

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells	9-10-90

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101125	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 9-24-10
<p><i>Response team attached</i> <i>Closed 9/24/10</i></p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p>	

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

The State of South Carolina
Military Department



RECEIVED

SEP 20 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

OFFICE OF THE ADJUTANT GENERAL

STANHOPE S. SPEARS
MAJOR GENERAL
THE ADJUTANT GENERAL

September 15, 2010

Ms. Emma Forkner Director
Department of Health & Human Services
1801 Main Street
Columbia, SC 29201

Dear Ms. Forkner:

It is time to update the State Emergency Operations Center (SEOC) personnel file of State Emergency Response Team (SERT) members. Initial response organizations should identify four personnel per position to provide coverage for three shifts and an alternate. Secondary response agencies should identify two personnel per position. See the attached form(s) for your identified personnel. The form(s) contains the name, title, address, telephone number and email of the employees from your agency who are assigned as SERT representatives to the SEOC.

If your agency provides personnel for the State Assessment Team (SAT) or the Preliminary Damage Assessment (PDA) Team, the attached form(s) contains this information also. Personnel should not be placed on both teams.

Please check these listings for accuracy and make any corrections or changes in personnel as necessary. We will request identified personnel to attend periodic training sessions and participate in exercises to prepare for actual events. They will be issued a permanent SERT badge to facilitate entry into the SEOC.

Please confirm correctness or update the form(s) and return by September 28, 2010 to: South Carolina Emergency Management Division, Office of the Adjutant General; Attn: Harriett Rhoten; 2779 Fish Hatchery Road; West Columbia, SC 29172 **or fax to: 803-737-8570**

If you have any questions, please contact me at 737-8582. Thank you in advance for your help in keeping this important alert list current.

Sincerely,

A handwritten signature in black ink that reads "Tim Murphy".

Tim Murphy
Operations Manager

TM:hr
Enclosure
cf: SERT Primary

Emergency Management Division

2779 Fish Hatchery Road
West Columbia, South Carolina 29172
(803) 737-8500 • Fax: (803) 737-8570

STATE EMERGENCY RESPONSE TEAM (SERT) MEMBERS:**EMERGENCY SUPPORT FUNCTION (ESF):**

ESF # 6 - MASS CARE

FUNCTIONS:

Coordinate basic human needs (shelter, food, clothing, inquiry and emergency services) in disaster situations.

ORGANIZATIONS:

Dept. of Social Services (Primary)
 American Red Cross
 Salvation Army
Dept. of Health & Human Services

REQUIREMENTS: Health & Human Services

Four: One person per shift plus alternate.

<u>Name:</u> (Primary point of contact) Howard (Reggie) Delaine <u>Address:</u> Health & Human Services 1801 Main St, 6 th Floor, Columbia, SC 29202-8206 <u>Work Telephone:</u> 898-2652 <u>Home Telephone:</u> 788-0199 <u>Cell:</u> 622-2591 <u>Fax:</u> 255-8212 <u>e-mail:</u>	<u>Name:</u> (Alternate point of contact) Russell Orris <u>Address:</u> Health & Human Services 1801 Main St, 6 th Floor, Columbia, SC 29202-8206 <u>Work Telephone:</u> 898-1011 <u>Home Telephone:</u> 754-5080 <u>Cell:</u> 238-6388 <u>Fax:</u> <u>e-mail:</u>
TEAM ONE <u>Name:</u> (4 pm to midnight shift) Denise Epps <u>Address:</u> Health & Human Services 1801 Main St, Columbia, SC 29202-8206 <u>Work Telephone:</u> 898-2505 <u>Home Telephone:</u> 315-2131 <u>Pager:</u> <u>Cell:</u> <u>Fax:</u>	TEAM ONE (8 am -- 4 pm shift) <u>Name:</u> Richard Kluender <u>Address:</u> Health & Human Services 1801 Main St, Columbia, SC 29202-8206 <u>Work Telephone:</u> 898-2693 <u>Home Telephone:</u> 865-7117 <u>Cell:</u> <u>Fax:</u> <u>E-mail:</u> kluender@dhhs.state.sc.us

If you believe you will require additional help to support your mission, please provide the info requested above for each.

