for withholding taxes, and contributions for unemployment compensation funds, and shall maintain, at Contractor's expense, all necessary insurance for its employees, including but not limited to automobile insurance, workers' compensation and general liability insurance.



7. Contractor shall obtain and maintain during the contract term all necessary insurance including automobile insurance, workers' compensation insurance, and general liability insurance. The required insurances shall protect the Contractor, the Department of Health and Hospitals, and the State of Louisiana from all claims related to Contractor's performance of this contract. Certificates of Insurance shall be filed with the Department for approval. Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days advance written notice to the Department. Commercial General Liability Insurance shall provide protection during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as claims for property damages, with combined single limits prescribed by the Department.
8. In cases where travel and related expenses are required to be identified separate from the fee for services, such costs shall be in accordance with State Travel Regulations. The contract contains a maximum compensation which shall be inclusive of all charges including fees and travel expenses.
9. No funds provided herein shall be used to urge any elector to vote for or against any candidate or proposition on an election ballot nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition or any election ballot or a proposition or matter having the effect of law being considered by the legislature or any local governing authority. Contracts with individuals shall be exempt from this provision.
10. Should contractor become an employee of the classified or unclassified service of the State of Louisiana during the effective period of the contract, Contractor must notify his/her appointing authority of any existing contract with State of Louisiana and notify the contracting office of any additional state employment. This is applicable only to contracts with individuals.
11. All non-third party software and source code, records, reports, documents and other material delivered or transmitted to Contractor by State shall remain the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract. All non-third party software and source code, records, reports, documents, or other material related to this contract and/or obtained or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract.
12. Contractor shall not enter into any subcontract for work or services contemplated under this contract without obtaining prior written approval of the Department. Any subcontracts approved by the Department shall be subject to conditions and provisions as the Department may deem necessary; provided, however, that notwithstanding the foregoing, unless otherwise provided in this contract, such prior written approval shall not be required for the purchase by the contractor of supplies and services which are incidental but necessary for the performance of the work required under this contract. No subcontract shall relieve the Contractor of the responsibility for the performance of contractual obligations described herein.
13. No person and no entity providing services pursuant to this contract on behalf of contractor or any subcontractor is prohibited from providing such services by the provisions of R.S. 1113 as amended in the 2008 Regular Session of the Louisiana Legislature.
14. No claim for services furnished or requested for reimbursement by Contractor, not provided for in this contract, shall be allowed by the Department. In the event the Department determines that certain costs which have been reimbursed to Contractor pursuant to this or previous contracts are not allowable, the Department shall have the right to set off and withhold said amounts from any amount due the Contractor under this contract for costs that are allowable.
15. This contract is subject to and conditioned upon the availability and appropriation of Federal and/or State funds; and no liability or obligation for payment will develop between the parties until the

contract has been approved by required authorities of the Department; and, if contract exceeds \$20,000, the Director of the Office of Contractual Review, Division of Administration in accordance with La. R.S. 39:1502.

16. The continuation of this contract is contingent upon the appropriation of funds from the legislature to fulfill the requirements of the contract. If the Legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.
17. Any alteration, variation, modification, or waiver of provisions of this contract shall be valid only when reduced to writing, as an amendment duly signed, and approved by required authorities of the Department; and, if contract exceeds \$20,000, approved by the Director of the Office of Contractual Review, Division of Administration. Budget revisions approved by both parties in cost reimbursement contracts do not require an amendment if the revision only involves the realignment of monies between originally approved cost categories.
18. Any contract disputes will be interpreted under applicable Louisiana laws and regulations in Louisiana administrative tribunals or district courts as appropriate.
19. Contractor will warrant all materials, products and/or services produced hereunder will not infringe upon or violate any patent, copyright, trade secret, or other proprietary right of any third party. In the event of any such claim by any third party against DHH, the Department shall promptly notify Contractor in writing and Contractor shall defend such claim in DHH's name, but at Contractor's expense and shall indemnify and hold harmless DHH against any loss, expense or liability arising out of such claim, whether or not such claim is successful. This provision is not applicable to contracts with physicians, psychiatrists, psychologists or other allied health providers solely for medical services.
20. Any equipment purchased under this contract remains the property of the Contractor for the period of this contract and future continuing contracts for the provision of the same services. Contractor must submit vendor invoice with reimbursement request. For the purpose of this contract, equipment is defined as any tangible, durable property having a useful life of at least (1) year and acquisition cost of \$1000.00 or more. The contractor has the responsibility to submit to the Contract Monitor an inventory list of DHH equipment items when acquired under the contract and any additions to the listing as they occur. Contractor will submit an updated, complete inventory list on a quarterly basis to the Contract Monitor. Contractor agrees that upon termination of contracted services, the equipment purchased under this contract reverts to the Department. Contractor agrees to deliver any such equipment to the Department within 30 days of termination of services.
21. Contractor agrees to protect, indemnify and hold harmless the State of Louisiana, DHH, from all claims for damages, costs, expenses and attorney fees arising in contract or tort from this contract or from any acts or omissions of Contractor's agents, employees, officers or clients, including premises liability and including any claim based on any theory of strict liability. This provision does not apply to actions or omissions for which LA R.S. 40:1299.39 provides malpractice coverage to the contractor, nor claims related to treatment and performance of evaluations of persons when such persons cause harm to third parties (R.S. 13:5108.1(E)). Further it does not apply to premises liability when the services are being performed on premises owned and operated by DHH.
22. Any provision of this contract is severable if that provision is in violation of the laws of the State of Louisiana or the United States, or becomes inoperative due to changes in State and Federal law, or applicable State or Federal regulations.

23. Contractor agrees that the current contract supersedes all previous contracts, negotiations, and all other communications between the parties with respect to the subject matter of the current contract.

**THIS CONTRACT CONTAINS OR HAS ATTACHED HERETO ALL THE TERMS AND CONDITIONS AGREED UPON BY THE CONTRACTING PARTIES. IN WITNESS THEREOF, THIS CONTRACT IS SIGNED ON THE DATE INDICATED BELOW.**

	<b>STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS</b>
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_____ <b>SIGNATURE</b>	_____ <b>DATE</b>	_____ <b>SIGNATURE</b>	_____ <b>DATE</b>
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_____ <b>NAME</b>	_____ <b>NAME</b>
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_____ <b>TITLE</b>	<u>Secretary, Department of Health and Hospitals or his/her designee</u>
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_____ <b>SIGNATURE</b>	_____ <b>DATE</b>	_____ <b>SIGNATURE</b>	_____ <b>DATE</b>
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_____ <b>NAME</b>	_____ <b>NAME</b>
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_____ <b>TITLE</b>	_____ <b>TITLE</b>
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(Rev. 1/04)

**HIPAA Business Associate Addendum:**

This Business Associate Addendum is hereby made a part of this contract in its entirety as Attachment \_\_\_ to the contract.

1. The U. S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), governing the privacy of individually identifiable health information. See 45 CFR Parts 160 and 164 (the "HIPAA Privacy Rule"). The Department of Health and Hospitals, ("DHH"), as a "Covered Entity" as defined by HIPAA, is a provider of health care, a health plan, or otherwise has possession, custody or control of health care information or records.
2. *"Protected health information"* ("PHI") means individually identifiable health information including all information, data, documentation and records, including but not limited to demographic, medical and financial information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual or payment for health care provided to an individual; and that identifies the individual or which DHH believes could be used to identify the individual.  
*"Electronic protected health information"* means PHI that is transmitted by electronic media or maintained in electronic media.  
*"Security incident"* means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
3. Contractor is considered a Business Associate of DHH, as contractor either: (A) performs certain functions on behalf of or for DHH involving the use or disclosure of protected individually identifiable health information by DHH to contractor, or the creation or receipt of PHI by contractor on behalf of DHH; or (B) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, financial or social services for DHH involving the disclosure of PHI.
4. Contractor agrees that all PHI obtained as a result of this contractual agreement shall be kept confidential by contractor, its agents, employees, successors and assigns as required by HIPAA law and regulations and by this contract and addendum.
5. Contractor agrees to use or disclose PHI solely (A) for meeting its obligations under this contract, or (B) as required by law, rule or regulation or as otherwise permitted under this contract or the HIPAA Privacy Rule.
6. Contractor agrees that at termination of the contract, or upon request of DHH, whichever occurs first, contractor will return or destroy (at the option of DHH) all PHI received or created by contractor that contractor still maintains in any form and retain no copies of such information; or if such return or destruction is not feasible, contractor will extend the confidentiality protections of the contract to the information and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible.
7. Contractor will ensure that its agents, employees, subcontractors or others to whom it provides PHI received by or created by contractor on behalf of DHH agree to the same restrictions and conditions that apply to contractor with respect to such information. Contractor also agrees to take all reasonable steps to ensure that its employees', agents' or subcontractors' actions or omissions do not cause contractor to breach the terms of this Addendum. Contractor will use all appropriate safeguards to prevent the use or disclosure of PHI other than pursuant to the terms and conditions of this contract and Addendum.
8. Contractor shall, within 3 days of becoming aware of any use or disclosure of PHI, other than as permitted by this contract and Addendum, report such disclosure in writing to the person(s) named in section 14 (Terms of Payment), page 1 of the CF-1.

