

Unit Activity Reporting Module

Form Approved
OMB No. 0990-0302
Exp. Date XX/XX/20XX

Non-Emergency/Public Health Event

medical reserve corps *A national network of local groups of volunteers engaging local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities.*

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MY MRC [dropdown arrow]
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Type	Date	Name	Event Type	Impact	Volunteer	Rate	Review
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Capitol City Pharmacy MRC Create New Activity

* Was this activity an Emergency Response Incident or a Non-Emergency / Public Health Event? ⓘ


- Non-Emergency/Public Health Event
- Emergency Response Incident

(Please note that activation for Emergency Response does not include training or exercise or activating volunteers for non-emergency events, such as a planned first aid station.)

* denotes required field.

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Type	Date	Name	Event Type	Impact	Volunteer	Review
<h3 style="margin: 0;">Capitol City Pharmacy MRC</h3> <p style="margin: 0;">Non-Emergency / Public Health Event Create New Activity</p>						
<p>* Enter Start and End Date ⓘ</p>						
Start Date :		<input type="text" value="11/18/2015"/>				
End Date :		<input type="text" value="11/18/2015"/>				


* denotes required field.

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Type	Date	Name	Event Type	Impact	Volunteer	Review
<h3 style="margin: 0;">Capitol City Pharmacy MRC</h3> <p style="margin: 0;">Non-Emergency / Public Health Event Create New Activity</p>						
<p>* Event Name ⓘ</p>						

* denotes required field.

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Type	Date	Name	Event Type	Impact	Volunteer	Review
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Capitol City Pharmacy MRC

Non-Emergency / Public Health Event Create New Activity

* Through this event, the MRC unit: (Check all that apply) i

- Strengthened Public Health
- Served a Vulnerable Population
- Supported Non-Emergency Community Events
- Developed/Strengthened MRC Unit
- Improved Community Preparedness/Resilience
- Trained/Exercised to Improve Unit or Community Response Capacity/Capability

* denotes required field.

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Type	Date	Name	Event Type	Impact	Volunteer	Review
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Capitol City Pharmacy MRC

Non-Emergency / Public Health Event Create New Activity

* Description and Impact Statement i

Write a brief description (who attended, what occurred, where, and why was this significant).

* denotes required field.

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Type Date Name Event Type Impact Volunteer Review

Capitol City Pharmacy MRC

Non-Emergency / Public Health Event

Create New Activity

Add Volunteer Information

Click on the calculator icon in the fields below to use the Economic Value Calculator to automatically populate these values.

Total Number of MRC Participants

* Total Number of Volunteer Hours

Economic Value of Volunteer Service

* denotes required field.

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Review

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Job Title	MRC Volunteers	Total Hours Served	Subtotal	Hourly Rate	Hourly Benefit
Acupuncturist	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$34.96 <input type="button" value="🔍"/>	\$4.20 <input type="button" value="🔍"/>
Chaplain/Clergy	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$23.02 <input type="button" value="🔍"/>	\$2.54 <input type="button" value="🔍"/>
Clinical Social Worker	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$24.74 <input type="button" value="🔍"/>	\$2.88 <input type="button" value="🔍"/>
Dentists	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$80.25 <input type="button" value="🔍"/>	\$8.38 <input type="button" value="🔍"/>
EMS Professional	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$16.53 <input type="button" value="🔍"/>	\$1.79 <input type="button" value="🔍"/>
Licensed Practical Nurse/Licensed Vocational Nurse	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$20.39 <input type="button" value="🔍"/>	\$2.40 <input type="button" value="🔍"/>
Mental Health Counselor/Therapist	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$20.81 <input type="button" value="🔍"/>	\$2.31 <input type="button" value="🔍"/>
Non-Public Health/Non-Medical	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$22.14 <input type="button" value="🔍"/>	\$1.79 <input type="button" value="🔍"/>
Nurse Practitioner	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$43.97 <input type="button" value="🔍"/>	\$5.19 <input type="button" value="🔍"/>
Other Public Health/Medical	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$27.86 <input type="button" value="🔍"/>	\$2.66 <input type="button" value="🔍"/>
Pharmacist	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$55.27 <input type="button" value="🔍"/>	\$6.73 <input type="button" value="🔍"/>
Physician	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$86.95 <input type="button" value="🔍"/>	\$9.92 <input type="button" value="🔍"/>
Physician Assistant	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$44.45 <input type="button" value="🔍"/>	\$5.25 <input type="button" value="🔍"/>
Psychiatrist	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$85.35 <input type="button" value="🔍"/>	\$10.00 <input type="button" value="🔍"/>
Psychologist	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$35.45 <input type="button" value="🔍"/>	\$5.19 <input type="button" value="🔍"/>
Registered Nurse	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$32.66 <input type="button" value="🔍"/>	\$3.78 <input type="button" value="🔍"/>
Respiratory Therapist	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$27.50 <input type="button" value="🔍"/>	\$3.22 <input type="button" value="🔍"/>
Veterinarian	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$44.83 <input type="button" value="🔍"/>	\$4.87 <input type="button" value="🔍"/>
Veterinarian Technician	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	\$15.13 <input type="button" value="🔍"/>	\$1.75 <input type="button" value="🔍"/>
Total:	0	0	\$0		



public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities.