(Signature of Authorizing Official)**PLEASE RETURN BY September 28th to SCEMD, Attn: Harriett**

2779 Fish Hatchery Road, West Columbia, SC 29172

Or Fax to (803) 737-8570

STATE EMERGENCY RESPONSE TEAM (SERT) MEMBERS:**EMERGENCY SUPPORT FUNCTION (ESF):**

ESF # 6 - MASS CARE

FUNCTIONS: Coordinate basic human needs (shelter, food, clothing, inquiry and emergency services) in disaster situations.**ORGANIZATIONS:**

Dept. of Social Services (Primary)
 American Red Cross
 Salvation Army
Dept. of Health & Human Services (Senior Services)

REQUIREMENTS: Health & Human Services (continued)

Four: One person per shift plus alternate.

TEAM ONE		TEAM TWO	
Name: Bobby George (midnight to 8 am shift)	Name: vacant (midnight to 8 am shift)	Name: Carrie Jackson (4 pm to midnight shift)	
Address: Department of Health & Human Services P.O. Box 8206, Columbia, SC 29202-8206	Address: Department of Health & Human Services 1801 Main Street, 6 th Floor, Columbia, SC 29202-8206	Address: Department of Health & Human Services P.O. Box 8206, Columbia, SC 29202-8206	
Work Telephone: 898-2594	Work Telephone: 898-2538	Work Telephone: 898-2635	
Home Telephone: 996-6718	Home Telephone: 736-4783	Home Telephone: 786-0563	
Cell: 920-5683	Cell: 727-2581	Cell: 447-7900	
Fax:	Fax:	Fax:	
TEAM TWO		TEAM TWO	
Name: (Alternate Point of Contact) Wanda Boulware (8 am to 4 midnight shift)	Name: Carrie Jackson (4 pm to midnight shift)		
Address: Department of Health & Human Services P.O. Box 8206, Columbia, SC 29202-8206	Address: Department of Health & Human Services P.O. Box 8206, Columbia, SC 29202-8206		
Work Telephone: 898-2610	Work Telephone: 898-2635		
Home Telephone: 772-7914	Home Telephone: 786-0563		
Cell: 719-2002	Cell: 447-7900		
Fax:	Fax:		

If you believe you will require additional help to support your mission, please provide the info requested above for each.

 (Signature of Authorizing Official)

Howard (Reggie) Urethane

Address:

Health & Human Services
1801 Main St, 6th Floor, Columbia, SC 29202-8206

Work Telephone: 898-2662

Home Telephone: 788-0199

Cell: 622-2691

Fax: 255-8212

e-mail:

Russell Vines

Address:

Health & Human Services
1801 Main St, 6th Floor, Columbia, SC 29202-8206

Work Telephone: 898-1011

Home Telephone: 754-5080

Cell: 238-6388

Fax:

e-mail:

TEAM ONE

Name: (4 pm to midnight shift)
Denise Epps

Address:

Health & Human Services
1801 Main St, Columbia, SC 29202-8206

Work Telephone: 898-2505

Home Telephone: 315-2131

Pager:

Cell:

Fax:

TEAM ONE

Name: (8 am - 4 pm shift)
Richard Kluender

Address:

Health & Human Services
1801 Main St, Columbia, SC 29202-8206

Work Telephone: 898-2693

Home Telephone: 865-7117

Cell:

Fax:

E-mail: kluender@dhhs.state.sc.us

If you believe you will require additional help to support your mission, please provide the info requested above for each.

H.A. DZ
(Signature of Authorizing Official)

PLEASE RETURN BY September 28th to SCEMD, Attn: Harriet
2779 Fish Hatchery Road, West Columbia, SC 29172 Or Fax to (803) 737-8570

10/11 08:07
93378578
00:00:40
02
OK
STANDARD
ECM

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

TIME : 10/11/2010 08:08
NAME : ADMIN
FAX : 8032551212
TEL :

TRANSMISSION VERIFICATION REPORT

01/13/10
5410
609
10135