9. Contractor shall make available such information in its possession which is required for DHH to provide an accounting of disclosures in accordance with 45 CFR 164.528. In the event that a request for accounting is made directly to contractor, contractor shall forward such request to DHH within two (2) days of such receipt. Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this provision. Contractor shall maintain data on all disclosures of PHI for which accounting is required by 45 CFR 164.528 for at least six (6) years after the date of the last such disclosure.
10. Contractor shall make PHI available to DHH upon request in accordance with 45 CFR 164.524.
11. Contractor shall make PHI available to DHH upon request for amendment and shall incorporate any amendments to PHI in accordance with 45 CFR 164.526.
12. Contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by contractor on behalf of DHH available to the Secretary of the U. S. DHHS for purposes of determining DHH's compliance with the HIPAA Privacy Rule.
13. Compliance with Security Regulations:

In addition to the other provisions of this Addendum, if Contractor creates, receives, maintains, or transmits electronic PHI on DHH's behalf, Contractor shall, no later than April 20, 2005:

  - (A) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of DHH;
  - (B) Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and
  - (C) Report to DHH any security incident of which it becomes aware.
14. Contractor agrees to indemnify and hold DHH harmless from and against all liability and costs, including attorneys' fees, created by a breach of this Addendum by contractor, its agents, employees or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the contract.
15. Notwithstanding any other provision of the contract, DHH shall have the right to terminate the contract immediately if DHH determines that contractor has violated any material term of this Addendum.

Note: Proposer MUST use this template to prepare a cost breakdown for each deliverable of the contract

Deliverable 1: Tactical Operations Center (TOC)		
Staffing Per 12 Hour Operational Period	Hourly Rate	Total Per 12 Hour Operational Period
Administrative Staff (list by position)		
Direct Labor Staff (list by position)		
Contracted Staff (list by position)		
Benefits		
Operating Costs:		
Travel*		
Rent		
Utilities		
Telephone		
Insurance		
Meals		
Other (List):		
Office Supplies (List)		
Equipment Costs (List)		
Professional Services (list)		
Other Direct Costs (list)		

\*Travel costs will be reimbursed in accordance with PPM 49

Note: Proposer MUST use this template to prepare a cost breakdown for each deliverable of the contract

## Deliverable 2: Processing Sites (PS)

Staffing Per 12 Hour Operational Period	Hourly Rate	Total Per 12 Hour Operational Period
Administrative Staff (list by position)		
Direct Labor Staff (list by position)		
Contracted Staff (list by position)		
Benefits		
Operating Costs:		
Travel*		
Rent		
Utilities		
Telephone		
Insurance		
Meals		
Other (List):		
Office Supplies (List)		
Equipment (List)		
Professional Services (list)		
Other Direct Costs (list)		

\*Travel costs will be reimbursed in accordance with PPM 49

Note: Proposer MUST use this template to prepare a cost breakdown for each deliverable of the contract

<b>Deliverable 3: EMS Designated Regional Coordinator Field Support</b>		
Staffing Per 12 Hour Operational Period	Hourly Rate	Total Per 12 Hour Operational Period
Administrative Staff (list by position)		
Direct Labor Staff (list by position)		
Contracted Staff (list by position)		
Benefits		
Operating Costs:		
Travel*		
Rent		
Utilities		
Telephone		
Insurance		
Meals		
Other (List):		
Office Supplies (List)		
Equipment (List)		
Professional Services (list)		
Other Direct Costs (list)		

\*Travel costs will be reimbursed in accordance with PPM 49



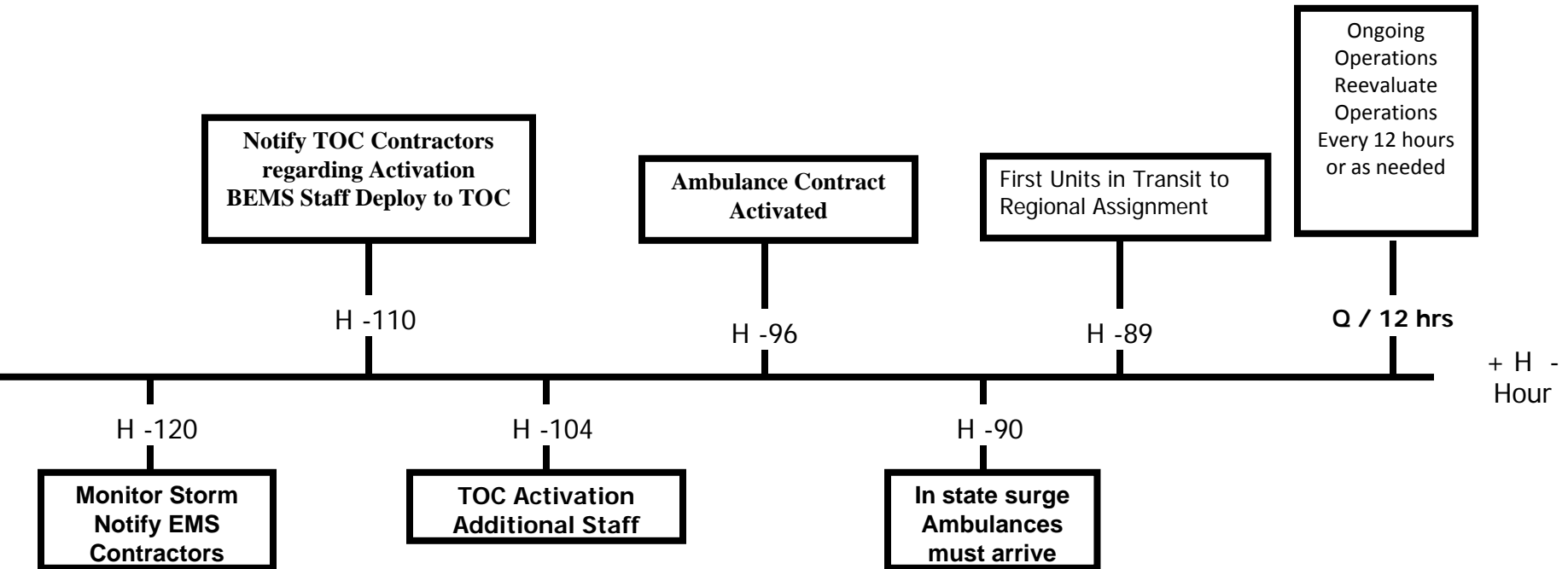
Note: Proposer MUST use this template to prepare a cost breakdown for each deliverable of the contract

Deliverable 4: Bus Triage Site		
Staffing Per 12 Hour Operational Period	Hourly Rate	Total Per 12 Hour Operational Period
Administrative Staff (list by position)		
Direct Labor Staff (list by position)		
Contracted Staff (list by position)		
Benefits		
Operating Costs:		
Travel*		
Rent		
Utilities		
Telephone		
Insurance		
Meals		
Other (List):		
Office Supplies (List)		
Equipment (List)		
Professional Services (list)		
Other Direct Costs (list)		

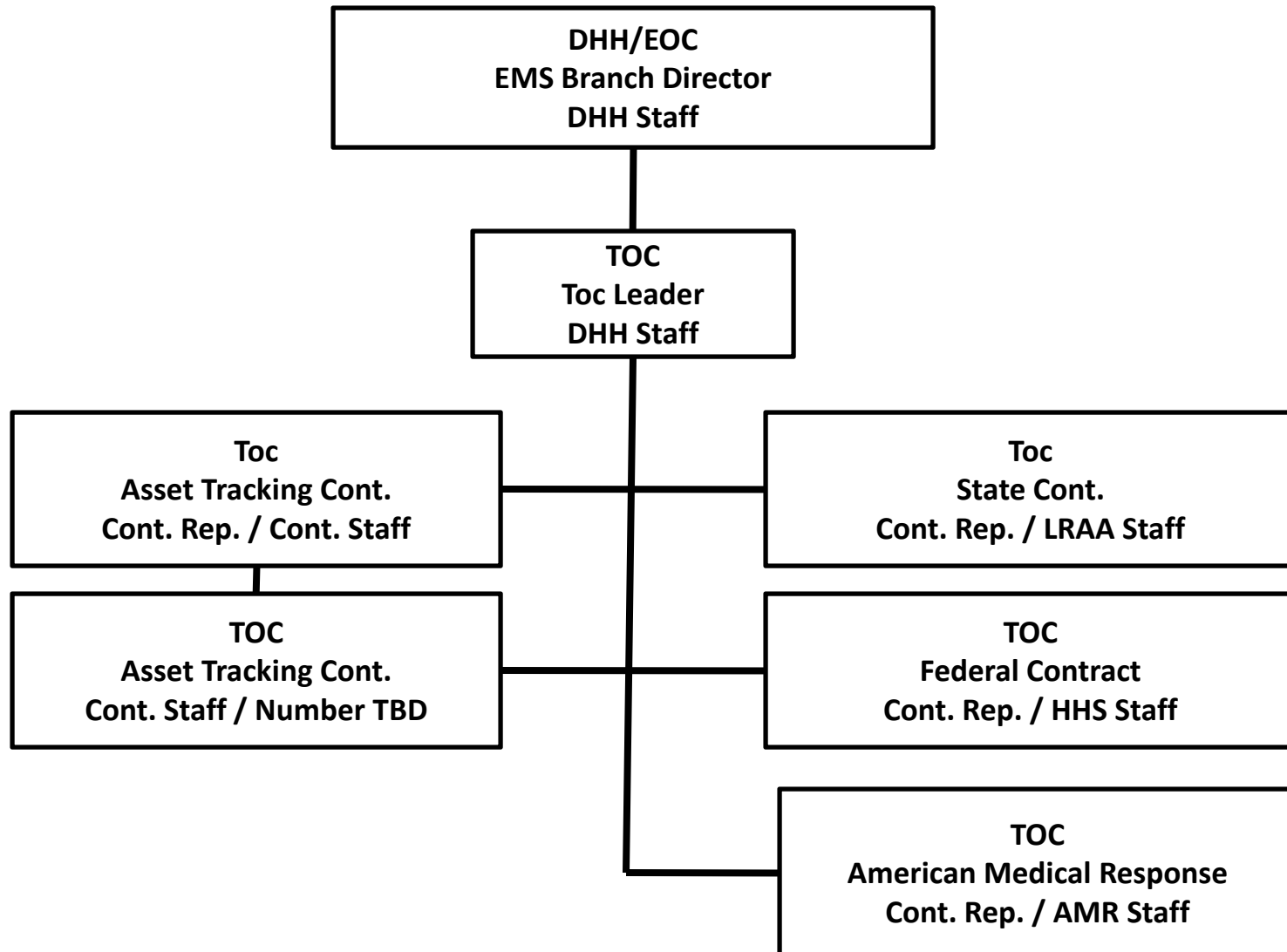
\*Travel costs will be reimbursed in accordance with PPM 49

