



**2021 FIELD DAY**  
**EVENT ACTION PLAN**  
**CAPITAL AREA A.R.E.S. UNIT**  
**PEMBROKE SAFETY CENTER**  
**JUNE 26 – 27, 2021**



## INCIDENT BRIEFING (ICS 201)

[illegible]

## INCIDENT BRIEFING (ICS 201)

1. Incident Name: 2021 FIELD DAY		2. Incident Number:		3. Date/Time Initiated: Date: 26JUN21      Time: 0800	
7. Current and Planned Objectives:					
OPERATE A "4F"CLASS STATION UNDER THE RULES OF THE AMATEUR RADIO RELAY LEAGUE (ARRL). THE CA-ARES MEMBERS WILL BE RESPONSIBLE FOR CONSTRUCTING AND OPERATING FOUR INDEPENDANT RADIO TRANSMITTERS SIMULTANEOUSLY FOR A 24-HOUR PERIOD. POINTS WILL BE GRANTED FOR EACH CONTACT, ALTHOUGH GAINING POINTS WILL NOT BE THE PRIMARY MISSION OF THE EXERCISE. HAVING FUN WILL BE THE PRIMARY GOAL.					
8. Current and Planned Actions, Strategies, and Tactics:					
Time:		Actions:			
25JUN21/1400		MOBILIZATION OF EQUIPMENT AND CONSTRUCTION OF ANTENNA SYSTEMS COMMENCES.			
26JUN21/0800		CONTINUATION OF EQUIPMENT SET UP.			
26JUN21/1200		LUNCH - ORDER OFF MENU FROM KIMBALL'S CAVERN			
26JUN21/1400		EXERCISE BEGINS AND TRANSMITTERS ARE POWERED UP.			
26JUN21/1800		DINNER - COOKED AND SERVED ON SITE			
27JUN21/0700		BREAKFAST - COOKED AND SERVED ON SITE			
27JUN21/1200		LUNCH - ORDER OFF MENU FROM KIMBALL'S CAVERN			
27JUN21/1400		EXERCISE ENDS - TRANSMITTER SHUT DOWN			
27JUN21/1400		DEMOBILIZATION BEGINS.			
6. Prepared by: Name: ROB FARLEY, K1CFI Position/Title: EC, CA-ARES Signature: _____					
ICS 201, Page 2		Date/Time: 25JUN21/2226			

# INCIDENT BRIEFING (ICS 201)

**1. Incident Name:**

2021 FIELD DAY

**2. Incident Number:****3. Date/Time Initiated:**

Date: 26JUN21

Time: 0800

**9. Current Organization** (fill in additional organization as appropriate):**Incident Commander(s)**ROB FARLEY, K1CFI - E.C.  
FRANK ROSS, N1FDR - AEC  
AL STONE, KB8RPO - AEC**Liaison Officer**

