

**Continuity Plan for**

**Copperton Metro Township**

**September 2020**

Copperton Metro Township, P.O. Box 125, Copperton, UT 84006 (801) 615-3900

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# BASIC PLAN

* 1. **PROMULGATION STATEMENT**

The **Copperton Metro Township**’s mission is to ensure its operations are performed efficiently with minimal disruption, especially during an emergency. This document provides planning and program guidance for implementing the **Copperton Metro Township Continuity of Operations Plan (COOP)** to ensure the organization is capable of conducting its daily operations under all threats and conditions.

At the time of an emergency that threatens the **Copperton Metro Township,** and the activation of this plan, the Chief Elected Executive or his/her designee, will relocate to an identified Continuity Relocation Site, or the Greater Salt Lake Municipal Services District (GSLMSD) offices, or the secondary relocation site identified by the GSLMSD. The **Copperton Metro Township** designee must establish check in with the GSLMSD within **12 hours** **from the time of the activation of the COOP**, for up to a 30-day period, or until normal operations can be resumed.

This Plan has been developed in accordance with guidance in Executive Order 12656, *Assignment of Emergency Preparedness Responsibilities*; National Security Presidential Directive 51/Homeland Security Presidential Directive 20, *National Continuity Policy*; Homeland Security Council, *National Continuity Policy Implementation Plan*; Federal Continuity Directive 1, *Federal Executive Branch National Continuity Program and Requirements*, October 2012;

Promulgated this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_2020

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Name Title

* 1. **ANNUAL REVIEW**

The Chief Elected Executive of the **Copperton Metro Township**, or his/her designee, is responsible for the overall maintenance (review and update) of this COOP and for ensuring that changes and revision are prepared, coordinated, published, and distributed.

This COOP will be reviewed and updated annually. Any changes will be based on deficiencies identified in simulated or actual use or due to organizational or technological changes.

* 1. **RECORD OF CHANGES**

Any changes or revisions to the COOP will be forwarded to the **Copperton Metro Township** Chief Elected Executive and to all members of the **Copperton Metro Township** Council.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Change Number** | **Section** | **Date of Change** | **Individual Making Change** | **Description of Change** |
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* 1. **RECORD OF DISTRIBUTION**

The COOP will be distributed to the **Copperton Metro Township** Chief Elected Executive, and all members of the **Copperton Metro Township** Council. The name and title of receiver will be entered.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Delivery** | **Number of Copies Delivered** | **Method of Delivery** | **Name, Title, and of Receiver** |
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**PURPOSE, SCOPE, SITUATIONS, AND ASSUMPTIONS**

1. **PURPOSE**

The purpose of the **Copperton Metro Township** COOP is to ensure that the daily operations are performed efficiently with minimal disruption, especially during an emergency. This document provides planning and program guidance for implementing the COOP to ensure the **Copperton Metro Township** is capable of conducting its business under all threats and conditions.

1. **SCOPE**

This COOP applies to the daily business operations of **Copperton Metro Township** in the event its normal operations are disrupted or threatened with disruption. This COOP applies to all **Copperton Metro Township** elected officials. These elected officials must be familiar with Continuity policies and procedures and their respective Continuity roles and responsibilities.

1. **SITUATION OVERVIEW**

According to NSPD 51/HSPD 20, it is the policy of the United States to maintain a comprehensive and effective Continuity capability composed of Continuity of Operations and Continuity of Government programs in order to ensure the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions under all conditions.

Further, Continuity planning must be based on the assumption that organizations will not receive warning of an impending emergency. As a result, a risk assessment is essential to focusing Continuity planning.

The **Copperton Metro Township** COOP was developed following an all-hazards risk assessment of their **Township**. The **Copperton Metro Township** risk assessment can be located in the **Copperton Metro Township** Emergency Operations Plan (EOP) Binder.

The risk assessments addresses the following:

* Identification of all hazards
* A vulnerability assessment to determine the effects of all hazards
* A cost-benefit analysis of implementing risk mitigation, prevention, or control measures
* Sufficient levels of physical security required to protect against identified threats
* Sufficient levels of information security required to protect against identified threats
1. **PLANNING ASSUMPTIONS**

This COOP is based on the following assumptions:

* During emergency conditions or declaration, the **Copperton Metro Township** need to identify their Continuity Relocation Site (CRS) and develop secure communications with the GSLMSD.
* The **Copperton Metro Township** CRS should be able to support the continuation of theirEssential Functions, using all available communications and information systems within 12 hours or less from the time the COOP is activated, for potentially up to a 30-day period, or until normal operations can be resumed.
* If the GSLMSD relocates due to the emergency, the **Copperton Metro Township** will reestablish communications with the GSLMSD at its CRS.
* The **Copperton Metro Township** will identify a representative who will respond to the GSLMSD CRS, if requested.

## Terence Rooms

1. **OBJECTIVES**

 The **Copperton Metro Township** Continuity objectives are:

1. Execute a successful activation of this COOP.
2. A succession with the GSLMSD in the event a disruption renders **Copperton Metro Township** leadership unable, unavailable, or incapable of assuming and performing their authorities and responsibilities of the office.
3. Reduce or mitigate disruptions to operations.
4. Achieve **Copperton Metro Township**’s timely and orderly recovery and reconstitution from an emergency.
5. Ensure and validate Continuity readiness through a dynamic and integrated Continuity Testing, Training, and Exercise program and operational capability
6. **SECURITY AND PRIVACY STATEMENT**

This COOP is **For Official Use Only**. Portions of this COOP contain information that raises personal privacy or other concerns, and those portions may be exempt from mandatory disclosure under the Freedom of Information Act (see 5 U.S.C §552, 41 CFR Part 105-60). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with **Salt Lake County Ordinance Chapter 2.82 - RECORDS MANAGEMENT,** and is not to be released to the public or other personnel who do not have a valid “need to know” without prior approval of the Town or Township Chief Elected Executive, or his/her designee.

**Copperton Metro Township** Chief Elected Executive will distribute copies of the COOP on a **“Need to Know”** basis. Copies of this COOP will be distributed to Town or Township Elected Officials, via hard copy. If an electronic copy is requested, the COOP will be distributed electronically by the **Copperton Metro Township** Chief Elected Executive only. A copy of this COOP will also be available for reading only, on the [**Town or Township]**’s website. In addition, the Manager of the GSLMSD and the Salt Lake County Division of Emergency Management (SLCo DEM) will receive copies of this COOP. Further, the Chief Elected Executive will distribute updated versions of the COOP as critical changes occur.

**CONCEPT OF OPERATIONS**

This section explains how the **Copperton Metro Township** will implement its COOP and, specifically, how it plans to address each of the Continuity critical elements. There are four phases in this section. They are Readiness and Preparedness; Activation; Continuity Facility Operations; and, Reconstitution. Devolution (transfer of authority) and planning strongly correlates in each phase and are addressed in this section.

1. **READINESS AND PREPAREDNESS**

**Copperton Metro Township** shall participate in a full spectrum of Readiness and Preparedness activities to ensure its elected officials can continue with their daily duties in an all-hazard risk environment.

##  Readiness and Preparedness

**Copperton Metro Township** preparedness incorporates the one key component that is levels of readiness, monitoring. The monitoring of readiness levels of the SLCo DEM will help the Chief Executive in preparation for an emergency.

The **Copperton Metro Township** recognizes the three levels of readiness established by the SLCo DEM.

|  |  |  |
| --- | --- | --- |
| **COGCON****Level** | **Activity** | **Frequency** |
| **Level 3** | **Activation of COOP for Town or Township in response to overall county emergency**  | **Rarely** |
| **Level 2** | **Activation of COOP if Town or Township is affected** | **Rarely** |
| **Level 1** | **Monitor Emergency conditions** | **Often** |

 **Readiness and Preparedness**

**Copperton Metro Township** elected officials must also prepare for a Continuity event. The elected officials should plan what to do in case of an emergency and should develop a Family Support Plan to increase personal and family preparedness. To develop this Family Support Plan, the following templates available at [www.ready.gov.](http://www.ready.gov/) This site includes a “Get Ready Now” pamphlet, which explains the importance of planning and provides a template that can use to develop a specific plan.

Copperton Metro Township Chief Elected Executive will develop a roster of elected officials needed for delegation of authority. That roster shall be maintained and updated quarterly. That roster shall be shared with the GSLMSD and the SLCo DEM.

**Copperton Metro Township** elected official designated to respond to the GSLMSD on request during a COOP activation, has the responsibility to create and maintain drive-away kit with recommendations what it should contain. The items are identified in the table below. These kits should be maintained and inventoried yearly by the official designated.

SAMPLE: Drive Away Kit

*The following table shows possible items to recommend for Continuity drive-away kits.*

**Drive Away Kit**

* Identification and charge cards

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Government ID card

Driver’s license Government travel card Health insurance card Personal charge card







Business and personal contact numbers

o Emergency phone numbers and addresses (relatives, medical doctor, pharmacist)

Toiletries

Chargers/extra batteries for phones, GPS, and laptop

Bottled water and non-perishable food (i.e., granola, dried fruit, etc.)

Medical needs











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Communication equipment

* Pager/BlackBerry
* Government cell phone
* Personal cell phone
* Government Emergency Telephone Services card

Hand-carried essential records Directions to Continuity Facility Maps of surrounding area Business and leisure clothing Continuity Plan

Flashlight





* Insurance information
* List of allergies/blood type
* Hearing aids and extra batteries
* Glasses and contact lenses
* Extra pair of eyeglasses/contact lenses
* Prescription drugs (30-day supply)
* Over-the-counter medications, dietary supplements



**[Insert additional recommended items]**

The **Copperton Metro Township** shall conduct a yearly Continuity Readiness and Preparedness exercise.

1. **ACTIVATION**

To ensure the ability to attain operational capability, with minimal disruption at CRS, the **Copperton Metro Township** has developed activation steps, which are captured in the following sections.

## Decision Process

Based on the type and severity of the emergency, the **Copperton Metro Township** COOP may be activated by the following method:

* The **Copperton Metro Township Chief Elected Executive**, or his/her designated successor, may initiate the COOP activation based on an emergency or threat directed at the Town or Township;

The COOP activation is a scenario-driven process that allows flexible and scalable responses to the full spectrum of emergencies and other events that could disrupt daily operations with or without warning. The COOP activation is not required for all emergencies and disruptive situations since other actions may be deemed appropriate.

As the decision authority, the **Copperton Metro Township** Chief Elected Executive,or his/her designee, will keep informed of the threat environment using all available means, which may include SLCo DEM intelligence reports, national/local reporting channels, and the news media. The **Copperton Metro Township Chief Elected Executive** or his/her designeewill evaluate, with the Manager of the GSLMSD, all available information relating to:

* + Direction and guidance from higher authorities;
	+ Changes in readiness or advisory levels;
	+ Intelligence reports;
	+ The potential or actual effects on communication systems and information systems;
	+ The expected duration of the emergency.

**Alert and Notification Procedures**

The **Copperton Metro Township** Chief Elected Executive or his/her designee, will maintain communications and coordinating prior to an event, with the other elected officials of the **Copperton Metro Township,** by monitoring advisory information, which may including the updates from the SLCo DEM, Salt Lake County Health Department, and the GSLMSD. In the event normal operations are interrupted, or if an incident appears imminent, the **Copperton Metro Township** Chief Elected Executive or his /her designee will take the following steps:

* + Notify the SLCo Emergency Manager or the Watch Desk of COOP Activation,
	+ Notify the GSLMSD Manager or their designee, of their COOP activation,
	+ Contact all **Copperton Metro Township** Council members, advising them of the activation of the COOP,
	+ Identify a representative from the Town or Township body who, if requested, will respond to the designated CRS for at the GSLMSD offices.

