Print Form

EMPG Quarterly Report

***To be completed by each EMPG funded personnel

County/Jurisdiction:

Name:

Position:

Time Period: **Year:**

Date of Current EOP:

Has the CPG 101 Matrix been submitted by the jurisdiction to ADEM? ◯ Yes ◯ No **Date CPG 101 Submitted:**

Courses:

Have you taken the following required courses?

IS-100	☐ Yes	☐ No	IS-120	☐ Yes	☐ No	IS-241	☐ Yes	☐ No
IS-200	☐ Yes	☐ No	IS-230	☐ Yes	☐ No	IS-242	☐ Yes	☐ No
IS-700	☐ Yes	☐ No	IS-235	☐ Yes	☐ No	IS-244	☐ Yes	☐ No
IS-800	☐ Yes	☐ No	IS-240	☐ Yes	☐ No	* IS-300	☐ Yes	☐ No
						* IS-400	☐ Yes	☐ No

*Not required by EMPG but check NIMS status to determine if it is a requirement for your position

Exercises: Requirement is 3 per 12 month period

****Credit will be based on AAR and sign in sheet received by ADEM

Name of Exercise	Location	Date	Role	Type	AAR Submitted?

Narrative: Brief notes about your activities this quarter