Appendix II:  
Deliverable 1  
Tactical Operations Center (TOC)

# Tactical Operation Center Timeline



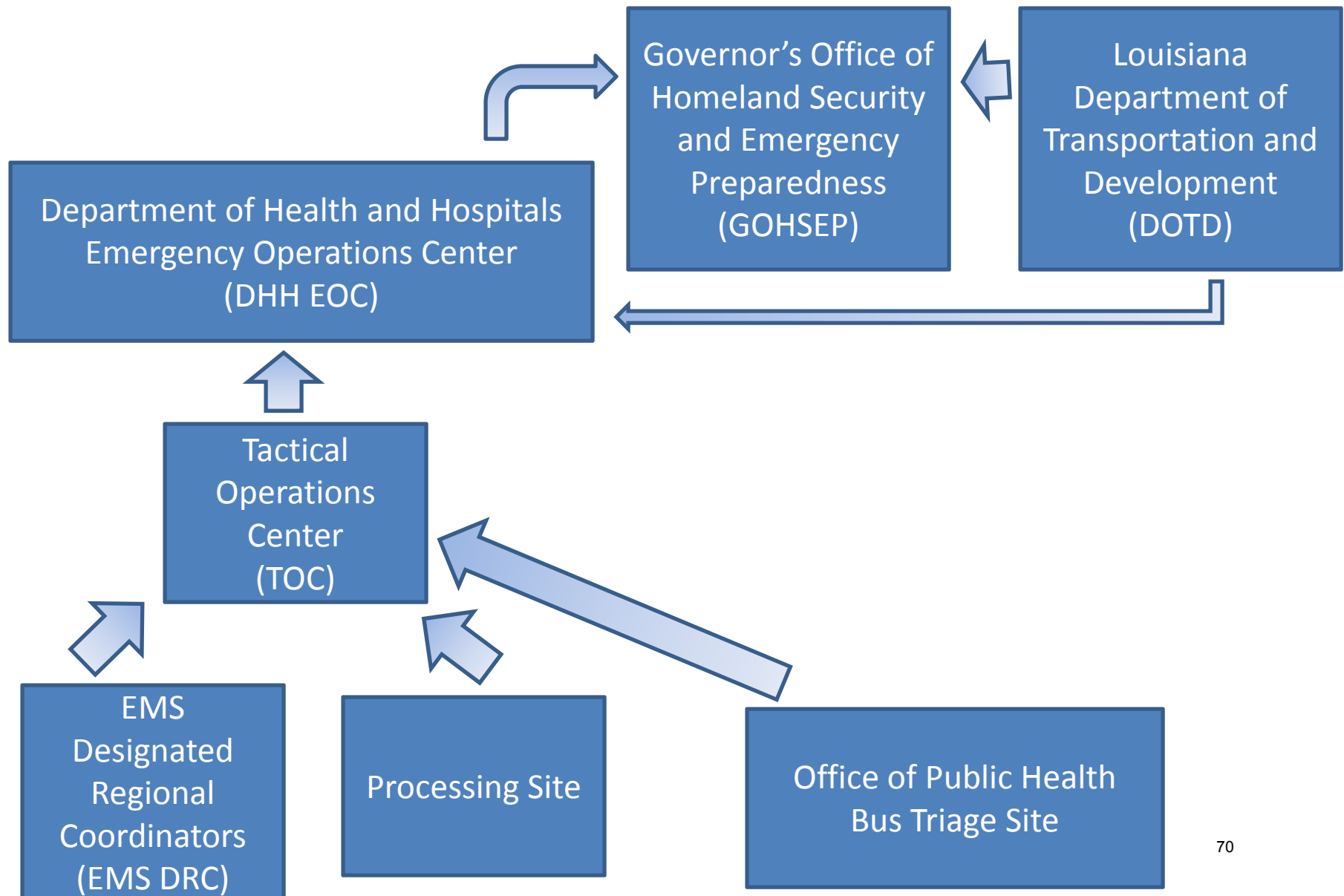
# TOC Organizational Chart



(Example)

# Tactical Operation Center

## Data Flow Framework



# Resource Data Set

- ☐ Assigned, Available or Out of Service status
- ☐ Vehicle Identification Number
- ☐ Unique Placard Number
- ☐ Staffing information including credentials
- ☐ Staffing assignments
- ☐ Asset type including:
  - Contract source information
  - State Contract,
  - Emergency Management Assistance Compact (EMAC),
  - Federal contract
- ☐ Processing information including:
  - Dates and times of key events such as:
    - Arrival at processing area,
    - Final processing,
    - Arrival at regional processing, etc.

# Mission Data Set

- ☐ Date and time of initial request for patient movement
- ☐ Source of request for patient movement
- ☐ Name of patient
- ☐ Last 4 digits of Social Security number
- ☐ Address of patient including:
  - Street address,
  - City,
  - State, and
  - Zip code
- ☐ Time of key events:
  - asset dispatched
  - asset arrival at patient location,
  - asset arrival at patient location, and
  - asset arrival at final destination
- ☐ Unique placard number for asset
- ☐ Status of mission:
  - requested,
  - in-process,
  - completed, and
  - pending

**ESF-8 SITUATION REPORT  
FOR OFFICIAL USE ONLY**

<b>[SECTION]</b>				<b>DAILY SITUATION REPORT</b>	
<b>1. DCN:</b>	<b>2. DATE:</b>	<b>3. TIME:</b>	<b>4. OPERATIONAL PERIOD:</b>		
<b>5. SIGNIFICANT ACTIVITIES/OCCURRENCES IMPACTING RESPONSE:</b>					
<b>-EVENT NAME-</b>					
<b>A. CURRENT OPERATIONAL PERIOD:</b>					
<b>B. ANTICIPATED ACTIVITIES AND RESOURCE NEEDS DURING THE NEXT OPERATIONAL PERIOD:</b>					
<b>Report Completed By</b>				<b>Date</b>	



## ESF-8 SITUATION REPORT FOR OFFICIAL USE ONLY

1. **DCN (Document Control Number):** A DCN generated by a Regional Office will begin with a two digit Regional Number (01 through 09). A DCN generated by the DHH EOC will begin with DHH.

The next two digit sequence represents the year (example: 11 for 2011).

The final four digit sequence represents the sequential number of the Situational Report generated by the submitter (starting with 0001).

**Example:** 09-10-0002 identifies the SitRep as the second one generated in 2010 by Region 9

2. **DATE:** This should be the beginning date of the operational period covered by the report.
3. **TIME:** This should be the time at which the information in the SitRep was current.
4. **OPERATIONAL PERIOD:** Provide the Operational Period of Situation Report.

**Example:** 6 am – 6 pm or 6 pm – 6 am

5. **SIGNIFICANT ACTIVITIES/OCCURRENCES IMPACTING RESPONSE:** Provide highlights of regional efforts and important events of which command staff should have visibility.
  - A. **CURRENT OPERATIONAL PERIOD:** Provide summaries of activities undertaken during operational period covered by the report.
  - B. **ANTICIPATED ACTIVITIES AND RESOURCE NEEDS DURING THE NEXT OPERATIONAL PERIOD:** Provide summaries of all activities anticipated during the next operational period. Include any resource needs required to conduct response activities during that time.

**Report Completed By:** Print the name and title of the person writing the report.

**Date:** Enter the date on which the report was actually written.

Note: Please be certain to identify the reporting section in the report heading ([Section] Daily Situation Report) and to include the event name in the line just below section 5.

# Resource Utilization Summary

Incident: \_\_\_\_\_

Date: \_\_\_\_\_

Shift: \_\_\_\_\_

Medical Transportation Vehicles	Status		Regional Assignment									
	Complete	Pending	1	2	3	4	5	6	7	8	9	Total
<b>Ground Ambulances</b>												
ALS												
BLS												
Bari												
Ambu Bus												
Total												
<b>Para - Transit Vehicles</b>	<b>Complete</b>	<b>Pending</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>Total</b>
Non-Wheelchair Accessible												
1-7 Passengers												
8-25 Passengers												
>26 Passengers												
Wheelchair Accessible												
1-7 Passengers												
8-25 Passengers												
>26 Passengers												

This form is populated by Registration Form, the Regional Reporting Form. The primary owner of maintaining the Dashboard is the BEMS TOC. The Dashboard is distributed twice a day 0700 and 1900. The times are subject to change due to Unified Command Group (UCG) or event status.

ESF-8 Medical Transportation Deployment Summary						
Incident Name						
Date				Section		
Time of Report				Filled By		
Region	Contract Type			Total in Region	Transport Summary	
	State	Federal	EMAC		Type	Transports
Region # 1				0	Hospital	
Region # 2				0	Nursing Home	
Region # 3				0	Home Bound	
Region # 4				0	CTNS	
Region # 5				0	MSNS	
Region # 6				0	MIEP/AMP	
Region # 7				0	Other	
Region # 8				0	Total	0
Region # 9				0		
In Staging				0	Notes:	
Total's	0	0	0	0		

This form is to be used by ESF 8 EMS LNO.

Incident Name:				Mission Deployment Dashboard							
Date:											
Operational Period:											
Filled Out By:				Submitted to:							
Total # of Units Available:	Total Missions	Contract Type			Requests Unassigned			Destinations			
		State	Federal	EMAC		Type	#		Location	#	
MISSIONS	Assigned					REQUESTS	Hospital		DESTINATIONS	CTNS	
	In-Process						Nursing Home			MSNS	
	Completed						Home Bound			AMP	
							Other			Other	

[illegible]

## Communications Log (ICS Form 309-SCCo ARES/RACES)

**Purpose:** The Comm Log records the details of message traffic and is used by either an individual or a Net Control Operator (NCO). These logs provide the basic reference from which to extract communications traffic history.

**Preparation:** The Comm Log is initiated and maintained by the Net Control Operator (NCO) or the individual operator (e.g. a field communicator). Completed logs are submitted to the supervisor who forwards them to the Documentation Unit.

**Distribution:** The Documentation Unit maintains a file of all Comm Logs. All completed original forms MUST be forwarded to the Documentation Unit.

### Instructions for completing the form:

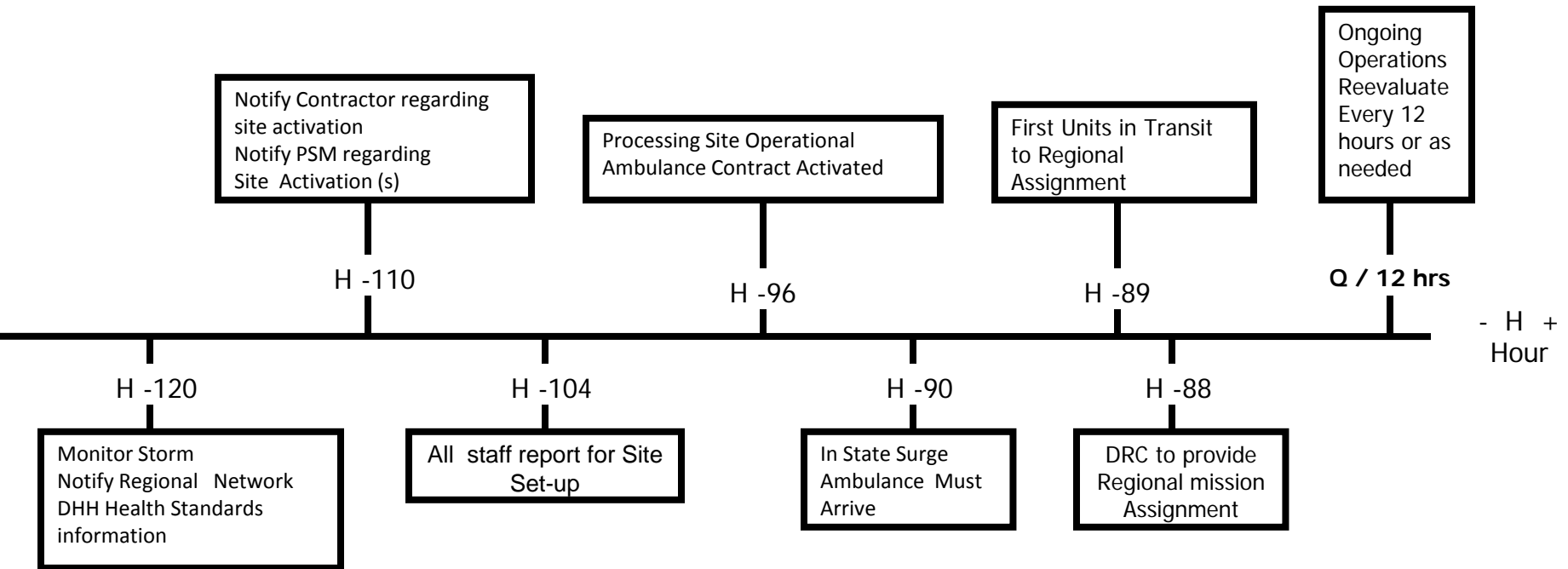
Field #	Field Title	Instructions
1	Incident Name / Number	Enter the name and activation number assigned to the incident
2	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time
3	Net / Position Name	<b>For NCOs:</b> Enter the name of the radio net <b>For Others:</b> Enter the name of the position or tactical call
4	Radio Operator	Enter the name and call sign of the radio operator
5	Communications Log	<b>Time:</b> Enter the local time in 24-hour format <b>From:</b> Enter the <i>From</i> call sign or ID and the message number <b>To:</b> Enter the <i>To</i> call sign or ID and the message number <b>Message:</b> Enter the message
6	Prepared By	Enter the name and call sign of the person completing the log
7	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
8	Page numbers	Enter the page number and number of pages

**Submit this form to your supervisor at the end of your shift.**

BUREAU OF EMERGENCY MEDICAL SERVICES – ALL HAZARD EMERGENCY OPERATIONS INDIVIDUAL TIME SHEET						
<div>Operational Personnel Roster</div>					Event:	
					Date:	
					Shift:	
Tactical Operations Center					Location:	
<div><input type="checkbox"/> Resource Tracking Manager <input type="checkbox"/> Data Collection <input type="checkbox"/> Clerical <input type="checkbox"/> Resource Tracking Manager</div>						
Note: This schedule is by Shift per Operational Period. (i.e. 1 shift each 12 hour operational period) Filled out by: Submitted to:					I certify that I have worked the hours and times as indicated above.	
	Contractor Name Position Title	Site Arrival Time	Duties Performed	Site Depart Time	Total Hours Worked This Shift	Contractor Signature
1	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
2	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
3	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
4	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
5	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
6	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
7	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
8	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
9	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
10	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
11	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
12	• •	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
Signature of Contract Supervisor					BEMS Supervisor	
Date					Date	

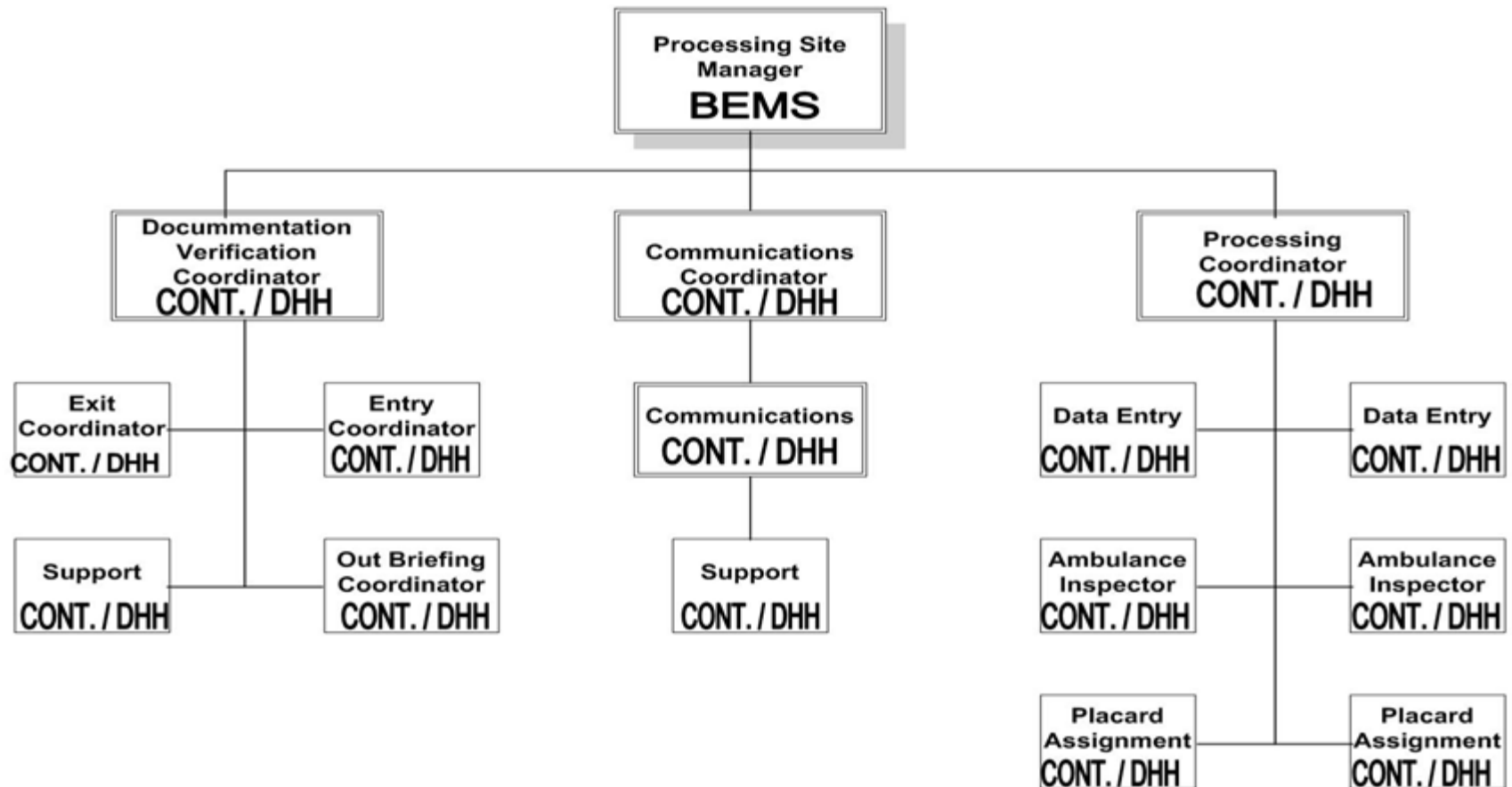
Appendix III:  
Deliverable 2  
Processing Site

