Mutual Assistance Activation Checklist

Mutual Assistance Activation

Mutual Assistance Coordinators - use this checklist to initiate a request for assistance from CUEA parties. Complete one checklist for each utility contacted.

Company	nformation – initial contact	
Name		
Department	Cellular	
Title	Radio	
Phone	Other	
sisting Party: Initial Cont	tact (CUEA - Attachment B)	
Name		
Department	Cellular	
Title	Radio	
Phone	Other	
sisting Party: Authorized	Representative (CUEA – Attachment	В)
Name		
	Cellular	
Name	Cellular Radio	

Event Description

Requ	esting Party:	
	Event description:	
	Description of damage:	
	Weather conditions:	
Dos	cription of Assistance Nee	had
	esting Party:	ueu
Kequ	Type of work (transmission, distribution	1.
	substation, services):	'/
	Number of crews/personnel needed:	
	Vehicles/materials needed:	
	General location of assistance:	
	Estimated duration of assistance:	
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Agr	eement to Assist	
Assis	ting Party:	
	Verbal Agreement to assist provided by	:
	(Authorized Representative, Assisting Party)	
	Written Request for Assistance sent to:	
	(within 24hrs, Attachment C-1)	
	Method of transmission (fax, e-mail)	
	Written response received? (agreement to assist)	
	Date/Time Received:	

Mutual Assistance Coordinators

Each participating party identifies person(s) fulfilling the following role.

Requesting Party:

Name	
Department	Cellular
Title	Radio
Phone	Other

Assisting Party:

Name	
Department	Cellular
Title	Radio
Phone	Other

Operations Liaisons(s)

Each participating party identifies person(s) fulfilling the following role.

Requesting Party:

Name		
Department	Cellular	
Title	Radio	
Phone	Other	

Assisting Party:

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Name	
Department	Cellular
Title	Radio
Phone	Other

Assistance Details

Assisting Party:

What types of crews will be sent?	
What is the crew composition for each type of crew? (Job classifications)	
How many crews will be sent?	
Total number of personnel being sent?	
Where are crews coming from?	
Request listing of names/titles of crew members responding	

Destination

Requesting Party:

Name/address of destination:	
Estimated time of arrival?	
Mode of transportation?	
Summary of available fuel(s), food, lodging at destination:	