

## TERT Member Deployment Review

	YES	NO
Did you receive all the required information such as location, directions, contact name and number and team leader's name?	<input type="checkbox"/>	<input type="checkbox"/>
When you arrived, were you briefed?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a TERT Package when you arrived?	<input type="checkbox"/>	<input type="checkbox"/>
Did it contain the necessary resources for you to begin work?	<input type="checkbox"/>	<input type="checkbox"/>
Was the equipment what you are currently trained on?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that the right amount of resources were requested?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you were welcomed by the agency?	<input type="checkbox"/>	<input type="checkbox"/>
Were assignments clear and appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that you were of help to the PSAP?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide suggestions on how to improve the program.		
Other Comments (Feel free to type a narrative for any of the above questions)		