PAUL GAGNON, KC1JIW

**Safety Officer****Public Information Officer**

DON CURTIS, N1ZIH

**Planning Section Chief****Operations Section Chief**

FRANK ROSS, N1FDR

**Finance/Administration  
Section Chief****Logistics Section Chief****RADIO OPERATORS (RADO)**

BRAD AYERS, KC1NPK

MIKE CONROY, N11F

DAVE BRECK, K1UK

**6. Prepared by: Name:** ROB FARLEY, K1CFI**Position/Title:** EC, CA-ARES**Signature:** \_\_\_\_\_

# INCIDENT BRIEFING (ICS 201)

<b>1. Incident Name:</b> 2021 FIELD DAY	<b>2. Incident Number:</b>	<b>3. Date/Time Initiated:</b> Date: 26JUN21      Time: 0800
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## 10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
5500 WATT GENERATOR	K1CFI	25JUN21/1400	25JUN21/1700	<input checked="" type="checkbox"/>	DELIVERED ON FLATBED TRAILER
PROPANE GRILLE	K1CFI	25JUN21/1400	25JUN21/1700	<input checked="" type="checkbox"/>	DELIVERED ON FLATBED TRAILER
PROANE GRILLE	PFD	25JUN21/1400	25JUN21/1700	<input checked="" type="checkbox"/>	STORED IN AMBULANCE 3 BAY.
PROPANE (2 20# CYLINDERS)	K1CFI/PFD	25JUN21/1400	26JUN21/0800	<input type="checkbox"/>	
GASOLINE FOR GENERATOR (15 GALLONS)	K1CFI	25JUN21/1400	25JUN21/1700	<input checked="" type="checkbox"/>	DELIVERED ON FLATBED TRAILER
ANTENNA TRIPOD	KB8RPO	25JUN21/1400	25JUN21/1400	<input checked="" type="checkbox"/>	
ANTENNA MAST (4' SECTIONS)	KB8RPO	25JUN21/1400	25JUN21/1400	<input checked="" type="checkbox"/>	
ANTENNA TRIPOD (MFJ)	K1CFI	25JUN21/1400	25JUN21/1400	<input checked="" type="checkbox"/>	
ANTENNA MAST (TELESCOPING)	K1CFI	25JUN21/1400	25JUN21/1400	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

**6. Prepared by:** Name: ROB FARLEY, K1CFI      Position/Title: EC, CA-ARES      Signature: \_\_\_\_\_

**ICS 201, Page 4**      Date/Time: 25JUN21/2243



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# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> 2021 FIELD DAY	<b>2. Operational Period:</b> Date From: 06/26/2021      Date To: 06/27/2021 Time From: 0800                                      Time To: 1500											
<b>3. Objective(s):</b> TO TEST OPERATIONAL READINESS OF THE CAPITAL AREA AMATEUR RADIO EMERGENCY SERVICES (CA-ARES). THE PRIMARY OBJECTIVE OF THE EXERCISE IS TO CONSTRUCT AND OPERATE FOUR INDEPENDENT RADIO TRANSMITTERS FOR THE 24-HOUR PERIOD BETWEEN 1400L ON SATURDAY 27JUN21 TO 1400L ON SUNDAY 27JUN21 AS PART OF THE NATIONAL AMATEUR RADIO RELAY LEAGUE (ARRL) FIELD DAY EXERCISE. EACH STATION WILL ATTEMPT TO MAKE AS MANY CONTACTS AS POSSIBLE ON VARIOUS FREQUENCY BANDS AND WILL LOG EACH CONTACT.												
<b>4. Operational Period Command Emphasis:</b> THE MAIN EMPHASIS IS TO PRACTICE SETTING UP COMMUNICATIONS GEAR AND TO OPERATE THE EQUIPMENT WHILE HAVING FUN. WHILE POINTS ARE CALCULATED AS PART OF THE EXERCISE, GETTING POINTS IS NOT THE PRIMARY EMPHASIS.												
<b>General Situational Awareness</b> THE OPERATIONAL AREA IS IMMEDIATELY ADJACENT TO THE PEMBROKE SAFETY CENTER WHICH OPERATES BOTH THE PEMBROKE FIRE DEPARTMENT, PEMBROKE POLICE DEPARTMENT AND PEMBROKE EMERGENCY MANAGEMENT. THESE AGENCIES ARE 24HOUR OPERATIONS AND ALL CA-ARES MEMBERS ARE REMINDED THAT THEY NEED TO BE AWARE OF THESE OPERATIONS AND THAT THE COMMUNICATIONS EXERCISES SHALL NOT INTERFERE IN ANY WAY WITH THESE PUBLIC SAFETY AGENCIES.												
<b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b> PEMBROKE SAFETY CENTER												
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 202</td> <td><input type="checkbox"/> ICS 206</td> <td rowspan="5" style="vertical-align: top;"> <b>Other Attachments:</b>  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____         </td> </tr> <tr> <td><input type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 207</td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<b>Other Attachments:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents
<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<b>Other Attachments:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____										
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207											
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208											
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart											
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents											
<b>7. Prepared by:</b> Name: <u>ROB FARLEY, K1CFI</u> Position/Title: <u>EC, CA-ARES</u> Signature: _____												
<b>8. Approved by Incident Commander:</b> Name: <u>ROB FARLEY, K1CFI</u> Signature: _____												
ICS 202	IAP Page _____	Date/Time: <u>25JUN21/2104</u>										

# ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> 2021 FIELD DAY		<b>2. Operational Period:</b> Date From: 26JUN21      Date To: 27JUN21 Time From: 0800      Time To: 1500			
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>			
IC/UCs	ROB FARLEY, K1CFI, EC	Chief	ROB FARLEY, K1CFI		
		Deputy			
Deputy	FRANK ROSS, N1FDR	Staging Area			
Safety Officer		<b>Branch</b>			
Public Info. Officer	DON CURTIS, N1ZIH	Branch Director			
Liaison Officer		Deputy			
<b>4. Agency/Organization Representatives:</b>		Division/Group	40M/80M STATION	AL STONE, KB8RPO	
Agency/Organization	Name	Division/Group	20M STATION	MARK BARKER, W1QKR	
		Division/Group	2M/6M/70CM STATION	JAMES G., N1PZP	
		Division/Group	10/15M STATION	FRANK ROSS, N1FDR	
		Division/Group	MEET AND GREET	DON CURTIS, N1ZIH	
		<b>Branch</b>			
		Branch Director			
		Deputy			
<b>5. Planning Section:</b>		Division/Group			
Chief		Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit		<b>Branch</b>			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
WEB MANAGER	MARK BARKER, W1QKR	Division/Group			
		Division/Group			
		Division/Group			
<b>6. Logistics Section:</b>		Division/Group			
Chief		Division/Group			
Deputy		<b>Air Operations Branch</b>			
<b>Support Branch</b>		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit		<b>8. Finance/Administration Section:</b>			
Ground Support Unit		Chief			
<b>Service Branch</b>		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit	MIKE PERRON	Cost Unit			
<b>9. Prepared by:</b> Name: ROB FARLEY, K1CFI      Position/Title: EC, CA-ARES      Signature: _____					
<b>ICS 203</b>		<b>IAP Page</b> _____		Date/Time: 25JUN21/2135	



INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> 2021 FIELD DAY		<b>2. Date/Time Prepared:</b> Date: 25JUN21 Time: 2211		<b>3. Operational Period:</b> Date From: 26JUN21 Time From: 0800		Date To: 27JUN21 Time To: 1500				
<b>4. Basic Radio Channel Use:</b>										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
		FIELD DAY LOCAL OPERATIONS	CA-ARES CH 1	LOCAL OPS	146.565	NONE	146.565	NONE	ANALOG	FOR COMMUNICATION BETWEEN MEMBERS AT THE OPS SITE
<b>5. Special Instructions:</b> SINCE FREQUENCIES USED FOR THE EXERCISE VARY GREATLY, THEY ARE NOT INCLUDED AS PART OF THIS COMM PLAN.										
<b>6. Prepared by</b> (Communications Unit Leader): Name: ROB FARLEY, K1CFI - EC, CA-ARES      Signature: _____										
ICS 205			IAP Page _____		Date/Time: 25JUN21/2214					

## COMMUNICATIONS LIST (ICS 205A)

[illegible]