**Relocation Process**

* Following activation of the COOP the **Copperton Metro Township** Chief Elected Executive, or his or her designee, must be prepared to move all essential records to the designated CRS, if necessary.
* Move to designated CRS by their own choice of transportation
* Ensure security and safety of the CRS
1. **CONTINUITY OPERATIONS**

**Arrival at the Copperton Metro Township CRS**

Until arrival at the CRS, designated in the COOP, the **Copperton Metro Township** Chief Elected Executive, or his/her designee, and Council will continue daily operations until ordered to cease operations by their representative at the CRS.

On arrival at the **Copperton Metro Township** CRS, the Chief Elected Executive or his/her designate will:

* Secure all communications and internet capabilities
* Report immediately to the **Copperton Metro Township** that the CRS is operational, documents secured, and to cease all operations
* Contact GSLMSD Manager, or his/her designate and advise them that the CRS is operational and functional
* Contact the SLCo DEM and advise them of the relocation and secure communications
* Ensure that the CRS has enough supplies and logistical support to continue operations for the next 12 to 30 day
* If the emergency or disaster makes the designated CRS impossible to continue operations, the Chief Elected Executive or his/her designee will do the following:
	+ Contact the GSLMSD Manager and determine if a move to the GSLMSD Offices is needed. If so, request available space at the GSLMSD Offices.
	+ Once request is granted, obtain a map and directions to the GSLMSD Offices.
	+ Advise all other **Copperton Metro Township** Elected Officials of the possible move and to will wait for further guidance until they arrive at the GSLMSD Offices.
	+ The **Copperton Metro Township** representative will proceed to the GSLMSD Offices or CRS by using by transport of their choice.
	+ Collect any additional information provided by the GSLMSD, if available, regarding routes and other appropriate safety precautions.

**Arrival at the GSLMSD CRS**

Upon arrival at the GSLMSD CRS, the **Copperton Metro Township** representative will:

* Report immediately to for check-in and in-processing;
* Receive all applicable instructions and equipment;
* Report to their respective workspace as identified in the relocation map or seating chart, or as otherwise notified during the activation process;
* Comply with any additional Continuity reporting requirements;
* Notify **Copperton Metro Township** Chief Elected Executive, or his/her designee, of arrival and receive a status update;
* Notify family members, next of kin, and emergency contacts of preferred contact methods and information.
1. **RECONSTITUTION OPERATIONS**

Within 12 hoursof an emergency relocation, the **Copperton Metro Township** Chief Elected Executive, or his/her designee,will check in with the Manager of the GSLMSD, and the SLCo EM, to decide if normal operations can be resumed. The **Copperton Metro Township** Chief Elected Executive, or his/her designee, will then notify all other elected officials that the emergency or threat of emergency has passed and that the **Copperton Metro Township** as returned to normal operations.

**The Copperton Metro Township** Chief Elected Executive, or his/her designee, will identify any records and databases, affected by the incident and will effectively transition or recover those essential records and databases.

## Record Transition Procedure

## Identify key records needed to continue Copperton Metro Township operations

## Identify how those records are to be transported, either physically or electronically

## Identify how the records will be accessed once the Copperton Metro Township is up and operational

The **Copperton Metro Township** Chief Elected Executive, or his/her designee, shall oversee the orderly transition of all records back to the Copperton Metro Townshiponce the emergency has passed.

After the emergency or disaster, the **Copperton Metro Township** Chief Elected Executive will identify lessons learned, best practices, and improvement needs. An After-Action Report/Improvement meeting will be held with the other Town or Township elected officials and a representative from the GSLMSD, for the purposes of summarizing the event; identifying opportunities to improve and enhance the organization’s COOP program, plans, and, developing an approach to implementing improvements. The **Copperton Metro Township** Chief Elected Executive, or his/her designee, has the responsibility for initiating and completing an After-Action Report (AAR). A copy of the After Action Report is located in the Annex G of this plan.