# Processing Site Timeline





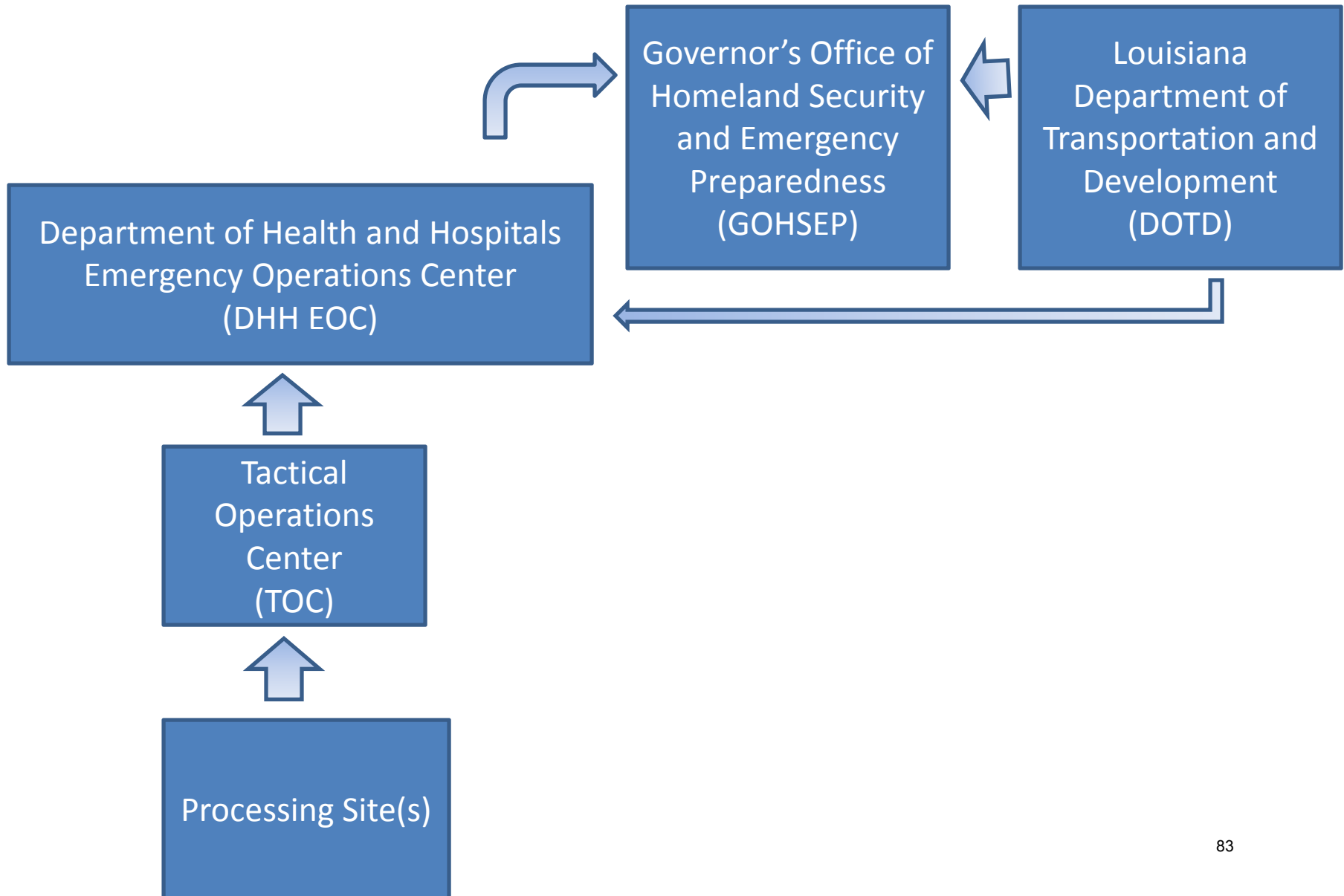
# Processing Site Organizational Chart



(Example)

# Processing Site

## Data Flow Framework



# Resource Data Set

- ☐ Assigned, Available or Out of Service status
- ☐ Vehicle Identification Number
- ☐ Unique Placard Number
- ☐ Staffing information including credentials
- ☐ Staffing assignments
- ☐ Asset type including:
  - Contract source information
  - State Contract,
  - Emergency Management Assistance Compact (EMAC),
  - Federal contract
- ☐ Processing information including:
  - Dates and times of key events such as:
    - Arrival at processing area,
    - Final processing,
    - Arrival at regional processing, etc.

# ESF-8 SITUATION REPORT FOR OFFICIAL USE ONLY

[SECTION]				DAILY SITUATION REPORT			
1. DCN:		2. DATE:		3. TIME:		4. OPERATIONAL PERIOD:	
5. SIGNIFICANT ACTIVITIES/OCCURRENCES IMPACTING RESPONSE:							
-EVENT NAME-							
A. CURRENT OPERATIONAL PERIOD:							
B. ANTICIPATED ACTIVITIES AND RESOURCE NEEDS DURING THE NEXT OPERATIONAL PERIOD:							
Report Completed By						Date	

## ESF-8 SITUATION REPORT FOR OFFICIAL USE ONLY

1. **DCN (Document Control Number):** A DCN generated by a Regional Office will begin with a two digit Regional Number (01 through 09). A DCN generated by the DHH EOC will begin with DHH.

The next two digit sequence represents the year (example: 11 for 2011).

The final four digit sequence represents the sequential number of the Situational Report generated by the submitter (starting with 0001).

**Example:** 09-10-0002 identifies the SitRep as the second one generated in 2010 by Region 9

2. **DATE:** This should be the beginning date of the operational period covered by the report.
3. **TIME:** This should be the time at which the information in the SitRep was current.
4. **OPERATIONAL PERIOD:** Provide the Operational Period of Situation Report.

**Example:** 6 am – 6 pm or 6 pm – 6 am

5. **SIGNIFICANT ACTIVITIES/OCCURRENCES IMPACTING RESPONSE:** Provide highlights of regional efforts and important events of which command staff should have visibility.
  - A. **CURRENT OPERATIONAL PERIOD:** Provide summaries of activities undertaken during operational period covered by the report.
  - B. **ANTICIPATED ACTIVITIES AND RESOURCE NEEDS DURING THE NEXT OPERATIONAL PERIOD:** Provide summaries of all activities anticipated during the next operational period. Include any resource needs required to conduct response activities during that time.

**Report Completed By:** Print the name and title of the person writing the report.

**Date:** Enter the date on which the report was actually written.

Note: Please be certain to identify the reporting section in the report heading ([Section] Daily Situation Report) and to include the event name in the line just below section 5.

