## **Forms**

Mission: Distribute forms to individuals and ensure completion and accuracy of information		
Date: Location: Shift: Reports to: Dispensing Operations Leader		
POD Activation	Time	Initial
Read this entire JAS and review POD ICS Chart. Put on position iden	itification.	
Ensure Medical Evaluation area is set up and stocked with necessary	equipment.	
Identify resource shortages or needs and report to Dispensing Operation	tions Leader	
POD Operations	Time	Initial
Distribute and explain forms to individuals		
Assist individuals with completing forms		
Review forms for completeness and accuracy		
Make sure there is a name on the form for each family member who i	s receiving prophylaxis	
Identify resource shortages or needs and report to Dispensing Opera	tions Leader	
Demobilization	Time	Initial
Ensure return/retrieval of equipment and supplies.		
Submit comments for discussion and possible inclusion in the AAR as documentation to the Dispensing Operations Leader	s well as all	

Participate in stress management and after-action debriefings. Participate in other briefings

## Documents

- ICS organization chart
- ICS Form 214

and meetings as required.

## Tools

Position identification