

INSTRUCTIONS TO COMPLETE MOB-01 MOBILIZATION DEPLOYMENT FORM

- 1. Incident Name:** Name given to the incident for which resources are being requested.
Address where there is a specific location.
- 2. Page:** Where there are multiple pages used to record the activations for the incident number the pages to provide order.
- 3. Date:** Date the worksheet is being worked on.
- 4. Mission/Incident #:** What is the Objective for the resource being called for and/or if the incidents are being numbered for identification the incident number.
- 5. Request Date:** Enter the date and time that the resource was requested.
- 6. Resource:** The type of recourse being requested – Example: STF, FTF, MCI Trailer, ICU 1, Rehab Unit 2.
- 7. ID:** Identification Number or name of the resource requested, if 3A, 4B ISU-1, MCI-5A.

NOTE: 5 & 6 are to indicate a name and number identifying the resource with a description of same. This is critical for Resource Accountability. There may be some duplication.
- 8. Units:** Where multiple units make up the resource all units are identified here for accountability.
- 9. To District:** Identifies the district the resource is going to.
- 10. On Scene:** Identifying time and date on scene.
- 11. Demob:** When the resource is demobilized formerly.
- 12. Assignment:** Identify as close as possible what the resource was actually assigned to do.