

INCIDENT COMMAND ACTIVE SHOOTER

**MABAS Division 2
Operational Checklist
#08-F**
EFFECTIVE 11/03/15
Reviewed 6/23/21

Arrival Assessment	<input type="checkbox"/> Get briefing from first in officer:	<input type="checkbox"/> Assume Command
	<input type="checkbox"/> Command Post established <input type="checkbox"/> Location (Cold Zone) <input type="checkbox"/> Notify PD of CP Location	<input type="checkbox"/> Evaluate Risk / Benefit Analysis
	<input type="checkbox"/> Establish Unified Command	<input type="checkbox"/> Incident Safety Officer assigned
	<input type="checkbox"/> Staging officer and location assigned (Cold Zone) IFERN CHANNEL OR WHITE FIREGROUND	<input type="checkbox"/> Develop NIMS Org (see Org chart)
	<input type="checkbox"/> Notifications made: MABAS Box	<input type="checkbox"/> Gather Intelligence from PD: Number of Injuries _____ Status of shooter _____ Need for RTF _____
	<input type="checkbox"/> Tactical worksheet in-use	<input type="checkbox"/> Type of Response: EMS or Disaster

Incident Action Plan	Rescue Operations	
	<input type="checkbox"/> Assign Medical Branch Director	<input type="checkbox"/> Establish Control Zone: Hot/Warm/Cold
	<input type="checkbox"/> Establish Triage area <input type="checkbox"/> Establish Treatment area <input type="checkbox"/> Establish Transport Area	<input type="checkbox"/> Obtain Security for: CP _____ Staging _____ Medical Areas _____
	<input type="checkbox"/> Number or persons injured	<input type="checkbox"/> Adequate response personnel
	<input type="checkbox"/> Consider establishment of Casualty Collection Point in Warm Zone	<input type="checkbox"/> Consider Deployment of RTF's Utilize Rescue Task Force FOG (#31-C)
	<input type="checkbox"/> Utilize Mass Casualty FOG (#25-C)	<input type="checkbox"/> Consider multiple Mass Casualty trailers
	<input type="checkbox"/> Transport to scene (vehicle type)	<input type="checkbox"/> Establish Site Safety Plan
	<input type="checkbox"/> Assign personnel to patient removal vehicles (armor) to communicate patient counts	<input type="checkbox"/>
	Brief statement of Incident Action Plan	

Ongoing Assessment	General Operations	Safety Considerations
	<input type="checkbox"/> Scene control by Police	<input type="checkbox"/> Periodic size-up conducted and reported
	<input type="checkbox"/> Medical needs addressed	<input type="checkbox"/> Ensure control zones are maintained
	<input type="checkbox"/> Rehab Established	<input type="checkbox"/> Conduct PAR as needed
	<input type="checkbox"/>	<input type="checkbox"/> Companies operating as teams

INCIDENT COMMAND

RADIO DESIGNATION: COMMAND CHANNEL: _____

REPORTS TO: CITY MANGER OR POLICY GROUP

REPORTS TO YOU: COMMAND & GENERAL STAFF