##

**DEVOLUTION OF CONTROL AND DIRECTION**

The **Copperton Metro Township** is prepared to transfer all of their responsibilities to the GSLMSD should the events of the emergency render leadership or staff unavailable to support the COOP. If deployment of **Copperton Metro Township** Chief Elected Executive or his/her representative is not feasible due to the unavailability, inability to communicate, or temporary loss of leadership, the leadership of **Copperton Metro Township** will devolve to the GSLMSD Manager or his/her designee. The **Copperton Metro Township** Chief Elected Executivemaintains responsibility for ensuring the currency of the **Copperton Metro Township** Devolution Plan.

The **Copperton Metro Township** Devolution decision-making process, or transfer of authority, includes the following:

* The **Copperton Metro Township** Chief Elected Executive will determine if they or his/her designee is unavailable to move to the CRS or the GSLMSD CRS, the Devolution Plan is to be activated or “triggered”.
* The **Copperton Metro Township** Chief Elected Executive, or his/her designee, will then confer with the **Copperton Metro Township** Council, if possible, and the Manager of the GSLMSD, to determine how and when direction and control of the **Copperton Metro Township** operations will be transferred.
* The **Copperton Metro Township** Chief Elected Executive, or his/her designee, will establish and maintain a capability to restore or reconstitute **Copperton Metro Township** authorities to their pre-event status upon termination of Devolution.

**Copperton Metro Township** will conduct and document annual training of Devolution. This exercise or training will be documented to include the dates of all training events and names of participating Council members. The Devolution training documentation will be maintained with the **Copperton Metro Township** Chief Elected Executive and with the GSLMSD Manager. Further, the **Copperton Metro Township** Corrective Action Program (CAP) will also be developed. All corrective actions identified in theCAP will be maintained by the **Copperton Metro Township** Chief Elected Executive, with a copy for the Manager of the GSLMSD.

**Direction, Control, and Coordination**

During an activation of the COOP, the **Copperton Metro Township** Chief Elected Executive or his/her designate, will work with the GSLMSD leadership to continue daily operations. Should the **Copperton Metro Township** Chief Elected Executive becomes unavailable or incapacitated; the organization will follow the directions in **Annex. D for Orders of Succession, and Delegations of Authority.**

The contents and procedures laid forth in this COOP are consistent with the direction found in the **Copperton Metro Township** EOP, GSLMSD EOP, and the SLCo EOP. As a result, this COOP and its concepts are integrated horizontally with local and county agencies. Further, the COOP is to be reviewed and to be vetted by the **Copperton Metro Township** Chief Elected Executive, **Copperton Metro Township** Council Members, the GSLMSD Manager, or his/her designate, and the SLCo DEM, to ensure vertical integration.

**Communications**

All previously identified **Copperton Metro Township** communications and IT capabilities must be operational as soon as possible following COOP activation and, in all cases, within 12 hours.

**Budgeting and Acquisition**

The **Copperton Metro Township** shall identify and budget for:

* Those items necessary to carry out the COOP Mission,
* The CRS “Go Kit” which is the responsibility of the individual identified as the representative who will respond to the CRS or the GSLMSD CRS,
* The **Copperton Metro Township** will identify those non-personal items for the “Go Kit” and include them in their budget as part of the COOP,
* The **Copperton Metro Township** Chief Elected Executive or his/her designate, shall identify the person(s) to do the yearly audit and identify any items to be replaced.

**MULTI-YEAR STRATEGY AND PROGRAM MANAGEMENT PLAN (MYSPMP)**

**Copperton Metro Township** has developed a Multi-Year Strategy and Program Management Plan (MYSPMP) that provides for the development, maintenance, and annual review of COOP. A copy of the MYSPMP will be located with the **Copperton Metro Township** at their offices P.O. Box 125, Copperton, UT 84006.

