

Appendix 5 - Local Recovery Resource Manual Shire of Murray and Shire of Waroona 2022



Disclaimer

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The joint Local Recovery Plan (LRP) and Local Recovery Resource Manual (LRRM) have been prepared and endorsed by the joint Local Emergency Management Committee (LEMC) pursuant to Section 41(4) of the *Emergency Management Act 2005* and forms part of the joint Local Emergency Management Arrangements (LEMA).

A copy has been submitted to the State Emergency Management Committee (SEMC) pursuant to section 41(5) of the *Emergency Management Act 2005* and a copy has been submitted to the District Emergency Management Committee - South Metropolitan (DEMC – South Metro).

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Requests for further authorisation should be directed to the Coordinator Ranger and Emergency Management, c/- Shire of Murray, PO Box 21, PINJARRA WA 6208 or via email at mailbag@murray.wa.gov.au or warshire@waroona.wa.gov.au

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Distribution List

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LEMC / Shire of Murray Councillor	Electronic	1
Director Place, Community and Economic Development/ LRC	Electronic	1
Director Infrastructure Services / Deputy LRC	Electronic	1
Director Planning and Sustainability	Electronic	1
Manager Building Services	Electronic	1
Manager Environmental Health	Electronic	1
Director Corporate Services	Electronic	1
Manager Information Services	Electronic	1
Manager Governance	Electronic	1
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Community Emergency Services Coordinator	Electronic	1
Ranger and Emergency Services Support Officer	Electronic	1
Manager Community and Library Services	Electronic	1
Team Leader Customer Service (MALC) / LGWLO	Electronic	1
Manager Communications and Marketing	Electronic	1
CEO Executive Support Officer / Admin. Support Officer	Electronic	1
Chief Bush Fire Control Officer (CBFCO)	Hard	1
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Volunteer Bush Fire Brigades (VBFB)	Hard	5
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Shire of Waroona	Hard Copy / Electronic Copy	Nº of Copies
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Executive Assistant	Hard	1
SoW Shire President / LRCG Chairperson	Hard	1
LEMC Chairperson / Shire of Waroona Councillor	Hard	1
Director Infrastructure and Planning Services / Deputy LRC	Hard	1
Director Corporate and Community Services	Hard	1
Coordinator Community Development	Hard	1
Manager Corporate Services	Hard	1
Manager Recreation Services	Hard	1
Manager Works	Hard	1
Senior Planner	Hard	1
Building Maintenance Officer	Hard	1
Community Development Officer	Hard	1
Senior Infrastructure and Development Services Officer	Hard	1
Corporate Compliance Officer	Hard	1
Chief Bush Fire Control Officer (CBFCO)	Hard	1
Volunteer Bush Fire Brigades (VBFB)	Hard	3
Waroona Visitor Centre	Hard	1
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Waroona Library	Hard	1
Shire of Waroona website	Electronic	1

Local Emergency Management Committee	Hard Copy / Electronic Copy	No of Copies
OIC - Pinjarra Police Station / Local Emergency Coordinator	Electronic	1
OIC - Dwellingup Police Station	Electronic	1
OIC - Waroona Police Station	Electronic	1
Alcoa Australia Representative	Electronic	1
CEO - Bedingfeld Park Inc Aged Care Facility	Electronic	1
DC - Senior District Emergency Services Officer	Electronic	1
DFES - District Emergency Management Advisor - Metropolitan	Electronic	1
DFES - District Officer – Natural Hazards - South West	Electronic	1
DFES - District Officer – Emergency Management - South West	Electronic	1
Murray State Emergency Services Unit	Electronic	1
Pinjarra Volunteer Fire & Rescue Service	Electronic	1
St John Ambulance - Station Manager – Pinjarra Sub Centre	Electronic	1
Murray Waroona Schools – Network Principal	Electronic	1
Quambie Park Waroona Inc. - Representative	Electronic	1
Belswan Lifestyle Village	Electronic	1
Community Representative - Shire of Murray	Electronic	1
Community Representatives - Shire of Waroona	Electronic	2
DoH - Manager Emergency Preparedness Disaster Response	Electronic	1
DBCA Parks and Wildlife - Senior Ranger	Electronic	1
DPIRD – Manager, Emergency Preparedness	Electronic	1
Harvey Water - Project Engineer	Electronic	1
Main Roads WA	Electronic	1
Water Corporation – Operations Manager	Electronic	1
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WAPOL – Superintendent – Metropolitan South	Electronic	1
Western Power – Resource Manager South Metropolitan	Electronic	1
CEO – Shire of Boddington	Electronic	1
CEO – City of Mandurah	Electronic	1
CEO – City of Rockingham	Electronic	1

CEO – Shire of Serpentine/Jarrahdale	Electronic	1
CEO – Shire of Wandering	Electronic	1
CEO – Shire of Harvey	Electronic	1
PWS – Dwellingup Office	Electronic	1
PWS – Mandurah Office	Electronic	1
DC – Mandurah Office	Electronic	1
Department of Education – South Metro Regional Education Office	Electronic	1
Alcoa World Alumina – Refinery and Mine Site Managers	Electronic	2
Rotary Club – Pinjarra Branch	Electronic	1
Salvation Army – Mandurah	Electronic	1
Murray District Hospital	Electronic	1
DEMC – South Metro	Electronic	1
State Emergency Management Committee (SEMC)	Electronic	1
Total:		99

Amendment Record

Suggestions and comments from the community and stakeholders can help improve the Local Recovery Resource Manual and subsequent amendments.

Feedback can include:

- What you do and don't like about the arrangements,
- Unclear or incorrect expression,
- Out-of-date information or practises,
- Inadequacies; and,
- Errors, omissions or suggested improvements.

To forward feedback copy the relevant section, mark the proposed changes and forward it to the Coordinator Ranger and Emergency Management:

Shire of Murray

Post: PO Box 21
PINJARRA WA 6208
Email: mailbag@murray.wa.gov.au

Shire of Waroona

Post: PO Box 20
WAROONA WA 6215
Email: warshire@waroona.wa.gov.au

Any suggestions and/or comments will be referred to the LEMC for consideration. Amendments promulgated are to be certified in the following table when entered.

Nº	Amendment/ Adoption Date	Details	Resolution Number	Amended by (Initials)
1	8 August 2022	Original Document – LEMC endorsed	LEMC22/004	
2	23 August 2022	Original Document – Shire of Waroona endorsed	OCM22/08/104	
3	25 August 2022	Original Document – Shire of Murray endorsed	OCM22/096	

Introduction

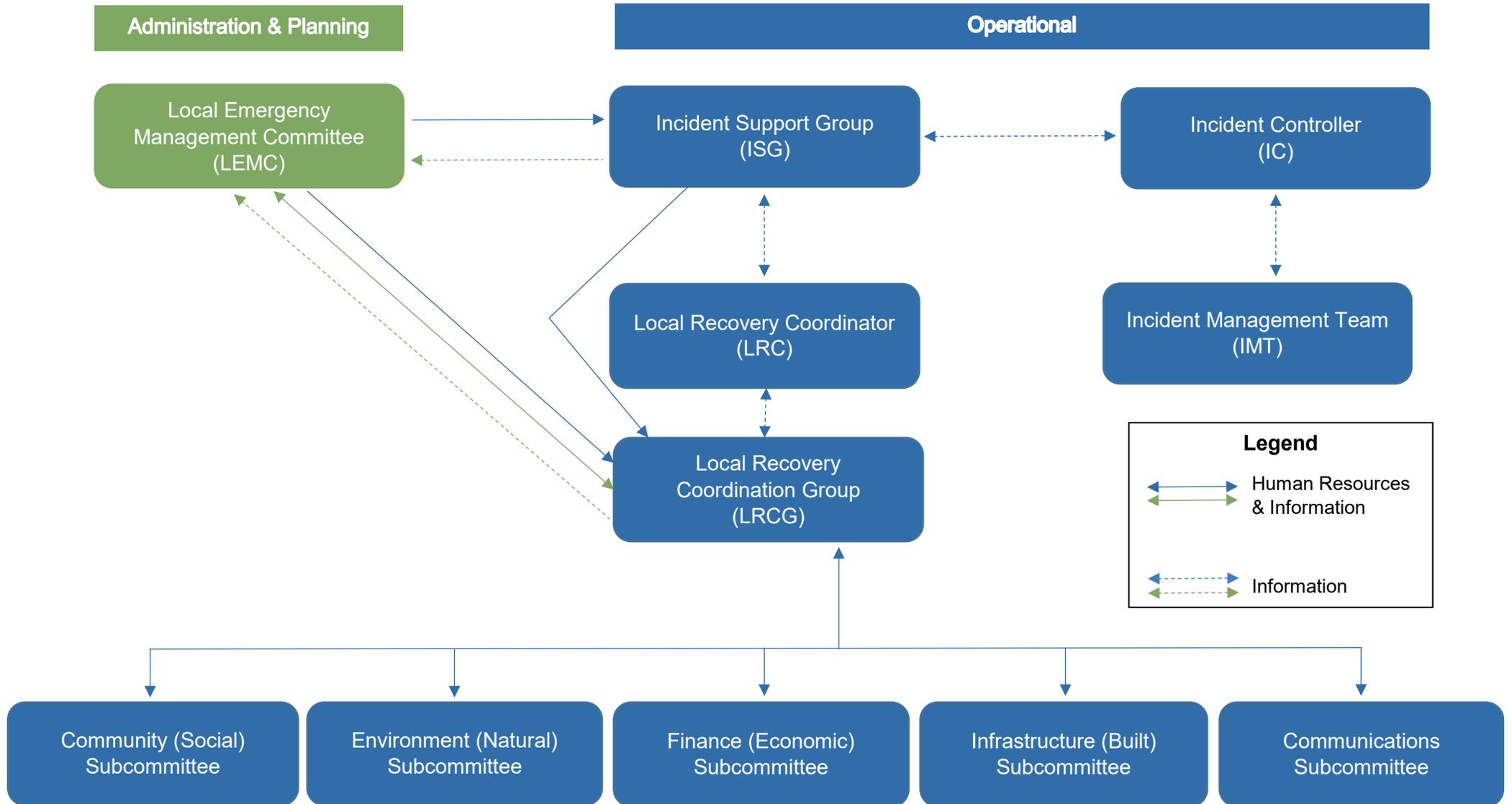
The joint Local Recovery Resource Manual is to be read in conjunction with the joint Local Recovery Plan (LRP), Emergency Evacuation Plan (EEP) and Local Emergency Management Arrangements (LEMA). Where information appears in all four documents it should be cross referenced.

The Shire of Murray and Shire of Waroona Local Recovery Resource Manual (LRRM) has been developed to support local government employees that may be required to be involved in local level recovery management. The LRRM contains supporting tools and materials to aid and assist in local level emergency management.

LEMA and Associated Documents

- Local Emergency Management Arrangements
 - Local Recovery Plan
 - Local Recovery Resource Manual
 - Emergency Evacuation Plan
 - Animal Welfare Plan
 - Communication Plan
 - Local Emergency Welfare Plan – Peel Region (Department of Communities)

Appendix 1: Joint Local Emergency Management Flowchart



Appendix 2: Recovery Coordination Centre Set-Up Guide

The first person(s) to arrive at the Recovery Coordination Centre should commence setting-up the room (until the LRC arrives).

To set-up the Recovery Coordination Centre, the following must be done:

Task Description	Complete
Open and clear the room.	
Set-up relevant maps and photographs.	
Locate and lay-out copies of the EMA's relevant references.	
Ensure that computers, printers, fax machines and data projectors are switched on and logged-on.	
Ensure that status boards are set-up, cleaned and ready for use.	
Ensure an adequate supply of stationery is available.	
Inform the LRCG Chairperson and Deputy Chairperson that the Recovery Coordination Centre is now functional.	