# Louisiana Medical Transportation Registration Form

Incident: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

State Liason Signature: \_\_\_\_\_

Check-In Rep: \_\_\_\_\_

*This form is filled out at the processing site. Check section boxes once each section is complete. The completed form is given to the State Liaison at the Processing Site; the State liaison signs (agrees) that the ambulance meets the level of care – ie. BLS or ALS. This form “feeds” or populates the resource roster maintained at the BEMS TOC.*

La101RG01/11

## Unit Information

Provider Name:	State License	Unit #	License Plate #	VIN #	Resource Type:	<input type="checkbox"/> federal
					<input type="checkbox"/> EMAC	<input type="checkbox"/> State

## Resource Type ( Check only the box that applies to the resource)

Ground Ambulance	Para-Transit Vehicle						Other
ALS	Non-Wheel Chair Accessible			Wheel Chair Accessible			Describe:
BLS	1 to 7 Passengers	8 to 26 Passengers	> 26 Passengers	1 to 7 Passengers	8 to 26 Passengers	> 26 Passengers	
Bariatric							
Med-Evac							
Amb Bus							

## Unit Staff (# \_\_\_\_)

First Name	Last Name	Cert Level	Cert #	Contact Phone #	Alternate Contact #
1)					
2)					
3)					
4)					

*All Information Below to be completed by BEMS Representative*

## Equipment

### A. Communication Equipment

700 MHz Radio	Freq	Other	Hear Radio	Freq	Tracking Device	Tracking #
Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>		No	<input type="checkbox"/>	No	<input type="checkbox"/>

### B. Patient Care Equipment (Check the appropriate box for each equipment item)

Cardiac Monitor	Serial #	Stretcher	Serial #	Drug Box	Intubation
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>

## Mission Assignment

Assigned Placard #:	Region #:
Orientation Notebook	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Incident:** \_\_\_\_\_ **Site Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

Shift: \_\_\_\_\_

Jan 8 11

# Resource Utilization Summary

## Dashboard

Incident: \_\_\_\_\_

Date: \_\_\_\_\_

Shift: \_\_\_\_\_

Medical Transportation Vehicles	Status		Regional Assignment									
	Complete	Pending	1	2	3	4	5	6	7	8	9	Total
<b>Ground Ambulances</b>												
ALS												
BLS												
Bari												
Ambu Bus												
Total												
<b>Para - Transit Vehicles</b>	<b>Complete</b>	<b>Pending</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>Total</b>
Non-Wheelchair Accessible												
1-7 Passengers												
8-25 Passengers												
>26 Passengers												
Wheelchair Accessible												
1-7 Passengers												
8-25 Passengers												
>26 Passengers												



[illegible]

## Communications Log (ICS Form 309-SCCo ARES/RACES)

**Purpose:** The Comm Log records the details of message traffic and is used by either an individual or a Net Control Operator (NCO). These logs provide the basic reference from which to extract communications traffic history.

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**Distribution:** The Documentation Unit maintains a file of all Comm Logs. All completed original forms MUST be forwarded to the Documentation Unit.

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Field #	Field Title	Instructions
1	Incident Name / Number	Enter the name and activation number assigned to the incident
2	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time
3	Net / Position Name	<b>For NCOs:</b> Enter the name of the radio net <b>For Others:</b> Enter the name of the position or tactical call
4	Radio Operator	Enter the name and call sign of the radio operator
5	Communications Log	<b>Time:</b> Enter the local time in 24-hour format <b>From:</b> Enter the <i>From</i> call sign or ID and the message number <b>To:</b> Enter the <i>To</i> call sign or ID and the message number <b>Message:</b> Enter the message
6	Prepared By	Enter the name and call sign of the person completing the log
7	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
8	Page numbers	Enter the page number and number of pages

**Submit this form to your supervisor at the end of your shift.**

# Operational Personnel Roster

Event:

Date:

Shift:

Location:

## Processing Site

☐ Site Coordinator ☐ Data Collection ☐ Clerical ☐ Support Staff ☐ Just-In-Time Orientation ☐ Other: \_\_\_\_\_

Note: This schedule is by Shift per Operational Period. (i.e. 1 shift each 12 hour operational period)

*I certify that I have worked the hours and times as indicated above.*

	Contractor Name Position Title	Site Arrival Time	Duties Performed	Site Depart Time	Total Hours Worked This Shift	Contractor Signature
1	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
2	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
3	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
4	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
5	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
6	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
7	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
8	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
9	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
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11	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
12	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		

Signature of Contract Supervisor

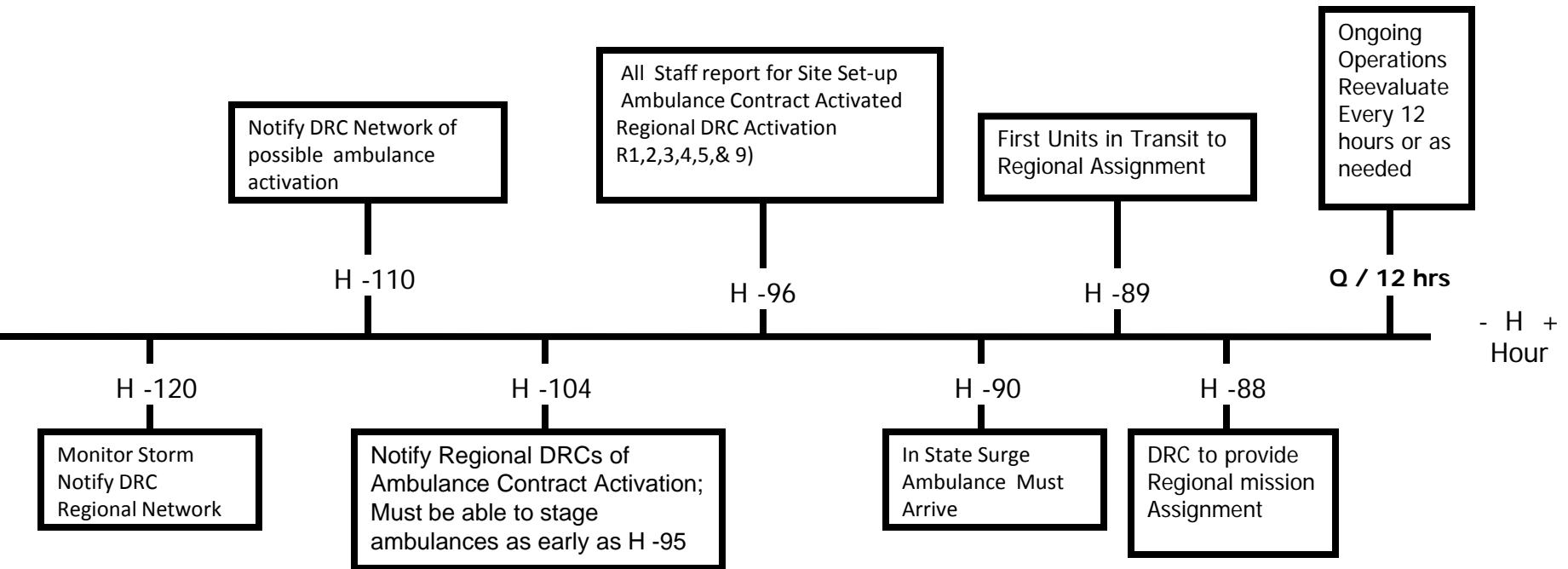
Date

BEMS Supervisor

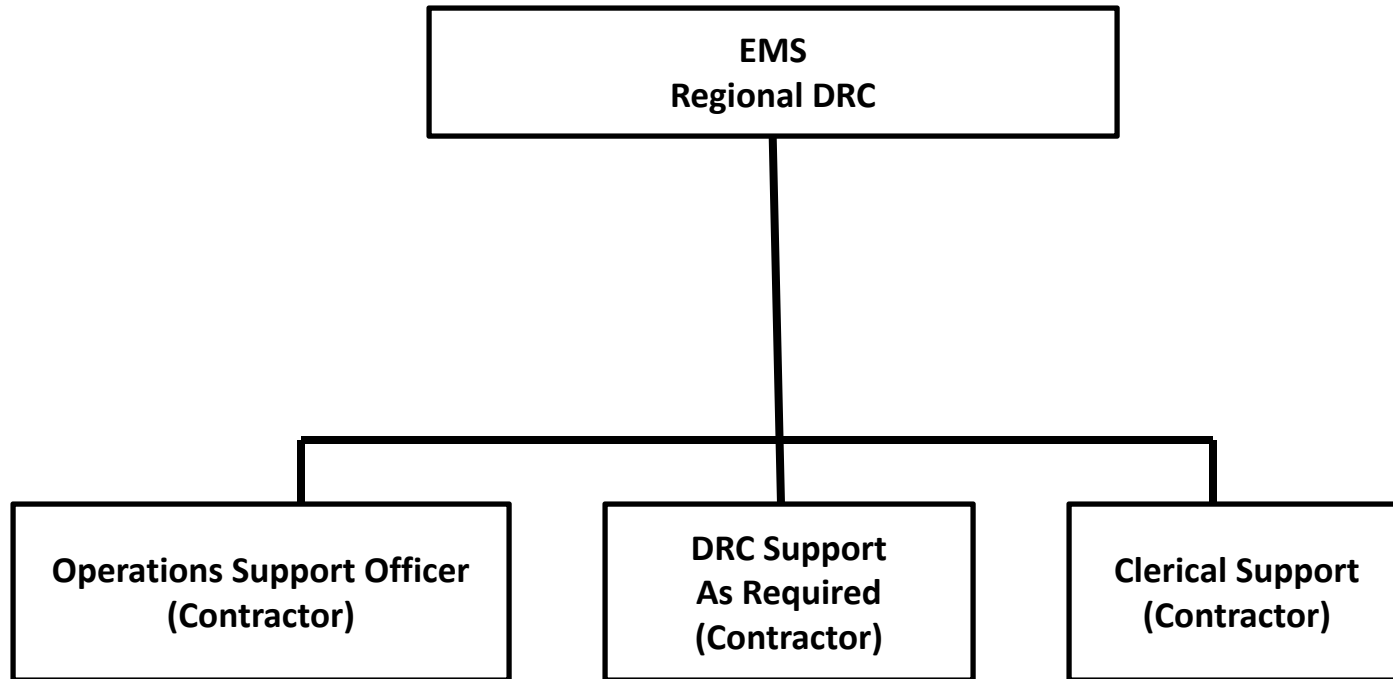
Date

Appendix IV:  
Deliverable 3  
EMS Designated Regional Coordinators  
Field Support

