

V. DMAT FORMS

Forms illustrated in this section of the Manual are applicable to DMAT disaster response. DMAT forms fall within the 500 series numbering sequence of HHS forms. Forms included in this Unit are:

- DMAT Logistics Inventory, HHS 501

V. DMAT FORMS

DMAT LOGISTICS INVENTORY, HHS-501

Purpose

Provides an accountability list of non-expendable equipment and supplies issued to DMATs at the incident scene.

Preparation

Prepared by MST Logistics or staff for the DMAT Logistics personnel assigned to the incident.

Distribution

The original copy remains with the MST Logistics, a copy is provided to the DMAT Logistics Section. The copies are used as a document to verify returned equipment as part of the demobilization process.

DMAT LOGISTICS INVENTORY

FORM HHS -501

12/97

(1)INCIDENT

# <small>(2) DISASTER RESPONSE NUMBER:</small>	(3)LOCATION:	(4)DATE/TIME PREPARED:	(5)PREPARED BY:
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(6)TEAM NAME:

(7)Qty Deployed TEAM LOGISTICAL EQUIPMENT

(8)Qty Deployed TEAM MEDICAL EQUIPMENT

[] Can, Jerry, 5 gal. Water	[] Centrifuge, 4-tube
[] Can, fuel, 5 gal. (plastic)	[] Centrifuge, hematocrit
[] Computer, laptop	[] EKG machine, portable, with case
[] Cot, aluminum	[] Hemocytometer
[] Fire extinguisher, 10 lb.	[] Hemoglobinmeter
[] Generator, 6KW, gasoline	[] Incubation set
[] Heaters, portable, kerosene	[] LifePak 10 defibrillator
[] Phone, satellite	[] Litter stand w/ pole
[] Phone, cellular	[] Litter
[] Power cable kit, portable	[] Microscope
[] Radio communications equipment, HF	[] Pressure infusion bag
[] Rake	[] Pulse oximeter
[] Refrigerator, field	[] Thermometer, battery, w/ probes
[] Shovel	[] Ventilator, portable
[] Shower, with heater	Deployed ON BOARD
[] Sink, field	<input type="checkbox"/> Yes <input type="checkbox"/> No Patient Treatment Cache
[] Sleeping bag, +15° F	<input type="checkbox"/> Yes <input type="checkbox"/> No Pharmaceutical Cache
[] Tent, 19'X35'	<input type="checkbox"/> Yes <input type="checkbox"/> No Haz Mat material (if Yes, specify below)
[] Tent, 20'X30'	1)
[] Tent, octagonal, 20'	2)
[] Water purifying equipment	3)

(9)Qty Deployed OTHER & SPECIALIZED EQUIPMENT

Qty Deployed OTHER & SPECIALIZED EQUIPMENT

[] Water, bottled	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]

(10) Signature

(11) Date

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
Forms Manual**

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DMAT LOGISTICS INVENTORY, HHS-501

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the appropriate incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Location	List the specific location assigned at the incident.
4	Date/Time Prepared	Mm/dd/yy, 24 hour time.
5	Prepared By	List the name of the individual responsible for supply issuance, generally the Supply Unit Leader.
6	Team Name	List the name and number of the DMAT receiving the equipment.
7	Quantity Deployed, Team Logistical Equipment	Check the appropriate quantity of supplies and equipment provided.
8	Quantity Deployed, Team Medical Equipment	Check the appropriate quantity of supplies and equipment provided.
9	Quantity Deployed, Other & Specialized Equipment	List and check the appropriate quantity of supplies and equipment provided.
10	Signature	The form should be signed by the individual responsible for property issue.
11	Date	Enter the date the form was signed.