Appendix 3: Recovery Coordination Centre Equipment Checklist

Description	Complete
Communications and Information Technology	
Land line phones	
Mobile phones	
Extra mobile phone batteries with chargers	
Two-way radios with extra batteries and chargers	
Internet/intranet access points	
Dedicated e-mail address	
Fax Machine (1 – in/out), Copier, Computer(s), Printer, Projection unit, Projection screen	
Digital camera and Video	
Clock	
AM/FM radio	
Tape/Voice recorder	
TV with reception and with DVD, preferably with pay TV news available	
LRCG Status boards – either large hard copy, or electronic if sufficient projectors and PCs are available	
Extension cords and power boards	
General Office Supplies	
Paper, pencils and pens	
Files and folders	
In/out baskets	
Flip charts	
Markers	
Masking tape	
Storage/filing containers	
Supply of forms (activity log sheets and telephone message pads)	

Reference Material	
Phone book (site, corporate, yellow pages)	
Manuals	
Applicable contingency plans (ie. State, Federal)	
Incident related maps, charts, drawings etc	
Tables/chairs	
Rubbish bins, shredders and classified waste bags	
Food and drink supplies	

Appendix 4: Local Recovery Coordinator Action Check List

Task Description	Complete
Within 48 hours*	
Local Recovery Coordinator to liaise with the CA regarding location, size, type and potential impact of the event.	
Participate in the incident management arrangements, including the ISG and OASG where appropriate.	
Local Recovery Coordinator to receive initial impact assessment from the CA.	
Assess impact of the event through information/data from SoM or SoW, geographic data and relevant response agencies.	
Local Recovery Coordinator to contact and alert key employees, local contacts, response and recovery agencies.	
Activate and brief relevant agency employees.	
Organise briefing and debriefing processes for employees.	
Activate appropriate inter-agency liaison mechanisms.	
Locate Liaison Officer at emergency operations centre (if appropriate).	
Local Recovery Coordinator to determine the need for the LRCG to be convened and its members briefed.	
Determine the need to establish subcommittees, and determine functions and membership if necessary.	
Local Recovery Coordinator and the LRCG to participate in the determination of State involvement in conjunction with the State Recovery Coordinator.	
Further develop and implement event specific Communication Plan, including public information, appointment of a spokesperson and the internal communication processes.	
Develop a community information process, including consideration of public meetings and newsletters.	
Activate community (specific) recovery committees, ensuring active participation of members of the affected community.	
Consider establishing a call centre with prepared responses for frequently asked questions.	
Monitor staffing arrangements.	

Task Description	Complete
Within 48 hours*	
Continue to monitor agency activities and reduce/withdraw services when appropriate.	
Meet with other recovery agencies to consider full assessment of the impact of the event. Determine the best means of involving the affected community and determine action required from specific agencies.	
Consider support required, for example resources to maintain a record of events and actions.	
Within 1 week	
Participate in consultation on the coordination of completion of a CIA by the CA.	
Activate an RCC if required.	
Determine likely human effects.	
Confirm whether the event has been proclaimed an eligible natural disaster under DRFAWA and if so what assistance measures are available.	
Identify special needs groups or individuals.	
Determine immediate short-term needs (e.g. accommodation, financial assistance and personal support).	
Manage offers of assistance, including volunteers, material aid and donated money.	
Manage the public appeal/private donations process.	
Activate outreach program to meet immediate needs and determine ongoing needs. Issues to be considered should include the need for specialist counselling, material aid, accommodation, financial assistance and social, recreational and domestic facilities.	
Assess reports gathered through an outreach program to assess community needs.	
Develop an Operational Recovery Plan which determines the recovery objectives and details the recovery requirements, governance arrangements, resources and priorities.	
Establish a system for recording all expenditure during recovery (includes logging expenditure, keeping receipts and providing timesheets for paid labour).	
Report to organisational hierarchy on likely costs/impact of involvement in recovery activities.	

Task Description	Complete
Within 48 hours*	
Establish a 'one-stop shop' recovery centre to provide the affected community with access to all recovery services.	
Manage restoration of essential infrastructure/utilities.	
Brief media on the recovery program.	
Within 12 months	
Determine longer-term recovery strategies.	
Implement transitioning to mainstream services.	
Debrief recovery agencies and employees.	
Evaluate effectiveness of recovery within 12 months of the emergency.	
Recognise agency/employee input.	

**Timeframes are approximate only*

Appendix 5: Local Recovery Coordinator Attendance Form (Time Sheet)

On activation of the Local Recovery Coordinator, this form is to be completed and maintained by the nominated officer.

Emergency Name:

Employee Name	Date	Time		Time		Task	Signature
		In	Out	In	Out		

Appendix 6: Local Recovery Coordination Group Action Check List

Task Description	Complete
In the Transition from Response:	
The IC shall include the LRC in critical response briefings.	
The LRC shall ensure the IC is aware of recovery requirements and tasks prior to the termination of the state of emergency.	
The LRC shall ensure that agencies with response and recovery obligations are aware of their continuing role.	
The LRC to confirm whether the event has been proclaimed an eligible natural disaster under DRFAWA and if so what assistance measures are available.	
The LRCG shall initiate key recovery arrangements including full LRCG sub-committee briefing during the response phase and ensure formalisation of handover takes place.	
Management Structure - the LRCG shall:	
Ensure the appointment of the LRC has occurred.	
Activate and coordinate RCC if required.	
Set up an office with administrative support.	
Facilitate representative sub-committees to coordinate and action recovery tasks and disseminate decisions, as required.	
Ensure and facilitate the completion of the impact assessment.	
Assume public information responsibilities from response agency and provide information to the impacted area and to the public and media.	
Facilitate and advise on State/Federal emergency relief funding and facilitate and advise on private aid and funding.	
Prepare oral and written financial and non-financial reports and briefs.	
Promote Community Involvement - the LRCG shall:	
Work within existing community organisations.	
Recruit representatives of the affected community into the recovery planning.	
Establish strategies for uniting the community behind agreed objectives.	
Provide a “one-stop shop(s)” for advice, information and assistance during the recovery period.	

Task Description	Complete
Promote Community Involvement - the LRCG shall:	
Establish mechanisms for the sharing of information and reporting local initiatives (e.g. regular community meetings and local newsletters).	
Impact Assessment (Managerial Issues) – the LRCG shall:	
Use intelligence/planning information from the response operation and set up a recovery liaison person in the Emergency Operations Centre / Emergency Coordination Centre.	
Confirm the total area of impact for determination of survey focus.	
Set out the immediate information needs: infrastructure problems & status, damage impact and pattern, and welfare issues.	
Link with parallel data-gathering work.	
Identify and close information gaps (establish the “big picture”).	
Assess the financial and insurance requirements of affected parties.	
Gather evidence to support requests for government assistance.	
Ensure all relevant information is strictly confidential to avoid use for commercial gain.	
Inspections and Needs Assessments (Technical Focus) – the LRCG shall:	
Establish and define the purpose of inspection/assessment and expected outcomes.	
Consistently apply agreed criteria (requiring a common understanding by the people undertaking the survey process).	
Collect and analyse data.	
Establish a method/process to determine the type of information needed for this recovery operation, defining: <ul style="list-style-type: none"> • how and who will gather the information (single comprehensive survey), • how information will be shared, • how information will be processed and analysed; and, • how the data will be verified (accuracy, currency and relevance). 	
Managing the process to minimise “calling back”.	
Select and brief employees.	
Maintain confidentiality and privacy of assessment data.	

Task Description	Complete
Data Management – the LRCG shall:	
Create templates for impact assessment and for tracking assistance provided.	
Define who is responsible for which part of the data management task and ensure proper process of relevant data transfer.	
State Government Involvement – the LRCG shall:	
Establish strong relationships with key regional government agency representatives, and appoint them to appropriate LRCG sub-committees, as appropriate.	
Gain familiarity with the recovery claim process, relief fund applications, and reduction plan proposals.	
Establish a system for recording all expenditure during recovery, in line with the requirements of the Recovery Plan (includes logging expenditure, keeping receipts and providing timesheets for paid labour).	
Answer requests for information from government agencies.	
Public Information – the LRCG shall:	
Appoint potential spokespeople to deal with the media.	
Manage public information during the transition from response to recovery when handover completed from HMA.	
Identify priority information needs.	
Develop a comprehensive media/communication strategy.	
Coordinate public information through: <ul style="list-style-type: none"> joint information centres, spokesperson/s, identifying and adopting key message priorities; and, using a single publicised website for all press releases. 	
Develop processes for: <ul style="list-style-type: none"> media liaison and management (all forms e.g. print, and electronic), briefing politicians, alternative means of communication e.g. public meetings, mailbox fliers, advertising, communicating with community groups, meeting specialist needs, formatting press releases, developing and maintaining a website; and, ensuring feedback is sought, integrated and acknowledged. 	
Monitor print and broadcast media, and counter misinformation.	
Task Description	Complete

Rehabilitation and Assistance – the LRCG shall:	
Establish a mechanism for receiving expert technical advice from lifeline groups.	
Monitor and assist rehabilitation of critical infrastructure.	
Prioritise recovery assistance.	
Prioritise public health to restore health services and infrastructure.	
Assist and liaise with businesses to re-establish and reopen.	
Restore community and cultural infrastructure (including education facilities).	
Restore basic community amenities for meetings and entertainment.	
Facilitate emergency financial assistance in liaison with the DC.	
Adjust capital works and maintenance programs.	
Implementation of Reduction Measures – the LRCG shall plan to:	
Take the opportunity, while doing the risk analysis, to: <ul style="list-style-type: none"> • identify essential services and facilities in high-risk areas; and, • consider the restoration options in the event of them becoming dysfunctional. 	
Identify options based on research and consultation.	
Undertake urgent hazard reassessment based on new (event) information and adhere to the LEMA.	
Financial Management – the LRCG shall:	
Review financial strategies.	
Communicate with financial agencies, including insurance companies.	
Keep financial processes transparent.	
Reporting – the LRCG shall plan to:	
Provide a simple, flexible and succinct reporting system.	
Provide adequate administrative support.	
Managed Withdrawal – the LRCG shall plan to:	
Continually review the recovery management process with a view to withdrawing as the community takes over.	
Identify long term recovery activities and agency responsible for management.	

Task Description	Complete
Managed Withdrawal – the LRCG shall plan to:	
Establish arrangements for ongoing public information and communications including avenue for reporting and management of unresolved community recovery issues.	
Stage a public event of acknowledgement and community closure.	
Conduct debrief of participants with community input to identify lessons learnt and strategies for enhancing community recovery arrangements and processes for future events.	

Appendix 7: Local Recovery Coordination Group Initial Brief Guide

The first formal meeting of the LRCG should be held as soon as possible after the team has been activated. This key briefing will set the initial focus of the LRCG. The primary outcomes of this briefing are that all key members of the LRCG will understand the situation, an initial response plan will be mapped out, and initial group tasks will be allocated by the LRCG Chair.

Step	Elements	Who	Output
Situational Awareness	Who, What, Where, When and Why	LRCG Chair and HMA Incident Manager	Common understanding across LRCG
LRCG Intent	What is the focus of the LRCG actions?	LRCG Chair	Team direction set
Priorities	<ul style="list-style-type: none"> • Priority objectives • Priority actions • Priority stakeholders • Emergency Information Requirements (EIRs) 	LRCG Chair LRCG Deputy	Initial response plan scoped and planning focus confirmed
Tasks	<ul style="list-style-type: none"> • Confirm tasks allocated so far • Assign tasks to each group manager 	LRCG Chair	Organisational needs identified (personnel, etc)
Resources	<ul style="list-style-type: none"> • Currently committed to the incident • Additional resources required 	All	Administration and logistics
Questions	<ul style="list-style-type: none"> • Questions • Confirmatory questions for the meeting 	All	Clarification
Timings	<ul style="list-style-type: none"> • Critical known timings • Initial response timeline • Next meeting 	LRCG Chair and LRCG Deputy	LRCG

Appendix 8: Local Recovery Plan Financial Management Sub Plan

1. Purpose

To outline the Shire of Murray and Shire of Waroona internal financial arrangements in support of a disaster event and the eventual claim process to recoup eligible expenditure.

2. Responsibility

All departments within the Shire of Murray and/or Shire of Waroona.