# EMS Designated Regional Coordination Activation Timeline

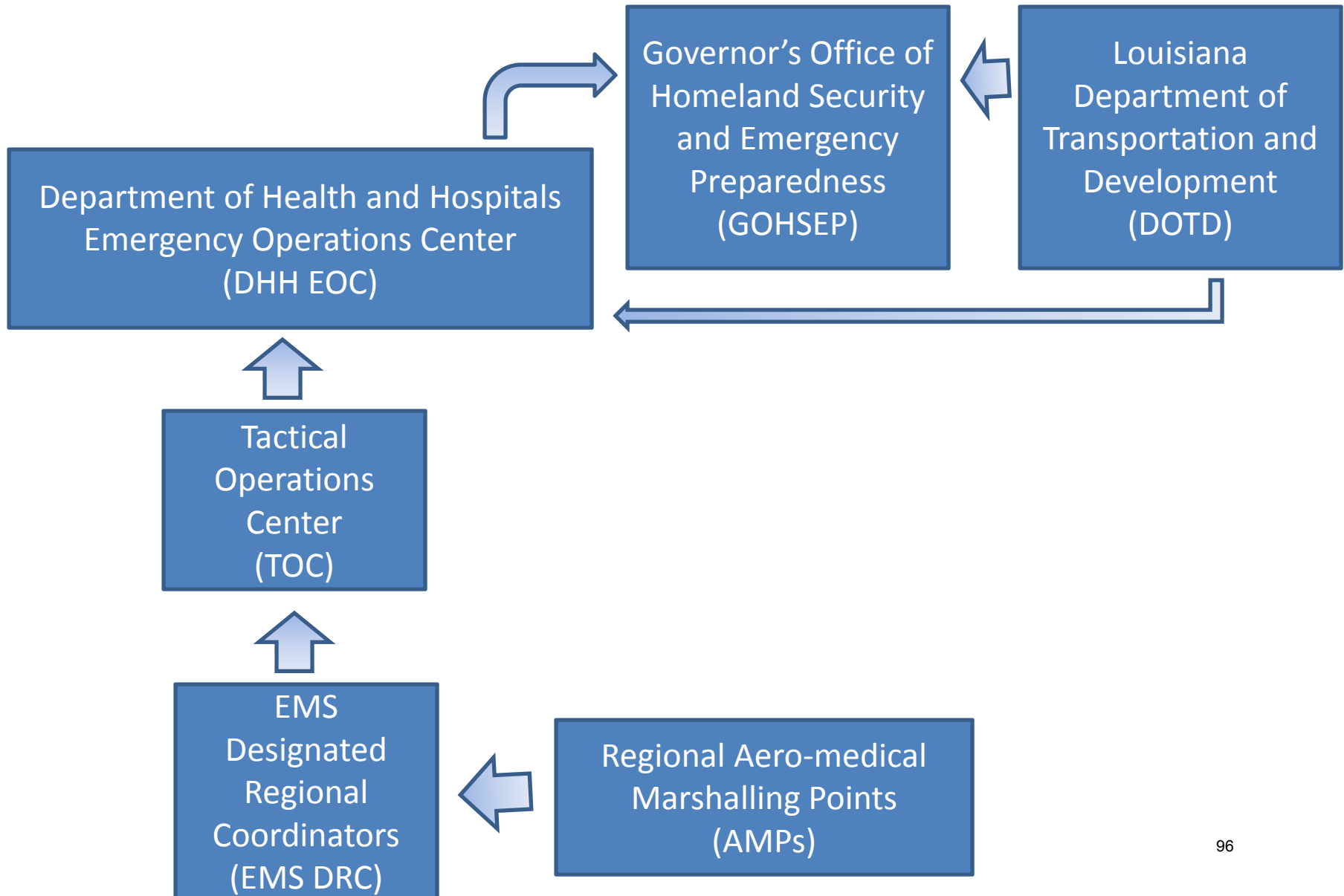


# EMS DRC Organizational Chart



(Example)

# EMS Designated Regional Coordinator Data Flow Framework



# Mission Data Set

- ☐ Date and time of initial request for patient movement
- ☐ Source of request for patient movement
- ☐ Name of patient
- ☐ Last 4 digits of Social Security number
- ☐ Address of patient including:
  - Street address,
  - City,
  - State, and
  - Zip code
- ☐ Time of key events:
  - asset dispatched
  - asset arrival at patient location,
  - asset arrival at patient location, and
  - asset arrival at final destination
- ☐ Unique placard number for asset
- ☐ Status of mission:
  - requested,
  - in-process,
  - completed, and
  - pending



*This form is filled out by the EMS DRCs at shift change (12 hour shifts). The completed form is electronically sent to the BEMS TOC at 0600 and 1800. This form “feeds” or populates the Dashboard which is distributed to all ESF-8 stakeholders for visibility/planning purposes.*

[SECTION] DAILY SITUATION REPORT			
1. DCN:	2. DATE:	3. TIME:	4. OPERATIONAL PERIOD:
5. SIGNIFICANT ACTIVITIES/OCCURRENCES IMPACTING RESPONSE:			
-EVENT NAME-			
A. CURRENT OPERATIONAL PERIOD:			
B. ANTICIPATED ACTIVITIES AND RESOURCE NEEDS DURING THE NEXT OPERATIONAL PERIOD:			
Report Completed By		Date	

**BEMS TOC Regional Reporting Form  
FOR OFFICIAL USE ONLY**

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**Example:** 09-10-0002 identifies the SitRep as the second one generated in 2010 by Region 9

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3. **TIME:** This should be the time at which the information in the SitRep was current.
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**Example:** 6 am – 6 pm or 6 pm – 6 am

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**Report Completed By:** Print the name and title of the person writing the report.

**Date:** Enter the date on which the report was actually written.

Note: Please be certain to identify the reporting section in the report heading ([Section] Daily Situation Report) and to include the event name in the line just below section 5.

[illegible]

Incident Name:		Regional	Regional Mission Deployment Summary Report								
Date:		Location:									
Operational Period:											
Filled Out By:			Submitted to:								
Total # of Units Available:		Total Missions	Contract Type			Requests Unassigned			Destinations		
			State	Federal	EMAC		Type	#		Location	#
M I S S I O N S	Unassigned					R E Q U E S T S	Hospital		D E S T I N A T I O N	CTNS	
	In-Process						Nursing Home			MSNS	
	Completed						Home Bound			AMP	
							Other			Other	

[illegible]

## Communications Log (ICS Form 309-SCCo ARES/RACES)

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**Distribution:** The Documentation Unit maintains a file of all Comm Logs. All completed original forms MUST be forwarded to the Documentation Unit.

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6	Prepared By	Enter the name and call sign of the person completing the log
7	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
8	Page numbers	Enter the page number and number of pages

**Submit this form to your supervisor at the end of your shift.**

# Operational Personnel Roster

Event:

Date:

Shift:

## Designated Regional Coordinator

☐ Operations Support Coordinator ☐ Data Collection ☐ Clerical ☐ Field Support Staff ☐ Mission Requests Tracking

☐ Asset/Resource Tracking ☐ Other: \_\_\_\_\_

DRC Region:

Location:

Note: This schedule is by Shift per Operational Period. (i.e. 1 shift each 12 hour operational period)

Filled Out by:

Submitted to:

*I certify that I have worked the hours and times as indicated above.*

	Contractor Name Position Title	Site Arrival Time	Duties Performed	Site Depart Time	Total Hours Worked This Shift	Contractor Signature
1	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
2	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
3	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
4	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
5	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
6	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
7	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
8	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
9	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
10	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
11	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		

