

TRANSPORTATION COORDINATOR (cont.)

SITE AREA EMERGENCY and GENERAL EMERGENCY

NOTE TIME

- o If unable to contact a special facility during its normal hours of operation, assume that the estimated need is the current need. \_\_\_\_\_
  
- 5. Contact the people on the Special Needs List to verify that they require the assistance indicated in their response to the Special Needs Survey. \_\_\_\_\_
  
- 6. Determine what type of transportation assistance is needed by individuals who telephone the EOC to make requests. Refer to Form 110D, Requests for Transportation Assistance, Table 3.5-1, Special Needs Vehicles and Form 131D, New Hampshire Special Needs Listing Form. \_\_\_\_\_
  
- 7. Using the Hampton Falls Transportation Requirements Worksheet in the NHRERP Emergency Phone List:
  - o Calculate "Actual Needs" by dividing "Current Number" by the number indicated on the worksheet. (If the calculated number is 4.3, for example, round up to 5.) \_\_\_\_\_
  
  - o Obtain the current number of people requiring special transportation from the Emergency Management Director. Use Table 3.5-1, Special Needs Vehicles to determine the numbers of special needs vehicles required. \_\_\_\_\_
  
  - o For the special needs population, add to the figure shown in the "Number" column as additional people are identified. However, only reduce this figure if it can be verified that individuals no longer require transportation. \_\_\_\_\_