3. Introduction

Disaster related finances are not normally included in the budgetary processes of Council. However, disaster events happen and may require the allocation of substantial funds as a consequence. Due to the nature of many disaster situations, finance operations will often be carried out within compressed time frames and other pressures, necessitating the use of non-routine procedures. This in no way lessens the requirement for sound financial management and accountability.

4. Other Agencies / Organisation

Each support agency/organisation is responsible for providing its own financial services and support to its response operations in the field and compliance with its own financial policies and procedures.

5. Authorised Expenditure

The Shires have predetermined appropriate levels of delegation for incurring expenditure relating to response and recovery during a disaster event. These delegations support expenditure during emergencies, separate to normal operating expenditure requirements.

6. Recording Expenses

When an event occurs the relevant Shire Officers should immediately begin accounting for personnel, equipment and other costs relating to the disaster response, using the designated disaster recovery job numbers and associated cost centres (See Table A) to capture costs for deployment of resources and response and recovery activities. Recording of disaster-related expenditure shall be in accordance with the Shire's financial procedures and supported by logs, formal records and file copies of expenditures to provide clear and reasonable accountability and to ensure justification for reimbursement is maintained.

While innovative and expeditious means of procurement are called for during times of disaster events, it is still mandatory that good accounting principles and practises be employed in order to safeguard the use of public funds from the potential of fraud, waste or abuse.

7. Natural Disaster Relief and Recovery Arrangements

The Disaster Recovery Funding Arrangements Western Australia (DRFAWA) outline financial assistance available to communities, small businesses, primary producers, non-profit organisations, local governments and state government agencies affected by disasters. The arrangements are designed to provide a 'safety net' to those in immediate need or who are unable to affect their own recovery.

DRFAWA is jointly funded by the Commonwealth and Western Australian Governments under the Natural Disaster Relief and Recovery Arrangements. DRFAWA is administered by the DFES, with assistance from other agencies.

Under DRFAWA, a natural disaster event is considered to be a serious disruption to a community or region caused by the impact of a naturally occurring rapid onset event that threatens or causes death, injury or damage to property or the environment and that requires significant and coordinated multi-agency and community response, and is one of the following:

Bushfire	Flood	Storm	Tsunami
Cyclone	Landslide	Storm Surge	
Earthquake	Meteorite strike	Tornado	

DFES is responsible for the activation of DRFAWA events and will activate when the following criteria is met:

1. The event was one or a combination of the natural disaster events mentioned above or a terrorist event
2. A coordinated multi-agency response is required
3. The estimated cost of emergency assistance to individuals and communities, and/or damage to essential assets will exceed \$240,000 across all local government areas impacted by the disaster event

8. Recouping of Expenditure

The circumstances and conditions under which disaster-related expenditure may be recouped is outlined in the Western Australian Government publication “Disaster Recovery Funding Arrangements Western Australia” which is available on-line at www.dfes.wa.gov.au/recovery/Pages/DRFA-WA.aspx. Reimbursement is not an automatic process, and requires solid evidence of disaster-related expenditure.

Claims are managed through the following agencies:

- Department of Communities and local governments
- Department of Primary Industries and Regional Development
- Department of Fire and Emergency Services

9. Insurance

It is important to note that DRFAWA does not provide:

- compensation for losses suffered where reasonable insurance arrangements could have been obtained; or
- assistance for events where human activity is a significant contributing cause (for example, poor environmental planning, commercial development, personal intervention (other than arson), or accident).

It is therefore imperative that the Shires ensure that all insurable built assets are adequately covered. The Shires currently source policies through the Local Government Insurance Scheme (LGIS). These policies and the associated level of cover are reviewed annually. All buildings are valued for insurance purposes on a regular basis (usually every three years) to ensure that their replacement value is adequate.

Should losses occur to insured assets during a disaster event normal work procedures and processes for insurance claims would apply.

10. Expenditure Codes

Table A – Disaster Recovery and Response Framework and Cost Centres – Shire of Murray		Job Number	Task Number
Counter Disaster Operations			
	Communications, Public Health and Safety Warnings	DI0001	9001
	Local Disaster Coordination Centre	DI0001	9002
	Call Centre Operations	DI0001	9003
	Evacuation Centre	DI0001	9004
Emergent Works (Initial Response)			
	Roads	DI0001	9101
	Stormwater Drainage	DI0001	9102
	Waste Facilities	DI0001	9103
	Plant and Equipment	DI0001	9104
	Shire Buildings and Structures	DI0001	9105
	Parks and Public Open Space	DI0001	9106
Post Disaster			
	Clean Up	DI0001	9201
	Public Assets – Immediate Post Disaster Repairs	DI0001	9202

Table A – Disaster Recovery and Response Framework and Cost Centres – Shire of Waroona		Job Number	Task Number
Counter Disaster Operations			
	Communications, Public Health and Safety Warnings	EM05	NA
	Local Disaster Coordination Centre	EM05	NA
	Call Centre Operations	EM05	NA
	Evacuation Centre	EM05	NA
Emergent Works (Initial Response)			
	Roads	EM05	NA
	Stormwater Drainage	EM05	NA
	Waste Facilities	EM05	NA
	Plant and Equipment	EM05	NA
	Shire Buildings and Structures	EM05	NA
	Parks and Public Open Space	EM05	NA

Post Disaster			
	Clean Up	EM05	NA
	Public Assets – Immediate Post Disaster Repairs	EM05	NA

11. Revenue Codes – Shire of Murray

General Ledger for all recoups and reimbursements – 10430. R408. 211. DI0001. 11430.

12. Revenue Codes – Shire of Waroona

General Ledger for all recoups and reimbursements:

106930 – Contribution

107030 – Reimbursements

107230 – Government Grants

154030 - Donations



Memorandum

To:	Shire President
Copy:	Chief Executive Officer Director Corporate Services
From:	Local Recovery Coordinator
Date:	<day> <month> <year>
Subject:	Authorisation of expenditure outside Budget (Year ____ / ____)
File:	<Trim ref of incident>

The Local Government Act provides options to fund emergency needs outside of the budget process. One of these allows the Shire President to authorise expenditure in an emergency situation, not included in the annual budget. The legislation states:

6.8 Expenditure from municipal fund not included in annual budget

(1) *A local government is not to incur expenditure from its municipal fund for an additional purpose except where the expenditure:*

- (a) is incurred in a financial year before the adoption of the annual budget by the local government; or*
- (b) is authorised in advance by resolution*, or*
- (c) is authorised in advance by the mayor or president in an emergency.*

**Absolute majority required.*

(1a) *In subsection (1):*

additional purpose *means a purpose for which no expenditure estimate is included in the local government's annual budget.*

(2) *Where expenditure has been incurred by a local government:*

- (a) pursuant to subsection (1)(a), it is to be included in the annual budget for that financial year; and*

(b) pursuant to subsection (1)(c), it is to be reported to the next ordinary meeting of the council.

The Shire of Murray is currently experiencing an emergency event. The authorisation by the Shire President of expenditure over and above budget is requested to ensure the safety of the community, and to allow community recovery activities continue.

Any actual expenditure over and above budget will be reported to the next ordinary meeting of Council as required by the Local Government Act.

Regards

<insert name>

Local Recovery Coordinator

Recommendation

That the Shire President provides authority to expend over and above the current allocation in the annual Budget, due to the emergency situation, being <insert name of emergency situation>.

Approved/Not Approved: _____

(Signature of Shire President)

Memorandum



To: Shire President

Copy: Chief Executive Officer
Director Corporate and Community Services

From: Local Recovery Coordinator

File Number: < insert >

Date: 19 September 2022

Re: Authorisation of expenditure outside Budget
(Year ___ / ___)

The Local Government Act provides options to fund emergency needs outside of the budget process. One of these allows the Shire President to authorise expenditure in an emergency situation, not included in the annual budget. The legislation states:

6.8 Expenditure from municipal fund not included in annual budget

(3) A local government is not to incur expenditure from its municipal fund for an additional purpose except where the expenditure:

- (d) is incurred in a financial year before the adoption of the annual budget by the local government; or
- (e) is authorised in advance by resolution*, or
- (f) is authorised in advance by the mayor or president in an emergency.

*Absolute majority required.

(1a) In subsection (1):

additional purpose means a purpose for which no expenditure estimate is included in the local government's annual budget.

(4) Where expenditure has been incurred by a local government:

- (a) pursuant to subsection (1)(a), it is to be included in the annual budget for that financial year; and
- (b) pursuant to subsection (1)(c), it is to be reported to the next ordinary meeting of the council.

The Shire of Waroona is currently experiencing an emergency event. The authorisation by the Shire President of expenditure over and above budget is requested to ensure the safety of the community, and to allow community recovery activities continue.

Any actual expenditure over and above budget will be reported to the next ordinary meeting of Council as required by the Local Government Act.

Regards

<insert name>

Local Recovery Coordinator

Recommendation

That the Shire President provides authority to expend over and above the current allocation in the annual Budget, due to the emergency situation, being <insert name of emergency situation>.

Approved/Not Approved: _____
(Signature of Shire President)

Appendix 9: Recovery Attendance Roster

The following roster has been endorsed by the Local Recovery Coordination Group (LRCG) and distributed to the relevant employee and work area.

Date On	Date Off	Time On	Time Off	Employee Name	LRCG Position
		0800hrs	1630hrs		
		1600hrs	2430hrs		
		2400hrs	0800hrs		
		0800hrs	1630hrs		
		1600hrs	2430hrs		
		2400hrs	0800hrs		
		0800hrs	1630hrs		
		1600hrs	2430hrs		
		2400hrs	0800hrs		

The following criteria has been considered by the LRCG while developing the roster.

Shifts per day:	3	Occupational Health and Safety:
Shifts per week:	5 days on, 2 days off	- Fatigue Management
Length of Shift:	8.5 hours	- Work life balance
Hand over period:	30 minutes	- Employment commitments
Rotation of Roster:	Every 2 days	- Employee welfare
Rest Period:	Minimum 10 hour rest period	

Appendix 10: Recovery Attendance Form (Time Sheet)

On activation of the Local Recovery Coordination Group this form is to be completed by all employees who are involved in recovery operations as requested by the Local Recovery Coordinator or the Local Recovery Coordination Group.

Emergency Name: _____

		Time		Time		Task	Authorisation	
Employee Name	Date	In	Out	In	Out		Officer	Signature

Appendix 11: Individual Action Log

Name: _____

Position: _____

Date: ___/___/___

Time	Activity/Event



Appendix 12: LRCG Status Boards

Status Board 1 - Situation Board

Last Updated:

Location:	Incident Report Status:	Agency	POC	Details
Description:		HMA:		
Time of incident:	Time LRCG activated:	Support Agencies:		

Information Requirements	Responsible	Due	Completed	Tasks	Priority	Responsible	Due	Completed
			<input 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"/>					<input type="checkbox"/>
			<input type="checkbox"/>					<input type="checkbox"/>
			<input type="checkbox"/>					<input type="checkbox"/>

Status Board 2 - Objectives Board

Last Updated:

Objectives				
Community (Social)	Environmental (Natural)	Finance (Economic)	Infrastructure (Built)	Communications

Impacts (Current and Potential)				
Community (Social)	Environmental (Natural)	Finance (Economic)	Infrastructure (Built)	Communications

Status Board 5 – Key Activities and Timings

Last Updated:

LRCG Internal	Communications and Media	Other
Next SITREPs due from field:	Next Communications Team Meeting:	Next Transport to:
Next LRCG update brief:	Next Community Information Brief:	
Next LRCG shift change:	Next Media Conference/Statement:	



IMPACT STATEMENT

Incident name

Incident location

Incident date (Month Year)

An Impact Statement is compiled by the Controlling Agency as a concise summary of known and emerging impacts resulting from all level 3 incidents and level 2 incidents where there are impacts requiring recovery activity. They may be required for some level 1 incidents where the impacts require a local government recovery effort, due to slow onset large scale natural hazard events e.g. large scale flooding.

The Impact Statement is designed to enable collation of impact information in a format that can be utilised by local government and Local Recovery Coordination Groups to better understand impacts and inform recovery activities.