**Plan Development and Maintenance**

The **Copperton Metro Township** Chief Elected Executive, or his/her designate, is responsible for maintaining the **Copperton Metro Township** COOP.

This COOP will be reviewed by the **Copperton Metro Township** Chief Elected Executive and the **Copperton Metro Township** Council members and updated annually from the date of publication. The plan will be updated or amended when; there are significant organizational, procedural changes; or other events that affect Continuity processes or procedures.

**ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

The **Copperton Metro Township** will designate, by vote of **Copperton Metro Township** Council, a designee who will respond to set up the **Copperton Metro Township** CRS.

The **Copperton Metro Township** will designate, by vote of **Copperton Metro Township** Council, a designee who will respond to the GSLMSD Offices or CRS when requested.

**DIRECTION, CONTROL, AND COORDINATION**

All direction, control, and coordination of this plan will be with the **Copperton Metro Township** Chief Elected Executive or his/her designate, working with the Manager of the GSLMSD Manager, or his/her designee.

**COMMUNICATIONS**

All communications for the COOP will be identified by the **Copperton Metro Township** Chief Elected Executive, in agreement with the **Copperton Metro Township** Council members.

Any and all forms of communications will be used by the **Copperton Metro Township** Chief Elected Executive, or his/her designee, including:

* Cell Phone
* Internet
* Satellite Phone

**AUTHORITIES AND REFERENCES**

Federal Emergency Management Agency Continuity of Operations Plan guidelines

Utah State Emergency Operations Plan

Salt Lake County Emergency Operations Plan

Salt Lake County Continuity of Operations Plan

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# ANNEX A. IDENTIFICATION OF CONTINUITY PERSONNEL

Identified below are the essential personnel to the COOP, their titles, and contact information.

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| **Title/ Position** | **Name** | **Telephone Numbers** |
| Mayor | Sean Clayton | (801)615-3900 |
| Deputy Mayor | Tessa Stitzer | (801)230-4401 |
| Council Member | To Be Named Later |  |
| General Mgr. GSLMSD | Bart Baker | (385) 468-6709 |
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# ANNEX B. ESSENTIAL RECORDS MANAGEMENT

Identify and list those files, records, or databases that are vital to the Town or Township daily operations.

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| --- | --- | --- | --- | --- |
| **Essential Record, File, or Database** | **Form of Record (e.g., hardcopy, electronic)** | **Hand Carried to Continuity Facility** | **Multiple Storage Location(s) Y/N** | **Maintenance Frequency** |
| All Township Records |  | Yes | N |  |
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# ANNEX C. LEADERSHIP AND STAFF

* 1. **ORDERS OF SUCCESSION**

The order of succession is:

1. Mayor of the **Copperton Metro Township**;
2. Deputy Mayor of **Copperton Metro Township**;
3. Council Member of **Copperton Metro Township** selected as designee
4. General Manager of the Greater Salt Lake Municipal Services District

* 1. **DELEGATIONS OF AUTHORITY**

The delegation of authority for the **Copperton Metro Township,** with all decision making authority, shall be:

* The **Copperton Metro Township** Mayor;
* The **Copperton Metro Township** Deputy Mayor;
* A **Copperton Metro Township** Council Member designated by the Council;
* GSLMSD Manager only when the **Copperton Metro Township** elected officials are unavailable. The Manager of the GSLMSD is authorized to act in behalf of the **Copperton Metro Township**, until an elected official is available.

# ANNEX D. TEST, TRAINING, AND EXERCISES PROGRAM

List the training and exercise program for the **Copperton Metro Township**.