Signature of Contract Supervisor

Date

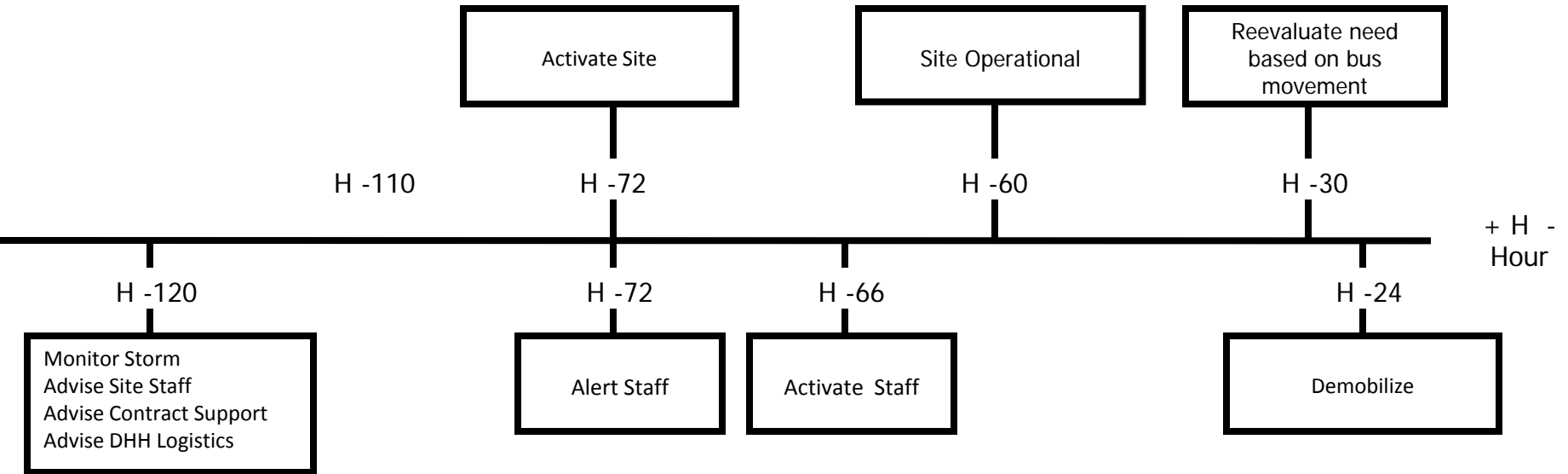
BEMS Supervisor

Date

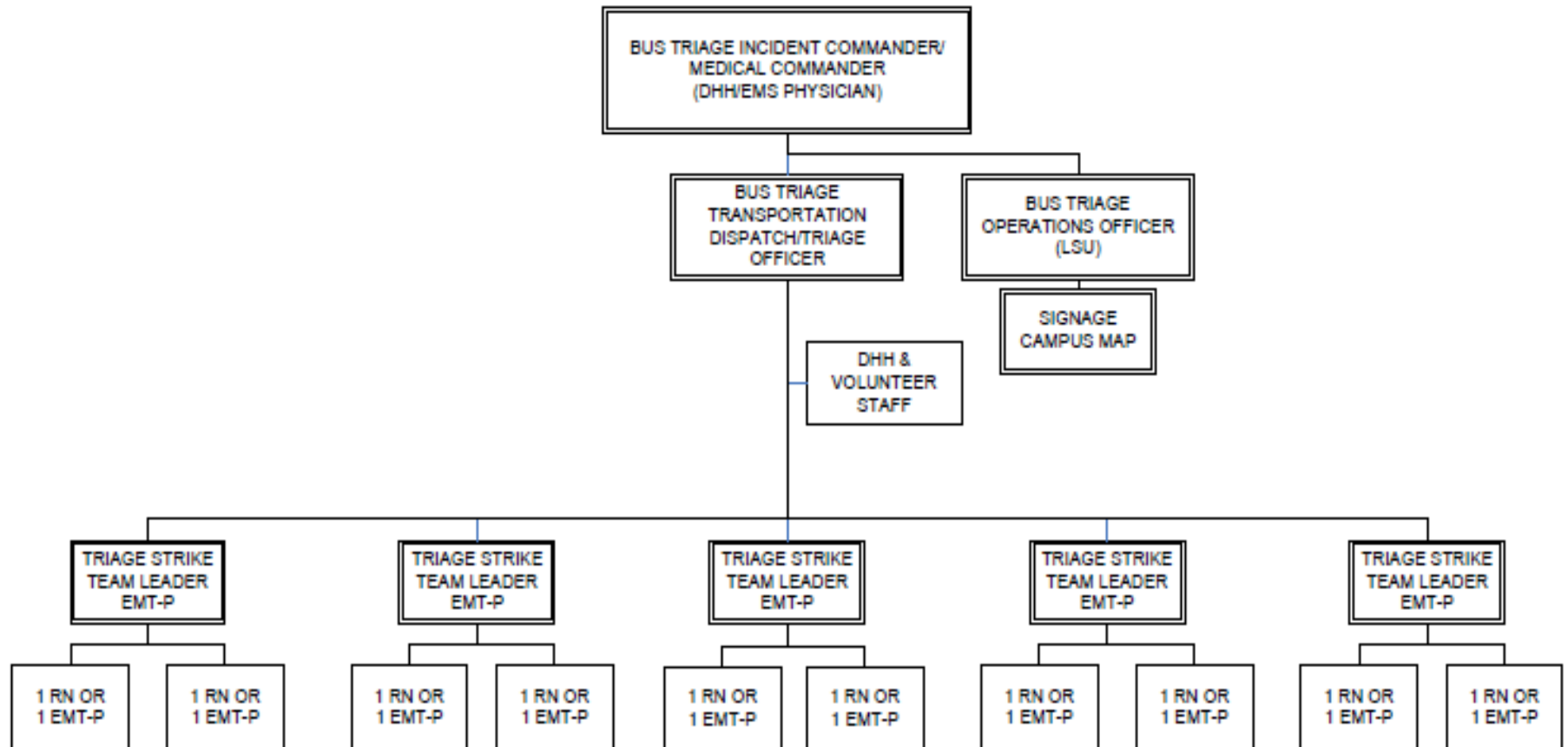
Appendix V:  
Deliverable 4  
Bus Triage



# Bus Triage Timeline



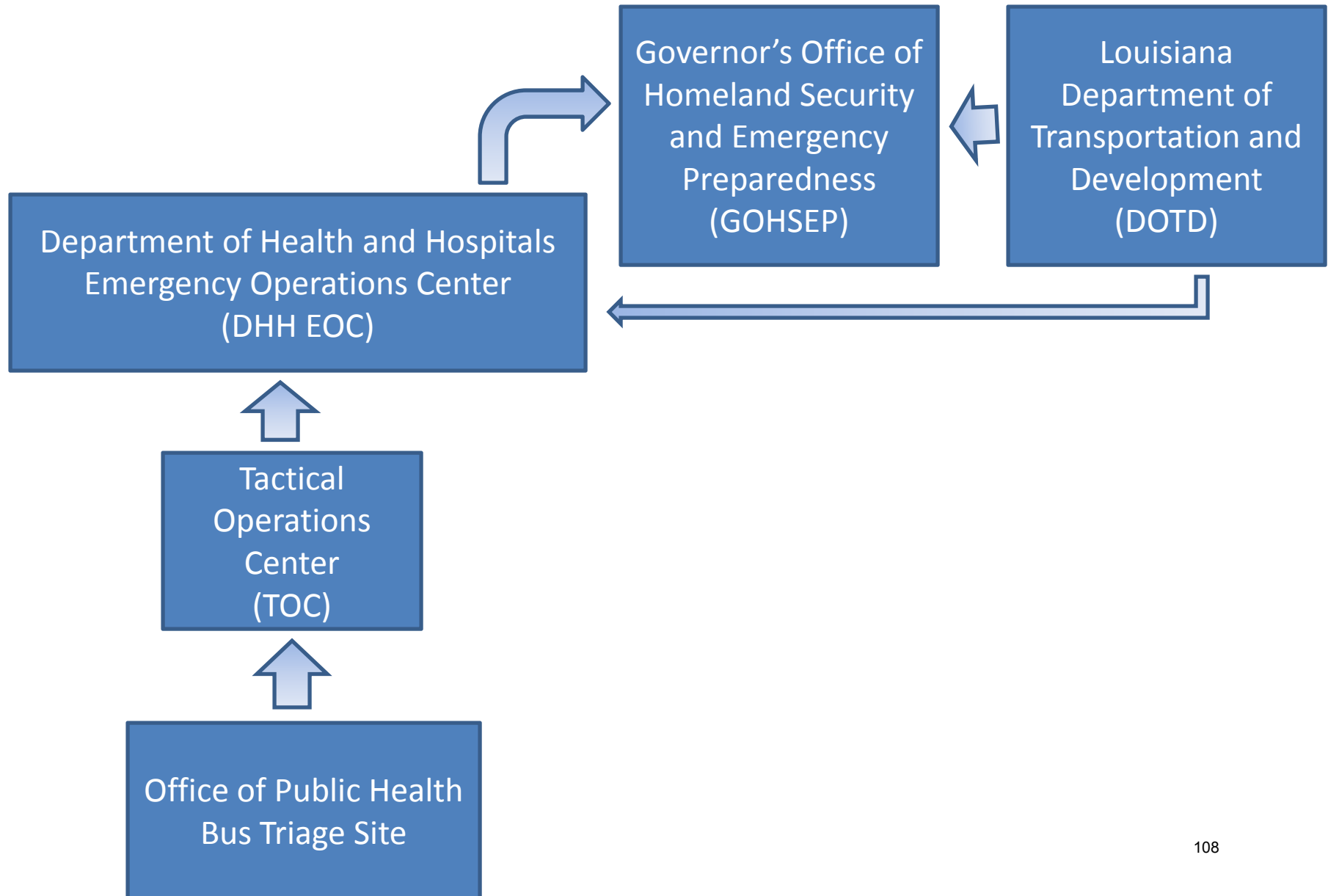
# Triage Organizational Chart



(Example)

# Bus Triage Site

## Data Flow Framework



# Operational Personnel Roster

Event:

Date:

Shift:

Location:

## Bus Triage Site

☐ Triage Team Leader ☐ Nurse ☐ EMT Basic ☐ Other: \_\_\_\_\_

**Note: This schedule is by Shift per Operational Period. (i.e. 1 shift each 12 hour operational period)**

Filled Out by:

Submitted to:

*I certify that I have worked the hours and times as indicated above.*

	Contractor Name Position Title	Site Arrival Time	Duties Performed	Site Depart Time	Total Hours Worked This Shift	Contractor Signature
1	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
2	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
3	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
4	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
5	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
6	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
7	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
8	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
9	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
10	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
11	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		
12	•	( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.		

Signature of Contract Supervisor

Date

BEMS Supervisor

Date