Impact information will continue to emerge throughout the response and recovery phases of an incident and requires ongoing assessment.

The Impact Statement provides an overview for local government including –

- known and emerging impacts,
- management actions currently in place,
- responsible agencies,
- future management actions required, and
- changes to responsibility for impact management.

The Impact Statement facilitates the transfer of responsibility for management of recovery to the relevant local government(s).

Note: This document should be compiled using the Impact Statement Guide, which provides detailed guidance on required information, consultation and data gathering

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1. Impact Statement Details

Impact Statement date:		
Impact Statement time:		
Version/sequence number:		<input type="checkbox"/> Final version
Impact Statement prepared by:	Name:	
	Position:	
	Agency:	
	Phone:	
	Email:	

The compilation and approval process is explained in a flowchart in the Impact Statement Guideline. Please follow the process to ensure the appropriate and timely endorsement of this Impact Statement.

REVIEW, APPROVAL AND NOTING PROCESS:

Ensure each review step is completed prior to final approval		Date
<input type="checkbox"/>	DRAFT Impact Statement reviewed by Incident Controller or Commander from HMA or Controlling Agency	
<input type="checkbox"/>	DRAFT Impact Statement reviewed by LG CEO/s	
<input type="checkbox"/>	DRAFT Impact Statement reviewed and is supported by State Recovery Coordinator	
<input type="checkbox"/>	Incident Controller addresses State Recovery Coordinator comments and/or requests for information (if applicable)	
<input type="checkbox"/>	APPROVED Impact Statement signed by Incident Controller or Commander from HMA or Controlling Agency	
<input type="checkbox"/>	APPROVED Impact Statement signed by LG CEO/s	
<input type="checkbox"/>	APPROVED Impact Statement noted by State Recovery Coordinator	

IMPACT STATEMENT REVIEWED AND SUPPORTED BY:

State Recovery Coordinator / Deputy State Recovery Coordinator	
Name:	
Position:	
Time and Date:	
Signature:	

APPROVAL

This document should not be approved until it has been reviewed and is supported by the State Recovery Coordinator.

Incident controller OR Commander from HMA or Controlling Agency	
Name:	
Position:	
Agency:	
Time and Date:	
Signature:	

Local Government	
Local Authority:	Government
Name:	
Position:	Chief Executive Officer
Time and Date:	
Signature:	
LG contact re this document:	Name: Phone: Email:

Duplicate this table for each receiving LG if it has been agreed that a combined Impact Statement is acceptable.

APPROVED Impact Statement noted by State Recovery Coordinator

State Recovery Coordinator / Deputy State Recovery Coordinator	
Name:	
Position:	
Time and Date:	
Signature:	

2. Incident Details

Incident name:			
Incident number:			
Incident address/location:			
Affected EM district / region			
Incident type/description:			
Incident level:			
Date commenced:			
Controlling Agency:			
Commander / Incident Controller:	name		
Local government(s) affected:			
Additional information attached? (refer to section 13 of Guide)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Maps attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Incident Management Team stood down (where applicable)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	LG recovery arrangements activated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Incident Support Group stood down?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Local Recovery Coordination Group activated?	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Incident Description

Brief overview of incident:

4. Checklist of Impact Areas

Tick all items where there are known, emerging or anticipated areas of impact.

Details of all ticked items must be included on the following pages.

SOCIAL ENVIRONMENT		
<input type="checkbox"/> Deaths	<input type="checkbox"/> Vulnerable people needing assistance	<input type="checkbox"/> Home and Community Care
<input type="checkbox"/> People unaccounted for	<input type="checkbox"/> Injuries	<input type="checkbox"/> Medical / health services
<input type="checkbox"/> People isolated	<input type="checkbox"/> Disease, illness or contamination	<input type="checkbox"/> Public transport
<input type="checkbox"/> People evacuated	<input type="checkbox"/> Significant issues with pets/assistance animals	<input type="checkbox"/> Community activities/interactions impacted
<input type="checkbox"/> Evacuation centres		<input type="checkbox"/> Other
<input type="checkbox"/> Cultural heritage impacts		
NATURAL ENVIRONMENT		
<input type="checkbox"/> Water catchments	<input type="checkbox"/> National parks	<input type="checkbox"/> Threatened or iconic species
<input type="checkbox"/> Wetlands	<input type="checkbox"/> State forests	<input type="checkbox"/> Wildlife
<input type="checkbox"/> Coastline	<input type="checkbox"/> Reserves and parks	<input type="checkbox"/> Other
<input type="checkbox"/> Marine areas	<input type="checkbox"/> Exclusion areas	
ECONOMIC ENVIRONMENT		
<input type="checkbox"/> Agriculture / horticulture / vineyards incl. livestock	<input type="checkbox"/> Mining / industrial	<input type="checkbox"/> Small / local business
<input type="checkbox"/> Fisheries	<input type="checkbox"/> Retail incl. food suppliers, banking services	<input type="checkbox"/> Tourism
<input type="checkbox"/> Forestry / forest products	<input type="checkbox"/> Other large employers	<input type="checkbox"/> Workforce implications
		<input type="checkbox"/> Other
BUILT ENVIRONMENT		
Buildings	Hazardous materials	Utilities (services)
<input type="checkbox"/> Residential properties	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Electricity supply
<input type="checkbox"/> Water tanks / contamination	<input type="checkbox"/> CCA treated timber	<input type="checkbox"/> Gas supply
<input type="checkbox"/> Community buildings	<input type="checkbox"/> Chemicals / hazardous materials	<input type="checkbox"/> Fuel / oil supply
<input type="checkbox"/> Heritage/cultural buildings/sites	<input type="checkbox"/> Marine hydrocarbons	<input type="checkbox"/> Water supply
<input type="checkbox"/> Commercial/industrial/retail buildings	<input type="checkbox"/> Firefighting foam	<input type="checkbox"/> Sewerage infrastructure incl. waste water / re-use
<input type="checkbox"/> Rural buildings	<input type="checkbox"/> Other	<input type="checkbox"/> Waste management
<input type="checkbox"/> Emergency service buildings		<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Hospitals	Transport infrastructure	
<input type="checkbox"/> Primary care facilities	<input type="checkbox"/> Main roads	<input type="checkbox"/> Exclusion zones
<input type="checkbox"/> Residential group homes / aged care homes	<input type="checkbox"/> Local roads	
<input type="checkbox"/> Correction centres / prisons	<input type="checkbox"/> Bridges	
<input type="checkbox"/> Childcare centres	<input type="checkbox"/> Rail – passenger	<input type="checkbox"/> Other
<input type="checkbox"/> Schools	<input type="checkbox"/> Rail – freight	
<input type="checkbox"/> Training centres / universities	<input type="checkbox"/> Ports	
<input type="checkbox"/> Local government offices	<input type="checkbox"/> Airfields	
<input type="checkbox"/> Other buildings	<input type="checkbox"/> Major drainage	

5. Summary of Known, Emerging or Anticipated Impacts

* Refer to Section 5 of the Impact Statement Guide for help with completing this section.

Social environment:	Responsible Agency
Natural environment:	Responsible Agency
Economic environment:	Responsible Agency
Built environment:	Responsible Agency

6. Emerging Risks

** Refer to Section 6 of the Impact Statement Guide for help with completing this section.*

Overview:

7. Political and Legal Matters for Consideration

** Refer to Section 7 of the Impact Statement Guide for help with completing this section.*

Overview:

8. Risk Assessment Summary

The following risks have been identified as a result of this emergency. An assessment of these risks has determined that they have been reduced sufficiently to allow the community to return with appropriate controls in place, however residual risks remain that require treatment. This list is not exhaustive and some risks may have existed before the emergency. Care should be taken to continually assess residual and new risks and develop appropriate strategies for their management. These should be communicated to the affected community where appropriate.

* To complete this section, refer to Risk Assessment process, matrix and description in the Impact Statement Guide Section 8.

Alternatively, use your organisation’s Risk Assessment matrix or template and attach to this document.

Risk	Description	Likelihood	Consequence	Level of Risk	Responsible Agency	Treatments/Mitigation (e.g. controls undertaken, further actions required – by who and by when)
e.g. Asbestos	e.g. Asbestos has been located throughout the emergency area. The age of buildings and fencing indicates a high prevalence. There is a risk that agency personnel and/or members of community may handle disposal of asbestos incorrectly	Likely	Major	Extreme	DWER	Explain actions underway, planned and needed
e.g. Fatigue of LG staff	e.g. majority of LG staff have either been directly impacted or involved in responding to the emergency. Risk of staff fatigue, which will impact LG ability to function and recover	Almost certain	Major	Extreme	Local government	Explain actions underway, planned and needed

Alternate Risk Assessment matrix attached.

9. Communication and Media Officers – Contact Details

** May be referred to as Public Information Officers in some instances*

Organisation	Name	Position	Location	Email	Mobile	Alt. phone
Controlling agency (if not DFES) <insert org name>						
DFES						
Local government						
Local media						
Other <insert org name>						

* Add rows as needed.

10. Contributing Agencies

This Impact Statement should be compiled in close consultation with agencies, community service providers and other emergency management and recovery personnel. Include details for all agencies that need to, or have contributed to the compilation of this Impact Statement.

Organisation / agency	Name	Position	Phone	Email	Contact made?	Info rec'd?
<input type="checkbox"/> Aqwest (water supplier in Bunbury)					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Assoc. of Independent Schools of WA					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ATCO Gas					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Australian Red Cross					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arc Infrastructure					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Busselton Water					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Catholic Education WA					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dampier Bunbury Pipeline (gas)					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Primary Industry & Regional Dev.					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Communities					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Defence					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Education					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Water and Environmental Regulation					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Fire and Emergency Services					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Health					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Biodiversity, Conserv. & Attractions					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dept of Planning, Lands & Heritage					<input type="checkbox"/>	<input type="checkbox"/>

Organisation / agency	Name	Position	Phone	Email	Contact made?	Info rec'd?
<input type="checkbox"/> Dept of Transport Marine Safety					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Horizon Power					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local government (specify)					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local Recovery Coordination Group					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Main Roads WA					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NBN Co.					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Transport Authority					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Telstra					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Verve Energy					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WA Housing Authority					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WA Police Force					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Corporation					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Western Power					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add others as needed					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e.g. community groups					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e.g. other service providers					<input 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"/>					<input type="checkbox"/>	<input type="checkbox"/>

For level 2 incidents with no significant recovery impacts, no further Impact Statement information is required.
 To make this determination, consultation with the State Recovery Coordinator, local government(s) and Incident Controller is required.
For all other level 2 and level 3 incidents, the information on the following pages MUST be compiled

11. Impact Statement

Where necessary, use the **Agency contributions template** to source relevant information from contributing agencies. This table template can be found in section 13.3.2 of the Impact Statement **Guide**.

11.1 Social Environment

* For help with completing this section, refer to the Guide Section 11: Impact Statement (11.1 Social environment).

Ensure that all ticked items from the checklist in Section 4: Social impacts, are transferred to this table. Add more rows as required.

Category (from checklist)	Agency/ Source	Key contact: Name, position, email, phone, mobile.	Impact: what has happened and what are the implications?	Current status: what is happening now, who is managing it and how long for?	Next steps: what needs to happen next, who will be involved and how long for?	Related attachment(s)
Home and Community Care	Dept of Health/HACC Agency	xxxxx	Identified that there are 15 clients still in their homes that are ageing in place and have disabilities that will not receive their Home Care Assistance	Dept. of Health/LG to liaise with DFES to gain restricted access permits for service providers	Consider relocation of clients, and level of care required	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Additional information on completed actions is attached to this document.

11.2 Natural Environment

* For help with completing this section, refer to the Guide Section 11: Impact Statement (11.2 Natural environment).

Ensure that all ticked items from the checklist in Section 4: Natural impacts, are transferred to this table. Add more rows as required

Category (from checklist)	Agency/ Source	Key contact: Name, position, email, phone, mobile.	Impact: what has happened and what are the implications?	Current status: what is happening now, who is managing it and how long for?	Next steps: what needs to happen next, who will be involved and how long for?	Related attachment(s)?
<i>Reserves and Parks</i>	<i>DBCA/LG</i>		<i>The closure of the parks in the impacted area will have an impact on a planned Scout jamboree</i>	<i>The park has been severely damaged by the fire with loss to the campsites and camp kitchens. DBCA to liaise with Scouts WA to advise of the impact to the park</i>	<i>DBCA/LG communication will need to extend to the public of the impact to the Park and period of closure.</i>	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Additional information on completed actions is attached to this document.

11.3 Economic Environment

* For help with completing this section, refer to the Guide Section 11: Impact Statement (11.3 Economic environment).

Ensure that all ticked items from the checklist in Section 4: Economic impacts, are transferred to this table. Add more rows as required.

Category (from checklist)	Agency/ Source	Key contact: Name, position, email, phone, mobile.	Impact: what has happened and what are the implications?	Current status: what is happening now, who is managing it and how long for?	Next steps: what needs to happen next, who will be involved and how long for?	Related attachment(s)?
<i>Other large employers</i>	<i>DPIRD/DWER</i>		<i>Bannister Downs Dairy requires continued accessibility to the Dairy to transport dairy supplies and access for workers to the dairy. Lack of access will have a detrimental impact in terms of loss of produce and supplies to retailers.</i>	<i>DWER is working with Bannister Downs to arrange for appropriate disposal of spoilt milk. DPIRD is liaising with DFES to provide restricted access permits for the trucks and workers to access the dairy.</i>	<i>Until the area is declared safe restricted access permits will remain in place. DPIRD and DWER will continue to provide advice to the Dairy.</i>	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Additional information on completed actions is attached to this document.

11.4 Built Environment

* For help with completing this section, refer to the Guide Section 11: Impact Statement (11.4 Built environment).

Ensure that all ticked items from the checklist in Section 4: Built impacts, are transferred to this table. Add more rows as required.

Category (from checklist)	Agency/ Source	Key contact: Name, position, email, phone, mobile.	Impact: what has happened and what are the implications?	Current status: what is happening now, who is managing it and how long for?	Next steps: what needs to happen next, who will be involved and how long for?	Related attachment(s)
Water tanks contamination	Watercorp DWER		Due to the use of firefighting foam rain water tanks in the impacted area may be contaminated.	DWER/Watercorp to advise residents of how to dispose of contaminated water and how to clean their tanks. Potable water to be provided to impacted residents	Communication to impacted residents of where potable water can be accessed and fact sheets on contamination	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Additional information on completed actions is attached to this document.

NOTE:

- Details of all *Rapid Damage Assessments* should be attached to this document as applicable. Include maps and photographs as appropriate.

12. NIAM Indicators

National Impact Assessment Model indicators are used by the State to negotiate disaster relief funding with the Commonwealth. Complete this table using data captured above.

These columns indicate the relevant recovery environment for each indicator.

No.	Impact Indicator	Measure	# or %	Social	Built	Economic	Natural
1	INDIVIDUALS	# In evacuation centres					
2		# Injured					
3		# Fatalities					
4		# Unaccounted for					
5		# Isolated					
6	RESIDENTIAL PROPERTIES	# Destroyed					
7		# Damaged					
8	EMERGENCY SERVICES	# Destroyed					
9	Police, fire, ambulance, aviation, other	# Damaged					
10	HOSPITALS & PRIMARY HEALTH CARE	% Destroyed					
11	FACILITIES	% Hospital functional					
12	EDUCATIONAL FACILITIES	# Destroyed					
13	Schools, training centres, universities, child care centres	# Damaged					
14		# Closed					
15	CORRECTION CENTRES	# Destroyed					
16	Incl. prisons	# Damaged					
17	OTHER – RESIDENTIAL GROUP HOME, AGED	# Destroyed					
18	CARE FACILITIES	# Damaged					
19	OTHER BUILDINGS	# Destroyed					
20		# Damaged					
21	BUSINESS BUILDINGS	# Destroyed					
22	Incl. commercial and industrial (excludes rural)	# Damaged					
23		# Closed					
24	RURAL BUILDINGS	# Destroyed					
25		# Damaged					
26	STOCK LOSSES	# Fatalities					
27	Livestock	# Unaccounted for					
28	AGRICULTURAL LAND	Ha Destroyed					
29		Ha Damaged					
30	AGRICULTURAL PRODUCTION	% Lost					
31	AIRPORTS / HELIPORTS	% Functional					
32		# Damaged					
33	ROADS / BRIDGES	# Destroyed					
34		# Main roads closed					
35		# Other roads closed					
36	PORT	# Facility destroyed					
37		# Facility damaged					
38		# Ships impacted					
39	RAILWAY	# Passenger lines closed					
40		# Freight lines closed					
41	TELECOMMUNICATIONS	# Customers impacted					
42	GAS	# Customers impacted					
43	ELECTRICITY	# Customers impacted					
44	SEWAGE	# Customers impacted					
45	WATER – POTABLE SUPPLY	# Customers impacted					
46	WATER – CATCHMENTS	km ² contaminated					
47	NATIONAL PARKS	Ha affected					
48	ANIMAL WELFARE	# Injured					
49	COASTLINE AFFECTED	km affected					
50	MARINE AREA AFFECTED	Km ² affected					



13. List of Attachments

List all attachments to this Impact Statement

Attachment No.	Title & description (e.g. map, report, photo)
1	Transfer of Control (signed) – bushfire only
2	Rapid Damage Assessment report (DFES hazards only) including maps and photos
3	Agency Contributions Template
4	Closed Impacts and Actions
5	
6	
7	

Refer to [Impact Statement](#) template for editable version and attachments.

Appendix 14: Transition from Response to Recovery Form

The purpose of this form is to document the effect the emergency has had on the community to assist the LRCG in the commencement of the recovery process.

This form should be used by the LRC to document all meetings attended with the IMT.

When the HMA decides to move from the response phase to the recovery phase, the IC is to sign the final form to confirm the accuracy of the information documented within the form.

Section 1: Incident Details

1.1 Incident/Emergency Name:

1.2 Date of meeting: ____/____/____ Time of meeting: _____ hours

1.3 Is this meeting the final meeting and the official commencement of the recovery phase?

Yes **No** *(Please circle)*

1.4 Please note the number of meetings with the Incident Management Team which have been attended or if this form is the official handover record:

Meeting number: **1 / 2 / 3 / other** ____ / **Official Handover** *(Please circle)*

1.5 Local Recovery Coordinator Name:

1.6 Hazard Management Agency:

1.7 Incident Controller's Name:

1.8 Incident Controller's Contact Number:

1.9 Description of the affected area/s

Note: establish the boundaries of the affected area by street names etc

1.10 Has a map of the affected area been sourced? **Yes / No** *(Please circle)*

1.11 Has the emergency involved any other local government districts?

Yes – Go to question 1.11a **No** – Go to Section 2 *(Please circle one)*

1.11a Which other local government(s) have been affected?

Section 2: Impact Assessment

Residential Damage/Losses

2.1 Has any residential property been damaged or destroyed?

Yes – Go to question 2.1a **No** – Go to question 2.2 **(Please circle one)**

2.1a Record any available information about damage or losses to residential properties that may have occurred.

Residential Address:

Damage/Loss:

Is the owner/resident aware of the property status? **Yes / No / Unknown (Please circle one)**

Residential Address:

Damage/Loss:

Is the owner/resident aware of the property status? **Yes / No / Unknown (Please circle one)**

Note: If there is any further damage or losses, please note them and attach to this form.

Commercial / Industrial Damage/Losses

2.2 Has any commercial or industrial property been damaged or destroyed?

Yes – Go to question 2.2a **No** – Go to question 2.3 **(Please circle one)**

2.2a Record any available information about damage or losses to commercial or industrial properties that may have occurred

Business Name:

Business Address:

Damage/Loss:

Is the business aware of the property status? **Yes / No / Unknown (Please circle one)**

Business Name:

Business Address:

Damage/Loss:

Is the business aware of the property status?	Yes / No / Unknown (Please circle one)	
Business Name:		
Business Address:		
Damage/Loss:		
Is the business aware of the property status?	Yes / No / Unknown (Please circle one)	
Note: If there is any further damage or losses, please note them and attach to this form.		
Essential Services Damage/Losses		
2.3 Have any essential services been disrupted?		
Yes – Go to question 2.3a No – Go to Section 3 (Please circle one)		
2.3a Record any available information about disruptions to the following essential services that have occurred.		
Service Type	Location	Estimated Restoration Time
Gas		
Phone		
Power		
Roads		
Water		
Other _____		
2.4 Are there any road blocks in place at this time?		
2.5 Is there any other relevant information regarding the disruption of essential services or damage / losses in general.		

Section 3: Evacuation / Welfare

3.1 Was an evacuation undertaken?

Yes – Go to question 3.1a **No** – Go to Section 4 **(Please circle one)**

3.1a Has a welfare centre(s) established?

Yes – Go to question 3.1b **No** – Go to question 3.2 **(Please circle one)**

3.1b Address of welfare centre(s):

3.1c What is the estimated number of evacuees at the welfare centres?

3.2 How many properties were evacuated?

3.3 When will evacuees be allowed back into the affected area?

3.4 Is there any other relevant information regarding the evacuation of people within the area?

Section 4: Confirmation

I confirm that the information contained within this form is accurate to the best of my knowledge at the time of the handover of the emergency for the purpose of finalising the response phase and handing over the control of the incident to the responsible recovery organisation.

Hazard Management Agency Incident Controller

Name:

Signature:

Date: ____ / ____ / ____

Time: _____ hours

Appendix 15: Operational Recovery Plan

Shire of Murray / Shire of Waroona Local Recovery Coordination Group	
Operational Recovery Plan	
Emergency (type and location)	
Date of Emergency	
Section 1 Introduction	
Background on the nature of the emergency or incident	
Aim or purpose of the plan	
Authority for plan	
Section 2 Assessment of Recovery Requirements	
Details of loss and damage to residential, commercial and industrial buildings, transport, essential services (including State and Local Government infrastructure) which may be sourced from the Impact Statement – Local Recovery Resource Manual Appendix 13	
Estimates of costs of damage	
Temporary accommodation requirements (includes details of evacuation centres)	
Additional personnel requirements (general and specialist)	
Human services (personal and psychological support) requirements	
Other health issues (e.g. fatigue management)	

Section 3 Organisational Aspects	
Details the composition, structure and reporting lines of the groups/committees and subcommittees set up to manage the recovery process	
Details the inter-agency relationships and responsibilities	
Details the roles, key tasks and responsibilities of the various groups/committees and those appointed to various positions including the Local Recovery Coordinator	
Section 4 Operational Aspects	
Details resources available and required	
Redevelopment Plans (includes mitigation proposals)	
Reconstruction restoration programme and priorities, (including estimated timeframes)	
Includes programs and strategies of government agencies to restore essential services and policies for mitigation against future emergencies	
Includes the local government program for community services restoration	
Financial arrangements (assistance programs such as the Disaster Recovery Funding Arrangements Western Australia , insurance, Lord Mayor's Distress Relief Fund , public appeals and donations)	
Public information dissemination	
Section 5 Administrative Arrangements	

Administration of recovery funding and other general financial issues	
Public appeals policy and administration (including policies and strategies for office and living accommodation, furniture and equipment details for additional temporary personnel)	
Section 6 Conclusion	
Summarises goals, priorities and timetable of plan	

Signed by (name): _____

Signature: _____

Chair, Local Recovery Coordination Group

Date: _____

Appendix 16: List of Likely Losses

Accommodation

- Emergency accommodation
- Rental assistance
- Tariffs

Business (Including Primary Production)

- Business premises
- Crops
- Equipment
- Fixtures and fittings
- Land rehabilitation
- Loss of profits
- Machinery
- Sheds
- Stock
- Tools
- Vehicles

Community Facilities

- Public
 - Gardens
 - Libraries
 - Neighbourhood centres
 - Parks
 - Playgrounds
- Private
 - Churches
 - Clubs
 - Sporting facilities

Disability/Personal Injury

- Cosmetic injury
- Loss of limbs
- Loss of mobility

Household Contents

- Books
- Computers
- Electrical appliances
- Electronic equipment
- Furniture
- Household/garden tools
- Kitchen equipment and wares
- Linen/blankets/mattresses
- Videos/CD's
- White goods

Loss of Income (Non- Business)

- Commissions
- Salary
- Wages

Medical Expenses

- Consultation fees
- Hospital expenses
- Medical equipment
- Medication/pharmaceutical

Death

- Funeral expenses
- Cost of transportation of body
- Costs relating to recovery of personal effects
- Trust accounts

Residences

- Caravans (permanent living)
- Clean up
- Driveway restoration
- House
- Fences
- Garages
- Sheds/outbuildings
- Home units
- Landscaping
- Paths
- Pergolas/patios
- Townhouses

Vehicles

- Bicycles
- Cars
- Motorcycles
- Recreational (caravans/boats)
- Trailers
- Trucks
- Vans

Appendix 17: Recovery Needs Assessment and Support Survey Form

This needs assessment is being conducted to gather information about your personal circumstances so we can assist you, provide you with information on particular services, or refer you to organisations who can best assist you with your recovery process.