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Type Date Name Event Type Impact Volunteer Review

Capitol City Pharmacy MRC



Non-Emergency / Public Health Event

Create New Activity

Name :	PRA Demo Event Reporting
Start Date :	November 18 2015
End Date :	November 18 2015
Supported Events :	Strengthened Public Health Served a Vulnerable Population
Impact Statement :	Test Demo
Total Number of MRC Participants :	1
Total Number of Volunteer Hours :	1
Economic Value :	\$ 23.93


* denotes required field.

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Submit

Unit Activity Reporting Module

Emergency Response Incident



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Type	Date	Name	Event Type	Impact	Volunteer	Review
<h3 style="margin: 0;">Capitol City Pharmacy MRC</h3> <p style="margin: 0; display: flex; justify-content: space-between;"> Emergency Response Create New Activity </p> <p style="margin: 5px 0 0 0;">* Was this activity an Emergency Response Incident or a Non-Emergency / Public Health Event? ⓘ</p> <p style="margin: 0 0 0 20px;"> <input type="radio"/> Non-Emergency/Public Health Event <input checked="" type="radio"/> Emergency Response Incident </p> <p style="font-size: x-small; margin: 5px 0 0 20px;">(Please note that activation for Emergency Response does not include training or exercise or activating volunteers for non-emergency events, such as a planned first aid station.)</p>						


* denotes required field.

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Type	Date	Name	Event Type	Impact	Volunteer	Rate	Review
<h3 style="margin: 0;">Capitol City Pharmacy MRC</h3> <p style="margin: 0; display: flex; justify-content: space-between;"> Emergency Response Create New Activity </p> <p style="margin: 5px 0 0 0;">* Enter Start and End Date ⓘ</p> <div style="margin: 5px 0 0 20px;"> <p>Start Date : <input type="text" value="11/18/2015"/> ⓘ</p> <p>End Date : <input type="text" value="11/18/2015"/> ⓘ</p> </div>							

* denotes required field.

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Capitol City Pharmacy MRC

Emergency Response

Create New Activity

* Incident Name

PRA Demo Event Reporting

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Capitol City Pharmacy MRC

Emergency Response

Create New Activity

* What missions did the MRC volunteers support during the incident? (Check all that apply)

* Which entity(ies) requested activation of MRC volunteers? (Check all that apply)

- Medical Shelter Support
- Disaster Behavioral Health
- General Shelter Support (Human or Animal)
- Emergency Operations Center Support
- Vaccinations / Mass Dispensing
- Hospital Alternate Care Site / Medical Surge
- Wellness Checks
- Radiological Community Reception Centers / Population Monitoring
- Search and Rescue
- Volunteer Reception Center
- Mass Casualty
- Evacuation
- Call Center / Communications Support
- Epidemiology / Surveillance Support
- Other
- Local Emergency Operations Center
- Local Hospital
- State Health Department
- Local Health Department
- State Emergency Operations Center
- Other

* denotes required field.

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Type Date Name Event Type **Impact** Volunteer Rate Review

Capitol City Pharmacy MRC

Emergency Response Create New Activity

* Description and Impact Statement ⓘ

Write a brief description (who attended, what occurred, where, and why was this significant).

Test Demo

* denotes required field.

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Type Date Name Event Type **Impact** **Volunteer** Rate Review

Capitol City Pharmacy MRC

Emergency Response Create New Activity

Volunteer Deployment Information ⓘ

Click on the calculator icon in the fields below to use the Economic Value Calculator to automatically populate these values.

* Total Number of Volunteers ⓘ

* Total Number of Volunteer Hours ⓘ

* Economic Value of Volunteer Service ⓘ

* denotes required field.

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Capitol City Pharmacy MRC

Emergency Response Create New Activity

* Has or will an After Action Report (AAR) be completed for this incident?

Yes
 No
 Unsure

Emergency Response Reporting Subjective Evaluations

The following are questions regarding the MRC unit's experience in the incident. The answers are subjective, so answer them to the best of your ability.

* To what extent was the Incident Command System (ICS) appropriately used to respond to the incident?

1 (ICS Not Used) 5 (ICS Appropriately Used)

* Please rate the timeliness of the response.

1 (Not Timely) 5 (Very Timely)

* Please rate the quality of the response.

1 (Very Poor) 5 (Excellent)

* To what extent were MRC members adequately trained for their roles for this response?

1 (Not Trained) 5 (Well Trained)

Capitol City Pharmacy MRC Print

Emergency Response Create New Activity

Name :	PRA Demo Event Reporting
Start Date :	November 18 2015
End Date :	November 18 2015
Supported Missions :	Medical Shelter Support Disaster Behavioral Health
Entities that Requested Activation :	Local Emergency Operations Center
Impact Statement :	Test Demo
Number of Volunteers :	1
Volunteer Hours :	1
Economic Value :	\$ 23.93

Has or will an After Action Review (AAR) be completed for this incident? : Yes

To what extent was the Incident Command System (ICS) appropriately used to respond to the incident? :

Please rate the timeliness of the response :

Please rate the quality of the response :

To what extent were MRC members adequately trained for their roles for this response? :

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0302. The time required to complete this

information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer