

**Placer County  
ACS Activation Checklist**

**MHOAC**

- \_\_\_\_\_ Determine number, type, and location of ACS required.
- \_\_\_\_\_ Identify the appropriate ACS Management Team(s) (Section II. D. 1.)
- \_\_\_\_\_ Activate ACS Management Team (Section II. E. 1.)
- \_\_\_\_\_ Provide Incident Briefing at Planning Session (Section II. E. 2.)

**ACS Management Team**

- \_\_\_\_\_ Schedule Planning Session (Section II. E. 2.) within 24 hours.
- \_\_\_\_\_ Develop Incident Action Plan (HICS Form 204 for each unit/section)
  - Security
  - Medical Branch
  - Facility
  - Nutrition
  - Planning
  - Logistics
  - Finance
- \_\_\_\_\_ Schedule Facility Assessment of target ACS (Section II. E. 3.- HICS Form 251)
- \_\_\_\_\_ Develop Staffing Plan (Section III. C.)
- \_\_\_\_\_ Develop List of Needed Equipment and Supplies (Section IV. C)
- \_\_\_\_\_ Develop List of Needed Security (Section V. D)
- \_\_\_\_\_ Develop Patient Movement Plan (Section VI. C.)
- \_\_\_\_\_ Submit Incident Action Plan to MHOAC (Section II. E. 2.)
- \_\_\_\_\_ Assign Personnel for First Operational Period
- \_\_\_\_\_ Implement Equipment / Supply Tracking (Section IV. C. 3.)
- \_\_\_\_\_ Implement Personnel / Volunteer Registration (Section III. C. 3.)
- \_\_\_\_\_ Implement Patient Record / Patient Billing Process (Section II. D. 6.)

**MHOAC**

- \_\_\_\_\_ Procure Personnel, Equipment, Supplies as needed
- \_\_\_\_\_ Schedule / Conduct ongoing Planning Sessions as needed