The survey is designed to gather as much relevant information as possible in one interview to avoid having to repeat some details to a number of interviewers. However please note that further contact may be necessary.

You are not obliged to provide any or all of the information requested. You should be aware that the information you provide may be passed to other agencies involved in the recovery process.

Please note that completion of this survey does not guarantee your specific needs will be met immediately, however every effort will be made to obtain the assistance you need as quickly as possible.

If, after completing this survey, you need specific assistance not identified on these forms, or you wish to make enquires about the survey, please ring the following telephone number:

In terms of the Privacy Act should you wish to access, change or amend any information you have given please ring the above telephone number. You can also contact this agency at the following telephone number:

Interview Conducted by:	
Name:	
Signature:	
Location:	
Date: ____/____/____	Time: _____ hours

This sheet is a receipt of your interview and must be retained for referencing purposes.

Appendix 18: Notes for Interviewer

(Please read before commencing the survey)

Introduce yourself to the person being interviewed.

"Hello, my name is _____ I'm here on behalf of the Shire of Murray / Shire of Waroona (delete as applicable). I would like to talk to you about the recent emergency event to see if there is anything we can help you with or if there are any organisations we may be able to refer you to too assist with your recovery."

- 1) Read through the cover page with the interviewee and complete it. Give the page to the person being interviewed at the completion of the interview as it is their receipt of interview.
- 2) If the interviewee doesn't speak English, refer to the interpretation sheet on **Appendix 19**.
- 3) Start at section one of the survey and work through all sections.
- 4) Texts in grey italic font are points for you to note.
- 5) If the interviewee declines to give information, complete known details if possible.
- 6) On completion of the interview, hand over any relevant information that be of a benefit to the interviewee.

Please Note: *Some people may take this opportunity to offload any frustrations, do not take this personally; it is best to listen and then move on to the next question when possible.*

Appendix 19: Interpretation Sheet

If the interviewee is of a non-English speaking background or has difficulty understanding English, have them identify their spoken language by pointing to one of the languages below.

Once the language has been identified, phone the 'Translating and Interpreting Service (TIS)' on **131 450** for an over the phone interview.

The sentence below states 'I require a (language type) interpreter'.

يلزمني مترجم لغة عربية	Arabic
我需要一個廣東話的翻譯	Chinese Cantonese
我需要一個普通話的翻譯	Chinese Mandarin
Ja trebam hrvatskog prevodioca.	Croatian
Ik heb een nederlandse tolk nodig.	Dutch
Kailangan kop o nang filipino na tagapagsalita.	Filipino
J'ai besoin d'un interprète français.	French
Ich benötige einen Dolmetscher.	German (also Swiss & Austrian)
Απαιτώ έναν ελληνικό διερμηνέα.	Greek
MUJHE EK HINDI ANUVADAK KI JAROORAT HAI.	Hindi
Szükségem van magyar tolmácsra.	Hungarian
Saya membutuhkan penterjemah Bahasa Indonesia	Indonesian
من ترجمان دري ميخواهم.	Afghan - Dari
من مترجم فارسي ميخواهم.	Iran - Farsi
Richiedo un interprete italiano.	Italian
私は日本の通訳を要求する。	Japanese
	Khmer
나는 한국 해석자를 요구한다.	Korean
Mene mi treba preveduva~ na Makedonski.	Macedonian
Saya perlu juru bahasa Melayu	Malaysian
le ried interpretu Malti.	Maltese

Potrzebuję polskiego tłumacza	Polish
Eu requeiro um intérprete portuguese.	Portuguese
Я требую русского переводчика.	Russian

Appendix 20: Needs Assessment

Property Details	
Property Owner/Occupant Name:	
Property Address (Lot, Number, Street Name, Suburb):	
Nearest Cross Road:	
I provide the Shire of Murray / Shire of Waroona with permission to enter my private property <input type="checkbox"/> Yes <input type="checkbox"/> No	
How would you like to be contacted? (✓)	Preferred contact time (✓)
Phone	Morning (7am to 12pm)
Email	Afternoon (12pm to 5pm)
Post	Evening (After 5pm)
Property Needs (✓)	Please provide information on detail for any needs identified
Housing Destroyed/Uninhabitable	
House Damaged	
Outbuildings Destroyed Total: _____	
Rebuilding Assistance	
Asbestos/Possible Asbestos	
Water Tank Damage/Water Supply Affected	
Water potability affected / potential affected	
Machinery Destroyed/Damaged	
Utility Services Affected	
Fencing Destroyed/Damaged	
Pasture Destroyed/Damaged	
Environmental Clean-Up Required	
Farm Animals Lost/Injured	
Domestic Animals Lost/Injured	

Other (please provide details)			
Information Needs (✓)		Other Assistance Required (✓)	
Rubbish Collection/Disposal Information		Council Services Type: _____	
Recovery Information/Newsletter		Referral to Agency Who: _____	
Financial/Grant Assistance		Other: (provide details)	
Counselling/Wellbeing Check			
When would you like someone to contact you? (✓)			
Immediately	Within the week	In the future	
Administrative Information			
Person conducting interview:			
Name (print):			
Signature:			
Date: ____ / ____ / ____			
Person being interviewed:			
I have been given the front page of this survey form and agree to the use of the information I have for the purposes of recovery from this emergency.			
Name (print):			
Signature:			
Date: ____ / ____ / ____			

Appendix 21: Agricultural Damage Assessment Form

Aims of this Survey			
<ol style="list-style-type: none"> To assess the level of general damage across the Shire. To find out your immediate needs. To provide some specific damage figures to Government, in order to determine the need for financial and / or other aid. 			
Name:			
Address:			
Contact Number:			
What are your immediate needs / how can we help?			
General			
What % of your total farm was affected?		_____ %	
What is your total farm area?		_____ (Ha)	
Type	Yes (✓)	No (✓)	Comments
House/s			
Shed/s			
Yard/s			
Plant/s			
Silos/Storage			
Machinery			
Equipment			
Irrigation Systems			
Domestic Water Supply / Pipes			
Power			
Phone/s			
Fences (Boundary and Internal)			
Damage to Crops			

Area of crop damaged?	_____ (Ha)		
Type	Yes (✓)	No (✓)	Comments
Wheat			
Barley			
Oats			
Canola			
Lupins			
Fruit			
Vegetables			
Other			
Pasture / Stock			
Total area of pasture / stubble damaged?	_____ (Ha)		
Area of Pasture/stubble not damaged?	_____ (Ha)		
Number of hay bales damaged?			
Number / type stock lost?			
Number / type stock left?			
What do you intend doing with those left? (agist? feedlot?)			
Stock water supply?			
Vegetation			
Area remnant bush damaged?	_____ (Ha)		
Area of remnant bush not damaged?	_____ (Ha)		
Is the area fenced?	Yes	No	(Please circle one)

If Yes, how long has the area been fenced and was a funding body involved? (e.g. RVPS, GRF)

Revegetation

Number of seedlings per Ha planted?

Number of seedlings per Ha damaged?

Number of seedlings per Ha left?

Any Other Losses

Do you have any comments, questions or requests?

Appendix 22: Local Recovery Coordination Group Update Briefing Guide

This brief provides the framework for each Local Recovery Coordination Group meeting.

Focus	Element	Who
What has changed? (Consider how the situation has changed since the last report)	Update on incident/issue	LRCG Chair
	LRCG update	LRC
	LRCG update	
What's been done? (Consider personnel, assets, environment, business continuity and reputation)	Key actions over preceding period	
	LRCG	
	Sub Committee updates	
What's going to be done? (Consider personnel, assets, environment, business continuity and reputation)	Response activities planned	
	Other group activities planned	
	LRCG Chairs guidance	
Priority issues	Identify critical operational and business issues	
	Prioritise issues	
	Allocated tasks	
Information required	Identify critical information requirements	
	Allocate responsibility for seeking this information	

Appendix 24: Volunteer Information Form

Volunteer Information			
VIF Reference Number:	VIF _____	Title/Prefix:	Mr / Mrs / Miss / Dr / Other _____
Full Name:			
Residential Address:			
Postal Address:			
Contact Telephone Number:	(H) _____	(W) _____	(M) _____
Age: _____ years	Date of Birth (Optional) ____/____/____		
Next of Kin Full Name:			
Contact Telephone Number:	(H) _____	(W) _____	(M) _____
Availability (Please tick one of the following) (✓)			
(✓)	Date	Time	
	____/____/____	Day (0800hours until 1630hours)	
	____/____/____	Evening (1600hours until 2430hours)	
	____/____/____	Morning (2400hours until 0830hours)	
	____/____/____	Other _____	
Type of Assistance Offered (Please tick one of the following) (✓)			
(✓)	Type	Comments	
	Accommodation: e.g. supply of _____		
Child Care:			
	Clerical: e.g. word processing, document collation, etc.		
	Domestic: e.g. cleaning, washing, ironing, etc.		
	Food: e.g. meals, catering, etc.		

(✓)	Type	Comments
	Health: e.g. massage, relaxation, etc.	
	Manual Labour: e.g. gardening, lifting, etc.	
	Personal Support: e.g. counselling, interpreter, etc.	
	Photography:	
	Professional Advice: e.g. architect, builder, etc.	
	Tools/Equipment: e.g. loader, truck, etc.	
	Transport: e.g. car, bus, etc.	
	Other:	
To be signed by the volunteer when initially accepting tasking to acknowledge the above information is true and correct and to verify that any information that is acquired while undertaking tasks allocated may be confidential and must kept confidential.		
Name (print):		
Signature:		
Date: ____/____/____		
Task Allocated:	VTF Ref Number:	1) VTF ____ 2) VTF ____ 3) VTF ____
Log Sheet:	VTF Ref Number:	1) VTF ____ 2) VTF ____ 3) VTF ____



Appendix 25: Volunteer Log Form

VLF Reference Number: VLF _____

Volunteer Name	VIF Reference Number	Time In	Time Out	VTF Reference Number	Volunteer Signature	Authorised Officer Signature
	VIF			VTF		
	VIF			VTF		
	VIF			VTF		
	VIF			VTF		
	VIF			VTF		
	VIF			VTF		
	VIF			VTF		

Appendix 26: Volunteer Attendance Roster

The following roster has been endorsed by the Local Recovery Coordination Group and distributed to the relevant employee and work area.

Date On	Date Off	Time On	Time Off	Employee Name	LRCG Position
		0800hrs	1630hrs		
		1600hrs	2430hrs		
		2400hrs	0800hrs		
		0800hrs	1630hrs		
		1600hrs	2430hrs		
		2400hrs	0800hrs		
		0800hrs	1630hrs		
		1600hrs	2430hrs		
		2400hrs	0800hrs		

The following criteria have been considered by the LRCG while developing the roster.