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> 2021 FIELD DAY		<b>2. Operational Period:</b> Date From: 26JUN21 Time From: 0800		Date To: 27JUN21 Time To: 1500			
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
PEMBROKE SAFETY CENTER	247 PEMBROKE ST, PEMBROKE, NH	603-485-3621	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
TRI-TOWN AMBULANCE	247 PEMBROKE ST, PEMBROKE, NH	911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
CONCORD FIRE DEPARTMENT	CONCORD, NH 03301	603-224-2545	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
HOOKSETT FIRE DEPARTMENT	HOOKSETT, NH		<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
CONCORD HOSPITAL	PLEASANT ST, CONCORD, NH		5	15	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ELIOT HOSPITAL	MANCHESTER, NH		10	20	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CATHOLIC MEDICAL CENTER	MANCHESTER, NH		10	20	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DARTMOUTH HITCHCOCK MED	LEBANON, NH		30	75	<input checked="" type="checkbox"/> Yes Level: 1 _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>  SHOULD ANY INJURY OR MEDICAL ILLNESS OCCUR DURING THIS EVENT. ACTIVATION OF THE EMERGENCY MEDICAL SERVICES CAN BE INITIATED BY CONTACTING A MEMBER OF THE AMBULANCE CREW INSIDE THE SAFETY CENTER. SHOULD THE AMBULANCE BE OUT OF THE STATION, DIAL 911 TO DISPATCH THE NEXT AVAILABLE AMBULANCE.							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by (Medical Unit Leader):</b> Name: _____ Signature: _____							
<b>8. Approved by (Safety Officer):</b> Name: <u>ROB FARLEY, K1CFI</u> Signature: _____							
ICS 206		IAP Page _____		Date/Time: 25JUN21/2209			

# INCIDENT ORGANIZATION CHART (ICS 207)

<b>1. Incident Name:</b> 2021 FIELD DAY		<b>2. Operational Period:</b> Date From: 26JUN21 Time From: 0800		<b>Date To:</b> 27JUN21 <b>Time To:</b> 1500	
<b>3. Organization Chart</b>					
<div><div><div>Incident Commander(s) ROB FARLEY, K1CFI - EC, CA-ARES FRANK ROSS, N1FDR - AEC, CA-ARES AL STONE, KB8RPO - AEC, CA-ARES</div><div><div>Operations Section Chief FRANK ROSS, N1FDR</div><div>Staging Area Manager</div><div>BRAD AYERS KC1NPK - RADO</div><div>DAVE BRECK K1UK - RADO</div><div>MIKE CONROY N1F - RADO</div></div><div><div>Liaison Officer PAUL GAGNON, KC1JW</div><div>Safety Officer</div><div>Public Information Officer DON CURTIS, N1ZIH</div></div><div><div>Planning Section Chief</div><div>Resources Unit Ldr.</div><div>Situation Unit Ldr.</div><div>Documentation Unit Ldr.</div><div>Demobilization Unit Ldr.</div><div></div></div><div><div>Logistics Section Chief</div><div>Support Branch Dir.</div><div>Supply Unit Ldr.</div><div>Facilities Unit Ldr.</div><div>Ground Spt. Unit Ldr.</div><div>Service Branch Dir.</div><div>Comms Unit Ldr.</div><div>Medical Unit Ldr.</div><div>Food Unit Ldr.</div></div><div><div>Finance/Admin Section Chief</div><div>Time Unit Ldr.</div><div>Procurement Unit Ldr.</div><div>Comp./Claims Unit Ldr.</div><div>Cost Unit Ldr.</div><div></div></div></div></div>					
ICS 207	IAP Page	4. Prepared by: Name: ROB FARLEY		Position/Title: EC, CA-ARES	Signature: _____
				Date/Time: 25JUN21/2200	

## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> 2021 FIELD DAY EXERCISE		<b>2. Operational Period:</b> Date From: 26JUN21 Time From: 0800		Date To: 26JUN21 Time To: 1500
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>  THERE ARE MANY HAZARDS ASSOCIATED WITH THIS EXERCISE. ALL MEMBERS ARE REMINDED THAT EVERY MEMBER BECOMES A SAFETY OFFICER, IN A SENSE, IN THAT WE NEED TO LOOK OUT FOR EACH OTHER. WHEREAS, THE MAIN PURPOSE OF THE EXERCISE IS TO SET UP A COMMUNICATIONS SYSTEM WHERE THERE IS NO TO LITTLE INFRASTRUCTURE, WE ALL NEED TO MAKE SURE THAT WE ARE CAREFUL TO AVOID INJURIES, ESPECIALLY THOSE THAT MIGHT TAKE OPERATORS OUT OF COMMISSION.  THIS EXERCISE IS DESIGNED TO BE FUN AND THERE IS NO RUSH. ERECTING ANTENNAS IS NORMALLY AN EASY TASK BUT IT CAN BE DANGEROUS. HARD HATS ARE REQUIRED ANYTIME THAT THIS WORK IS BEING PERFORMED. ANTENNAS SHOULD BE INSTALLED WITH SAFETY IN MIND AND GUY ROPES MUST BE IDENTIFIED WITH CAUTION TAPE AND ALL TRIP HAZARDS SHOULD BE CLEARLY MARKED.  SINCE WE ARE OPERATING OUR EQUIPMENT IN A FIELD WHERE THERE IS NO POWER, WE MUST GENERATE OUR OWN. SPECIAL CARE MUST BE TAKEN WHILE OPERATING THIS EQUIPMENT AND CONNECTING EXTENSION CORDS TO OPERATING STATIONS. ALL ELECTRICAL CONNECTIONS SHOULD BE THOROUGHLY CHECKED FOR LOOSE CONNECTIONS, FRAYED WIRES AND OTHER ELECTRICAL SHOCK HAZARDS. REFUELING OF GENERATORS MUST BE PERFORMED CAREFULLY. FIRE EXTINGUISHERS SHALL BE READILY AVAILABLE NEAR ALL GENERATORS.  OPERATING RADIO TRANSMITTERS GENERATES RF ENERGY WHICH CAN BE HARMFUL IF NOT PROPERLY CHanneled. IN A PERFECT WORLD WE WANT ALL RF ENERGY TO RADIATE OUTWARDS AND UPWARDS TOWARDS THE IONOSPHERE. RADIO OPERATORS ARE RESPONSIBLE FOR PROPER OPERATION OF RADIO TRANSMITTERS WITH RF ENERGY IN MIND. RADIO TRANSMITTERS SHALL NOT BE KEYED UP WHILE PERSONS ARE WORKING ON ANTENNA FEED LINES, ANTENNAS, OR ANTENNA SUPPORT STRUCTURES. SHOULD ADJUSTMENTS AND/OR REPAIRS BE NECESSARY TO ANTENNAS OR ANTENNA STRUCTURES, THE TRANSMITTER SHALL BE POWERED DOWN AND THE FEED LINE CONNECTION AT THE TRANSMITTER SHALL BE DISCONNECTED WHILE THE WORK IS BEING PERFORMED.				
<b>4. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located At:</b> PEMBROKE SAFETY CENTER				
<b>5. Prepared by:</b> Name: <u>ROB FARLEY, K1CFI</u> Position/Title: <u>EC, CA-ARES</u> Signature: _____				
<b>ICS 208</b>		<b>IAP Page</b>		<b>Date/Time:</b> 25JUN21/2129