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| **Continuity TT&E Requirements** | **Monthly** | **Quarterly** | **Annually** | **As Required** |
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| --- | --- | --- | --- |
| **Event** | **Event Type and Purpose** | **Date** | **Confirmation Initials or Signature** |
|  |  |  |  |
| **Participants** | **Office** | **Phone/Email** |  |
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# ANNEX E. AUTHORITIES AND REFERENCES

# Federal

# National Security Presidential Directive 51

# Homeland Security Presidential Directive 20, *National Continuity* Policy

# Homeland Security Council, *National Continuity Policy Implementation Plan*

# Federal Continuity Directive 1, *Federal Executive Branch National Continuity Program and Requirements*, October 2012

# State

# Utah State Emergency Operations Plan

# Utah State Continuity of Operations Plan

# County

# 2019 Salt Lake County Emergency Operations Plan

# Salt Lake County Continuity of Operations Plan

# Greater Salt Lake Municipal Services District Continuity of Operations Plan

**ANNEX F. ACRONYMNS**

ARES – Amateur Radio Emergency Services

COG – Continuity of Government

CFR – Code of Federal Regulations

COOP – Continuity of Operations Plan

EMAC – Emergency Management Assistance Compact

EMS – Emergency Medical Services

EOC - Emergency Operations Center

EOP - Emergency Operations Plan

ESF - Emergency Support Function

FEMA - Federal Emergency Management Agency

GSLMSD – Greater Salt Lake Municipal Services District

Haz Mat - Hazardous Materials

HSPD- Homeland Security Presidential

ICS - Incident Command System

ICP - Incident Command Post

JIC - Joint Information Center

JIS – Joint Information System

NIMS – National Incident Management System

NRF – National Response Framework

SARA – Superfund Amendment and Reauthorization Act

SOP – Standard Operating Procedures

TRAX – Light Rail System

UVDD—Utah Valley Dispatch District

VECC – Valley Emergency Communications Center

WFZ – Wasatch Fault Zone

WVFZ – Wasatch Valley Fault Zone

**ANNEX G. AFTER ACTION REPORT**

After Action Report

After-Action Report and Improvement Plan

(Date)

This After-Action Report is a comprehensive report of actions taken, resource requests, and activities that the representative from your Town, Township, or the Greater Salt Lake Municipal Services District participated in.

*This report was prepared by: (Name and Organization)*

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# After Action Report

|  |  |
| --- | --- |
| **Incident Name** | *Name of the incident* |
| **Engagement Dates** | *Day, Month, Year*  |
| **Scope** | *A brief explanation of the incident, location, your activation*  |
| **Sponsor** | *Organization Name (eg. Town, Township, Greater Salt Lake Municipal Services District)* |
| **Participating Personnel** | *Number of personnel from your organization that activated and participated during the incident* |
| **Point of Contact** | *Name, Organization, address, contact phone number of person writing the report* |

# Executive Summary

*A brief summary of events of the incident. Describe your activities, activation, any requests from your organization, and participation in meetings or planning.*

# Successes and Areas of Improvement

**Location of the Incident:**

**Strengths:** *Describe what worked that you participated in, during the incident*

**Area for Improvement I:** *Identify any areas where this activity could be improved and your corrective action that you suggest might correct the issue.*

**Strengths:** *Describe what worked that you participated in, during the incident*

**Area for Improvement II:** *Identify any areas where this activity could be improved and your corrective action that you suggest might correct the issue.*

**Strengths:** *Describe what worked that you participated in, during the incident*

**Area for Improvement III:** *Identify any areas where this activity could be improved and your corrective action that you suggest might correct the issue.*

# Appendix A: Participants

| Participants |
| --- |
| Name  | Email | Organization |
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**ANNEX H. CORRECTIVE ACTION PLAN**

Corrective Action Plan

*Event Name:*

*Town or Township:*

*Date of Event:*

 **Activity: Period by which action is planned to be completed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity to be addressed from XXXXX Event**  | **Criteria in the report met*****Yes or No*** | **Action To Be Addressed***Consider also the documentary evidence required to support your actions.* | **Who** | **When** | **Done** |
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