Municipal Disaster Risk Reduction and Management Office

External Service

21. Request for Simulation Exercises and Drills

Request for a lecture, facilitator and umpires/observers during a simulation exercises or drill.

Office or Division:	Municipal Disaster Risk Reduction and Management Office
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen; G2G-Government to Government
Who may avail:	All Agency/Schools

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request letter addressed to Mayor thru LDRRMO	Client

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
7. Sign in Client's Log Book at the information desk at the MDRRM Office.	1. Give the log book to the client at the MDRRM Office	None	1 min	MDRRMO staff
2. Submit request letter to the Municipal Mayor thru LDRRMO	2.1 Receive request letter and check availability of schedule.	None	10 mins	MDRRMO staff
	2.2 Forward copy of letter to Mayor's Office and request for LCE approval.	None	1 day	MDRRMO staff
	2.3 If favorable weather condition and with available personnel, LCE shall approve request.	None	5 mins	MDRRMO staff
3. Follow-up request after 1 day	3.1 Inform client if request is approved or not	None	2 mins	MDRRMO staff
	3.2 Set the appointment for DRRM lecture	None	5 mins	MDRRMO staff
4. Wait for the MDRRM Personnel on scheduled date	4.1 Facilitate conduct of simulation exercises/ drill	None	1 hour	MDRRMO
		None	1 hour	MDRRMO

	4.2 Debrief participants on performance			
TOTAL		None	1 day, 2 hours and 23 minutes	

22. Request for Emergency Response Team

Request for emergency response teams or rescuers during emergencies and disasters.

Office or Division:	Municipal Disaster Risk Reduction and Management Office
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen; G2G-Government to Government
Who may avail:	All Agency/Barangays

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Relevant of information regarding emergency: Medical Emergency • Name of caller • Name of patient (if known) • Sign & symptoms currently being experienced • Past medical history (if known Vehicular Accident • Name of the Caller • Name of patient (if known) • Site of Incident • Type and number of vehicles involved; • Number of Injured Nearly drowning incident • Name of the caller • Site of the incident • Number of injured	Caller

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call MDRRM Hotline/request personally in the MDRRM Office and provide relevant details regarding the emergency.	1.1 Receive call / Request	None	1 min	MDRRMO staff
	1.2 Conduct interview and information gathering	None	2 mins	MDRRMO staff
	1.3 Record all information or details	None	2 mins	MDRRMO staff

	from the caller. 1.4 Organize and ready rescue team	None	5 mins	MDRRMO staff
2. Wait for Response Team on your location of the incident.	2.1 Preparation of rescue vehicle and paraphernalia needed 2.2 Rescuer proceed to location or site of the incident.	None None	10 mins 20 mins	MDRRMO staff MDRRMO staff
	TOTAL	None	40 mins	