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

<b>1. Incident Name:</b> 2021 FIELD DAY		<b>2. Incident Number:</b>	
<b>3. Date/Time Prepared:</b> Date: 25JUN221      Time: 2107		<b>4. Operational Period:</b> Date From: 26JUN21      Date To: 27JUN21 Time From: 0800      Time To: 1500	
<b>5. Incident Area</b>	<b>6. Hazards/Risks</b>	<b>7. Mitigations</b>	
ANTENNA FIELD	ELEVATED STRUCTURES. EQUIPMENT COLLAPSE. INJURIES FROM BEING STRUCK BY FALLING EQUIPMENT	HARD HATS ARE REQUIRED ANY TIME WHILE WORKING IN THE AREA OF ELEVATED STRUCTURES AND EQUIPMENT.	
ANTENNA FIELD	RADIO FREQUENCY (RF) EXPOSURE	TIME DISTANCE AND SHIELDING PROTECTION SHALL BE EMPLOYED WHILE WORKING IN AND/OR NEAR RADIO ANTENNAS.	
WHOLE OPERATIONAL AREA	ELECTRICAL SHOCK HAZARD	GENERAL AWARENESS OF THE HAZARDS OF WORKING WITH ELECTRICITY.	
ONE WAY TRAFFIC LOOP	MOVING EMERGENCY VEHICLES	KEEN AWARENESS OF THE TRAFFIC PATTERN AND THAT EMERGENCY VEHICLES CAN BE TRANSITING AT ANY TIME.	
<b>8. Prepared by (Safety Officer):</b> Name: <u>ROB FARLEY, K1CFI</u> Signature: _____			
<b>Prepared by (Operations Section Chief):</b> Name: <u>ROB FARLEY, K1CFI</u> Signature: _____			
<b>ICS 215A</b>		Date/Time: <u>25JUN21/2112</u>	

# Pembroke School District - Facilities Use Application

School Requested: PA ☒ TRS ☐ Hill ☐

Name of Organization: PEMBROKE FIRE DEPARTMENT & CAPITAL AREA AMATEUR RADIO EMERGENCY SERVICES UNIT

Address: 247 PEMBROKE ST

Email: rfarley@pembroke-nh.com

Sponsor/Contact Name: Deputy Chief Rob Farley

Telephone: 603-496-9159

Date(s) Requested: June 26 & June 27, 2021

Hours: 24 hours

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Classroom(s)	Auditorium	Kitchen	Library	Gym	Athletic Field	Other:
						Grassy Area by <u>Farley</u>

Description of Activity: Emergency Radio Communications Exercise

Program Fee/Admission Charge: ☐ Yes ☒ No If yes, how much? \_\_\_\_\_ Disposition of Profits \_\_\_\_\_

Number Expected to Participate? 15

General Public Invited? ☒ Yes ☐ No If Not, Who? \_\_\_\_\_

Requirements: (tables, chairs, etc.) No requirements. All tables and chairs will be provided by the Pembroke Fire Department

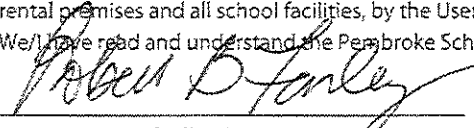
Police and Fire Departments Notified? ☒ Yes ☐ No Certificate of Insurance Enclosed: ☐ Yes ☒ No

## HOLD HARMLESS AGREEMENT

(Required for application approval)

It is agreed that in consideration for allowing the rental of school facilities and in full recognition of the school board's fiduciary responsibility to protect school property and assets, the user hereby covenants and agrees at all times to indemnify and hold harmless the school district, its school board officers and employees, to the fullest extent permitted by law, from any and all claims, damages losses, and expenses, including but not limited to, reasonable attorneys fees and legal costs, arising out of the use of these rental premises and all school facilities, by the User, its officers, employees, agents representatives, contractors, guests and invitees.

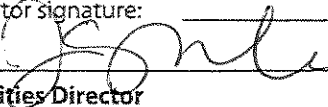
We/I have read and understand the Pembroke School District Use of Facility dated 11/17/2020

	ROBERT B. FARLEY	06/02/2021
Signature of Official Representative	Name (Printed or Typed)	Date

I/We have read and understand the Pembroke School District Facilities Use Application:

Applicant signature:  Date: 06/02/21

\*School administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Date: 6/2/21  
Facilities Director

\* Signature indicates only that the space is available

Notes (Office use only)

Category: 0 1 2 3 Questions? Call Facilities Department @ 603-485-7353

501:C:3 ☐ Yes ☐ No Other ☐