Shifts per day:	3	Occupational Health and Safety:
Shifts per week:	5 days on, 2 days off	- Fatigue Management
Length of Shift:	8.5 hours	- Work life balance
Hand over period:	30 minutes	- Employment commitments
Rotation of Roster:	Every 2 days	- Employee welfare
Rest Period:	Minimum 10 hour rest period	

Appendix 27: Volunteer Task Allocation Form

Volunteer Information			
VIF Reference Number:	VIF _____		
Full Name:			
Residential Address:			
Postal Address:			
Contact Telephone Number:	(H) _____	(W) _____	(M) _____
Coordinator Name:			
Contact Telephone Number:	(H) _____	(W) _____	(M) _____
Task Name			
Task Description			
Other Comments			
Task Authorised by:			
Name (print):			
Signature:			
Date: ____ / ____ / ____		Time: _____ am/pm	

Appendix 28: Local Government Welfare Liaison Officer Attendance Form (Time Sheet)

On activation of the Local Government Welfare Liaison Officer, this form is to be completed and maintained by the nominated officer.

Emergency Name: _____

		Time		Time		Task	Authorisation	
Employee Name	Date	In	Out	In	Out		Officer	Signature

Appendix 29: Local Government Employee Attendance Form (Time Sheet)

On activation of the Local Government Employee, this form is to be completed and maintained by the nominated officer.

Emergency Name: _____

		Time		Time		Task	Authorisation	
Employee Name	Date	In	Out	In	Out		Officer	Signature

Appendix 30: Post Emergency Debrief Form

Date:	Start Time: ____am / pm	Finish Time: ____am / pm
Employee:		
De-briefing Officer:		
Role or involvement in emergency:		
Medical check-up conducted: Yes / No		
Date: ___/___/___	Time: ____am / pm	Contact:
Further treatment required: Yes / No		
Date: ___/___/___	Time: ____am / pm	Contact:
Counselling: Offered / Arranged / Conducted		
Date: ___/___/___	Time: ____am / pm	Contact:
Name of support person to be contacted (next-of-kin, family/friend):		
Contact Number:		
Issues / concerns:		
Question/s:	Answer/s:	
Signed (Employee):	Date: ___/___/___	
Signed (Debriefing Officer):	Date: ___/___/___	
For review by:	Reviewed: Yes / No	Date: ___/___/___
Comment / Action:		

Appendix 31: Recommended Post Incident Analysis Headings

1. Terms of Reference

2. Sequence of Events

- a. Pre-impact considerations,
- b. Weather,
- c. Notification and deployment,
- d. Incident appreciation, assessment and first response actions,
- e. Containment, control and combat strategies,
- f. Incident control (including structure), command and coordination,
- g. Incident objectives, strategies and tactics utilised,
- h. Communications and communications planning,
- i. Issues concerning Prevention and Preparedness strategies and resources,
- j. Emergency management planning issues,
- k. Evacuation; and,
- l. Recovery issues.

3. Occupational Health and Safety Issues

- a. Injuries (who, how, what & when),
- b. Type of injuries,
- c. Classification of injured (career, registered volunteer [Y/N], general public),
- d. Training records of injured,
- e. Operating from Brigade/Unit or private vehicle; and,
- f. Near miss(es) (who, how, what & when).

4. Incident Management Evaluation

- a. Both expected and unexpected outcomes,
- b. Effectiveness of IMT,
- c. Effectiveness of strategies and tactics (against minimising impact of hazard),
- d. Operational effectiveness,
- e. Effectiveness of response (mobilising, equipment, individual or group); and,
- f. Compliance with Policy Statements and Support Plans.

5. Lessons Learned

- a. List – strengths & weaknesses (weaknesses require recommendations),
- b. Community safety issues,
- c. Community preparedness (emergency plans in place); and,
- d. Effectiveness of community recovery.

6. Action and Implementation Schedule (For Improving Service Delivery)

7. Endorsements

8. Attachments

- a. List of participants at the information gathering session,
- b. List of all documentation; and,
- c. Other.

Appendix 32: Post Emergency Review Guide

A	B	C	D	E
Time	Event / Action	Decision / Effect	Could it be done better? How?	Action

Appendix 33: Bushfire Evacuation Template

- A bushfire **[EMERGENCY WARNING / WATCH AND ACT]** has been issued for people at this address due to a bushfire.
- The bushfire is burning in **[name area]** between **[road/landmark]** and **[road/landmark]** and is burning towards **[landmark]**. **[Refer to map is available]**.
- **[The Department of Biosecurity, Conservation and Attractions/Department of Fire and Emergency Services]** recommend you and your family leave immediately **OR** direct you and your family to leave immediately under the **[Bush Fires Act/Fire Brigades Act/Emergency Management Act]**. Directed evacuation is compulsory for your safety despite your level of bushfire preparedness.
- Today's Fire Danger Rating is **[severe/extreme/catastrophic]** which means it may not be possible to actively defend your home.
- This will be the only door knock warning. There is a threat to lives and homes. You need to act immediately. Your best chance for survival is to leave now.
- You should leave via **[directions]**.
- The Department of Communities has an evacuation centre at **[place]**.

If you have animals, **the Local Government has arranged that you can go to [place]**. **If you have family or friends away from the area, you may prefer to go there.**

OR

You should go to family and friends who live away from the area (i.e. if no evacuation centre is set up).

Note - unaccompanied children without direct parental or responsible adult supervision should be evacuated into the care of the Department of Communities at the evacuation centre.

- If you need help to leave, contact someone who can help you now. If you can't get hold of them or they can't help you immediately, tell us.
- If you care for anyone in the evacuation area, are you able to collect them on the way out safely? If not, tell us.

Incident Controller	WA Police Force
Signed _____	Signed _____
Date _____	Date _____
Time _____	Time _____

Bushfire Evacuation Information

If you leave your home for a safer place:

- It is important that you take everything you need when you leave, such as your bushfire survival kit, including important papers, medications and personal supplies.
- Road blocks and other controls are in place and once you leave it is unlikely that you will be allowed to return home under any circumstance.

In the case of a recommended evacuation, if you disregard this recommendation and stay you need to get ready to actively shelter in your home and actively defend it.

- Your home needs to be prepared to the highest level and constructed to bushfire protection levels i.e. enclosed eaves covers over external air conditioners, metal fly screens. It is too late to do it now.
- You will need to be self-sufficient if you are planning to actively defend your property. You cannot rely on fire-fighters to protect you and your property.
- You need to be prepared emotionally, mentally and physically to actively defend your property and consider your family members.
- You should protect yourself from radiant heat with long sleeves, long trousers and strong leather boots. The majority of people die in a bushfire from radiant heat.
- You may need to defend your house from spot fires and embers for several hours and may not be able to keep up-to-date with a changing situation.
- You need to have adequate supplies of necessary items such as food, drinking water and petrol.
If you leave your property during the fire to restock it is likely that you will not be allowed to return home.
- You are likely to lose power, water, gas and phone services. It may be days or even weeks before these services are restored.
- You will need to have an independent water supply. This should be a concrete or steel tank with a 20,000 litre capacity to ensure adequate defence of your home.
- You will need a generator with more than 1.5 kVA capacity to drive a home pressure pump or a petrol or diesel fire-fighting pump in order to have a water supply for actively defending your home.
- You must stay in the house when the fire front is passing, this usually takes 5 – 15 minutes. You need to actively defend while sheltering.
- You need to take shelter inside, go to a room that is furthest from the fire front. Make sure you can easily escape from the building, preferably in a room with two exits and a water supply (e.g. a laundry or kitchen). People have died sheltering in bathrooms and other rooms without a door going outside.
- If your house catches on fire and the conditions inside become unbearable you need to get out and go to an area that has already been burnt. Close all internal doors and leave through the door furthest from the approaching fire. Many people have died from toxic smoke and fumes when their house has caught fire.

In the case of a directed evacuation, if you disregard this direction and stay, you will be committing an offence. If you require more information you can call 1300 657 209, visit the Emergency WA website www.emergency.wa.gov.au and listen to local ABC radio.

Appendix 34: Operational Evacuation Plan Template

This template can be used to develop a plan or document decisions and strategies from another agency where time permits – or as an aide-memoire where needs to be taken urgently.

Under the *Emergency Management Act 2005*, for a recommended evacuation, developing an evacuation plan or undertaking activities to support the plan, will generally be completed by the Incident Controller (appointed by the Controlling Agency). In the case of a directed evacuation, this will generally be completed by the Hazard Management Officer (authorised by the HMA) or Authorised Officer (authorised by the SEC).

This document is compiled by:

Name: _____

Position: _____

Time: _____

Date: _____

Signature: _____

Are details of the evacuation entered on a crisis information management system (e.g. WebEOC/WebFusion)?

Yes

Please specify: _____

No

Incident Name/Reference: _____

SITUATION

Briefly describe the situation or emergency which has, or may cause, a recommendation or direction to an affected community to evacuate, including other imminent or occurring hazards/emergencies:

SUMMARY OF KEY RISK

Issue(s)	Likelihood	Consequences	Mitigation Strategy
	low/med/high	low/med/high	

MISSION

Briefly describe the mission in this evacuation or potential evacuation:

Specified objections:

EXECUTION

Key Roles

HMA/Controlling Agency/Incident Controller:

Agency:	_____		
Incident Controller:	_____		
Contact Number 1:	_____	Contact Number 2:	_____
Email 1:	_____	Email 2:	_____

Operational Area Manager (if appointed):

Agency:	_____	Operational Area Manager	_____
Contact Number 1:	_____	Contact Number 2:	_____
Email 1:	_____	Email 2:	_____

Police Commander:

Agency:	WA Police Force	Name:	_____
Contact Number 1:	_____	Contact Number 2:	_____
Email 1:	_____	Email 2:	_____

Emergency Coordinator(s): *(Local Officer in Charge and/or District Superintendent perform whole of government coordination function at local and/or district level(s))*

Agency:	WA Police Force	Local Emergency Coordinator	_____
Contact Number 1:	_____	Contact Number 2:	_____
Email 1:	_____	Email 2:	_____
Agency:	WA Police Force	District Emergency Coordinator	_____
Contact Number 1:	_____	Contact Number 2:	_____
Email 1:	_____	Email 2:	_____

Evacuation Manager: *(Where appointed – this position will generally sit under Operations in the incident management system (e.g. AIIMS))*

Agency:	_____	Name:	_____
Contact Number 1:	_____	Contact Number 2:	_____
Email 1:	_____	Email 2:	_____
Other:	_____		

Major Facilities:	_____

Incident Control Centre Details:	
Name of ICC:	_____
Location of ICC:	_____
Contact Number 1:	_____ Contact Number 2: _____
Email 1:	_____ Email 2: _____

Incident Control Point/Forward Control Centre Details (if applicable):	
Name of ICP:	_____
Location of ICP:	_____
Contact Number 1:	_____ Contact Number 2: _____
Email 1:	_____ Email 2: _____

Incident Support Group Details (if activated):	
Name of ISG Site:	_____
Location of ISG:	_____
Contact Number 1:	_____ Contact Number 2: _____
Email 1:	_____ Email 2: _____

Location of the Operational Area Support Group (if activated):	
Name of OASG Site:	_____
Location of OASG	_____
Contact Number 1:	_____ Contact Number 2: _____
Email 1:	_____ Email 2: _____

Location of the Primary Evacuation Centre (if activated):	
Name of Centre:	_____
Location:	_____
Capacity:	_____
Facilities:	_____
Contact Name:	_____
Contact Number:	_____ Email: _____

Location of the Secondary Evacuation Centre (if activated):	
Name of Centre:	_____
Location:	_____
Capacity:	_____
Facilities:	_____
Contact Name:	_____
Contact Number:	_____ Email: _____

Other:	_____

DECISION PHASE: is getting people out the best option?	
<i>The decision to evacuate rests with the Controlling Agency/HMA. For a directed evacuation, the Controlling Agency must be an HMO, Authorised Officer or Police Officer or liaise with an HMA to direct an evacuation under the Emergency Management Act 2005.</i>	
Type of evacuation issued:	
<input type="checkbox"/>	Recommended evacuation
<input type="checkbox"/>	Directed evacuation

