



# Florida Responder Tracking Responder Order

Authorizing Official

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Incident

Incident Name

Mission

XXXXX - Mission Name

Start Date

XX/XX/XXXX

Authorized By

XXXXXXXXXX

People First Charge Code

XXXXXXXXXX

Request for Assistance/Resources

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Requesting Party

XXXXXXXXXX

Resource Category

Medical

Mission Description

Mission details HERE

Deployment Details

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Start Date

XX/XX/XXXX

Report Date

XX/XX/XXXX

Report Time

XX:XX AM

Duration (Days)

14

Status

In Progress – Mobilizing

Reporting Location

Address

321Example Road

City

Testerson

State

FL

Zip

22222

Report To

Name

Chief XYZ

Phone

(555) 555-5555

Email

chief.xyz@flhealth.gov

Additional Directions and Clarifications

Travel Arrangements

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Lodging Expectations

Shelter

Mode of Travel

Rental

Travel Details

Demobilization Plan

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Demobilization Date

XX/XX/XXXX

Demobilization Time

XX:XX PM

Approved By

XXXXXXXXXX



## Florida Responder Tracking Responder Order

Demobilization Instructions

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Responder(s) Selected

Name	Mission Role	Affiliation	Phone	Lead
Responder 1 Name	LPN	XXXXXXXXXXXX CHD	(555) 555-5555	No
Responder 2 Name	RN	XXXXXXXXXXXX CHD	(555) 555-5555	Yes

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Created by xxxxxxx on X/XX/XXXX @ XX:XX PM.

Updated by xxxxxxx on X/XX/XXXX @ XX:XX PM.