This decision was made in consultation with:	
<input type="checkbox"/>	Controlling Agency
	Contact Name 1: _____
	Contact Name 2: _____
<input type="checkbox"/>	WA Police Force
	Contact Name 1: _____
	Contact Name 2: _____
<input type="checkbox"/>	HMA
	Contact Name 1: _____
	Contact Name 2: _____
<input type="checkbox"/>	Other Experts
	Name/Agency 1: _____
	Name/Agency 2: _____

Name/Agency 3:	
Name/Agency 4:	
Name/Agency 5:	

Does the person making the decision to recommend or direct an evacuation have the legislated authority?	
<input type="checkbox"/>	Yes Give Details: _____
<input type="checkbox"/>	No State Reasons: _____

Relevant issues to this evacuation/potential evacuation and affecting decision:	Yes	No
Time pressure	<input type="checkbox"/>	<input type="checkbox"/>
Information source/validity	<input type="checkbox"/>	<input type="checkbox"/>
Competing tasks	<input type="checkbox"/>	<input type="checkbox"/>
Ability/risk to evacuate	<input type="checkbox"/>	<input type="checkbox"/>
Safety of community	<input type="checkbox"/>	<input type="checkbox"/>
Safety of at risk persons (aged, children, homeless, tourist)	<input type="checkbox"/>	<input type="checkbox"/>
Staffing (resourcing)	<input type="checkbox"/>	<input type="checkbox"/>
Community preparedness	<input type="checkbox"/>	<input type="checkbox"/>
Communication processes	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient shelter provisions	<input type="checkbox"/>	<input type="checkbox"/>
Safety of emergency responders	<input type="checkbox"/>	<input type="checkbox"/>
Other imminent or occurring hazard/emergency	<input type="checkbox"/>	<input type="checkbox"/>
If Yes	HMA: _____	
	Contact Person: _____	
	Contact Number: _____	
	HMA: _____	
	Contact Person: _____	
	Contact Number: _____	
Other (<i>please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Trigger Points – Are there identified trigger points for evacuation to be recommended or commenced?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes	Tigger Point	Activity

Alternatives – By necessity, are there any alternatives to an evacuation?	Yes	No
Shelter in place	<input type="checkbox"/>	<input type="checkbox"/>
Identified community refuge	<input type="checkbox"/>	<input type="checkbox"/>
Private shelter	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

WARNING PHASE: telling people of the need to go

The issuing of a warning/recommendation/direction to those affected by an impending emergency is the responsibility of the Controlling Agency's Incident Controller. Where the Incident Controller has requested assistance with relates tasks for a community evacuation, e.g. for door knocks, they are to advise who is to facilitate provision of required information.

Actual messaging to contain the following information:	Yes	No
Identification of the HMA/Controlling Agency	<input type="checkbox"/>	<input type="checkbox"/>
Location of area affected	<input type="checkbox"/>	<input type="checkbox"/>
Predicted severity	<input type="checkbox"/>	<input type="checkbox"/>
How people should respond	<input type="checkbox"/>	<input type="checkbox"/>
Where to get further information	<input type="checkbox"/>	<input type="checkbox"/>
If you answered No to any of the above, please enter reason(s):		
Other information to include (if appropriate):	Yes	No
Instructions for at risk persons	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary issues, such as domestic pets, medications, identification	<input type="checkbox"/>	<input type="checkbox"/>

Limitation on possession e.g. oversize items, livestock	<input type="checkbox"/>	<input type="checkbox"/>
Recommended personal items e.g. toiletries, clothing, baby formula	<input type="checkbox"/>	<input type="checkbox"/>
Recommended transport routes and/or transport options	<input type="checkbox"/>	<input type="checkbox"/>
Security of evacuated areas (assurance patrols or similar if safe to do so)	<input type="checkbox"/>	<input type="checkbox"/>
Advice on energy supplies and air conditioning e.g. switch off gas, electricity	<input type="checkbox"/>	<input type="checkbox"/>
Advise to inform relatives/friends on your intentions/destination	<input type="checkbox"/>	<input type="checkbox"/>
Information about 'Register.Find.Reunite' system (in consultation with Department of Communities)	<input type="checkbox"/>	<input type="checkbox"/>
Alternative arrangements for hazards requiring isolation or quarantine (e.g. human epidemic)	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>
Methods available to facilitate public warnings (consider resources, specialist support and emergency responder safety):	Yes	No
Media (television)	<input type="checkbox"/>	<input type="checkbox"/>
Media (radio)	<input type="checkbox"/>	<input type="checkbox"/>
Telephone contact	<input type="checkbox"/>	<input type="checkbox"/>
Short Message Service (SMS)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Alert	<input type="checkbox"/>	<input type="checkbox"/>
Standard Emergency Warning Signal	<input type="checkbox"/>	<input type="checkbox"/>
Door knocks	<input type="checkbox"/>	<input type="checkbox"/>
Verbal messages	<input type="checkbox"/>	<input type="checkbox"/>
Community meetings	<input type="checkbox"/>	<input type="checkbox"/>
Sirens	<input type="checkbox"/>	<input type="checkbox"/>
Public address systems	<input type="checkbox"/>	<input type="checkbox"/>
Agency websites	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Social networking sites	<input type="checkbox"/>	<input type="checkbox"/>
Print material	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>

WITHDRAWAL PHASE: getting people out		
<p><i>The responsibility for evacuating a community remains with the Controlling Agency/HMA/ HMO or authorised officer, who may request assistance with specific activities as part of their (documented) evacuation strategy or, by agreement, may delegate the development and/or execution of an evacuation strategy. Where this plan is completed by another agency, appointment of an Evacuation Manager from that agency is recommended and the resultant evacuation strategy should be endorsed by the HMA/HMO where practicable. Consultation with Main Roads WA, resources available, specialist support, personnel safety and possible exclusions to evacuation direction are key considerations.</i></p>		
Outline of evacuation strategy	Yes	No
Does a plan already exist?	<input type="checkbox"/>	<input type="checkbox"/>
Sectorise/Phase the affected area if appropriate:		
At risk persons (such as aged, CALD, unaccompanied children, walking wounded, people with disabilities, pregnant persons, tourist):		
Consider assembly area, if required:		
Evacuation centre(s) identified (Department of Communities to coordinate welfare support on request):		
Are animals permitted?		
Can animals be sheltered in the vicinity?		
If required by HMA, alternative evacuation arrangements for concurrent emergency requiring isolation or quarantine (e.g. human epidemic/pandemic)		

Forecast need for registration and reunification (Register.Find.Reunite):
Identify transport options (including by land, sea or air, as applicable):
Develop traffic management plan (considering ingress and egress routes, sole use of route for evacuees/emergency responders and welfare/first aid enroute, as applicable):
Identify multi-agency communications arrangements/plan:
Flagging of evacuated properties (any scheme in place for flagging by residents or responders):
Security of evacuated area:
Actions on persons declining to evacuate (such as possibility of registration/list of premises). Note: Unaccompanied children should be evacuated to a Department of Communities centre.
Other considerations:

SHELTER PHASE: where people can go and providing support		
<p><i>The Controlling Agency or HMA is responsible for ensuring evacuated persons have appropriate provisions. Identification of a suitable evacuation centre and coordination of community welfare is supported by the Department of Communities on request. Confirm whether the Department of Communities have been activated by the Controlling Agency or HMA. If facilities are required that will accept animals, local government should be able to provide advice.</i></p>		
Have the following actions being taken?	Yes	No
<p>Evacuation centre requirements identified – The following information may assist the Department of Communities and local governments with the selection of an evacuation centre(s).</p> <ul style="list-style-type: none"> • Summary of the incident • Areas currently identified as safe locations (include map of impacted area) • Transportation routes - Ingress and Egress • Estimated number of persons displaced or evacuated • Expected duration of the evacuation (less than one day, overnight, etc.) • Security concerns 	<input type="checkbox"/>	<input type="checkbox"/>
Welfare response requested (through Department of Communities)	<input type="checkbox"/>	<input type="checkbox"/>
<p>Locations for evacuation/welfare centres selected (Consultation between the Controlling Agency/HMA and the Department of Communities should occur prior to selection, whenever possible)</p> <p>Note: Where the Department of Communities is unable to be on site immediately, the Local Emergency Welfare Plans, developed by the local government and the Department of Communities, and the Local Evacuation Plan, should be consulted.</p>	<input type="checkbox"/>	<input type="checkbox"/>
Registration and reunification process (Register.Find.Reunite) access requested/delivered – Department of Communities	<input type="checkbox"/>	<input type="checkbox"/>
Other resources are in position to commence registration of evacuees	<input type="checkbox"/>	<input type="checkbox"/>

Recommended Appendices	Yes	No
Incident Management Team (IMT) contact list	<input type="checkbox"/>	<input type="checkbox"/>
Residents contact list	<input type="checkbox"/>	<input type="checkbox"/>
Record of warning messages (date/time/method)	<input type="checkbox"/>	<input type="checkbox"/>
Risk assessment matrix	<input type="checkbox"/>	<input type="checkbox"/>
Traffic management plan	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Management Planning Cell Checklist	<input type="checkbox"/>	<input type="checkbox"/>
Maps	<input type="checkbox"/>	<input type="checkbox"/>
Record of advice provided to affected areas/persons	<input type="checkbox"/>	<input type="checkbox"/>
List of at risk people/locations	<input type="checkbox"/>	<input type="checkbox"/>

RETURN PHASE: allowing people back and supporting their return		
<i>The decision to allow a community to return, planning for the return and providing accurate and timely information to the displaced community are the responsibilities of the HMA, or Controlling Agency's Incident Controller. Where other agencies are assisting, it is important that this assistance is confirmed and decisions swiftly disseminated to relevant personnel.</i>		
Key considerations	Yes	No
The affect area being declared safe	<input type="checkbox"/>	<input type="checkbox"/>
Crime scene preservation	<input type="checkbox"/>	<input type="checkbox"/>
Availability of services and utilities (gas, electricity, roads)	<input type="checkbox"/>	<input type="checkbox"/>
Evacuees' psychological and physical health	<input type="checkbox"/>	<input type="checkbox"/>
Transport for persons with a disability, those with specific care requirements	<input type="checkbox"/>	<input type="checkbox"/>
Economic factors involves in the return of evacuees	<input type="checkbox"/>	<input type="checkbox"/>
Possible need for a phased return/traffic management/permit system	<input type="checkbox"/>	<input type="checkbox"/>
Local Recovery Coordinator/Coordination Group included in planning	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Informing other stakeholders of the decision:	<input type="checkbox"/>	<input type="checkbox"/>
Community representatives	<input type="checkbox"/>	<input type="checkbox"/>
Department of Communities	<input type="checkbox"/>	<input type="checkbox"/>
Department of Primary Industries and Regional Development	<input type="checkbox"/>	<input type="checkbox"/>
Department of Fire and Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>
Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Department of Biodiversity, Conservation and Attractions	<input type="checkbox"/>	<input type="checkbox"/>
Department of Water and Environmental Regulation	<input type="checkbox"/>	<input type="checkbox"/>
Department of Mines, Industry Regulations and Safety	<input type="checkbox"/>	<input type="checkbox"/>
Department of Transport	<input type="checkbox"/>	<input type="checkbox"/>
Local Government	<input type="checkbox"/>	<input type="checkbox"/>
Main Roads WA	<input type="checkbox"/>	<input type="checkbox"/>
Utility Companies	<input type="checkbox"/>	<input type="checkbox"/>
Water Authorities	<input type="checkbox"/>	<input type="checkbox"/>
WA Police Force	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Verification of Return Process – the decision to allow return is:		
Authorised by		
Name: _____		
Title: _____		
At hours on (time): _____ (date): _____		
Organisations: _____		

ADMINISTRATION & LOGISTICS	
Communications	
Safety	
Records Management	
Transport	
Equipment	
Medical	
Meals	
Other (<i>specify</i>):	
Other (<i>specify</i>):	
Other (<i>specify</i>):	