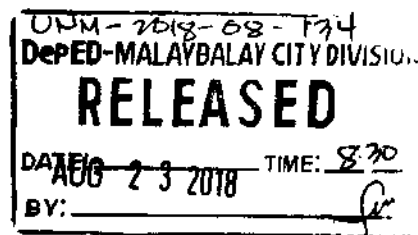




Republic of the Philippines  
Department of Education  
DIVISION OF MALAYBALAY CITY



**MEMORANDUM**

**TO:** All Division Office Personnel  
SGOD, CID, and OSDS

**FROM:**  **REBONFAMIL R. BAGUIO**  
Schools Division Superintendent

**DATE:** August 22, 2018

**SUBJECT:** SURVEY FOR DIVISION OFFICE EMERGENCY TEAM ASSIGNMENTS

1. Pursuant to DepED Order No. 37, s. 2015 re: The Comprehensive Disaster Risk Reduction and Management (DRRM) in Basic Education Framework which mandates all offices in the Department to establish mechanisms to properly manage occurrence of hazards in their area of responsibility, this Office will create an incident management team which shall be called the Division Office Emergency Response Squad or DOERS. The name signifies that members are men and women of action in times of emergencies.
2. In order to ensure that this Office makes the best decision in assigning Division personnel to emergency response teams, all are directed to accomplish the attached survey form and submit it to **Jimdandy S. Lucine, Project Development Officer II (DRRM)** on or before **August 30, 2018**.
3. Should there be queries, contact this Office through **0917 115 6864**.

Encl: As stated.

Copy Furnished: Records Unit | DRRM

TO BE POSTED IN THE WEBSITE

Purok 6, Brgy. Casisang, Malaybalay City  
Telefax: (088) 314-0094 | E-mail: malaybalay.city@deped.gov.ph

## SURVEY FORM FOR EMERGENCY TEAM ASSIGNMENT

This Office will create an incident management team which shall be called the Division Office Emergency Response Squad or DOERS. The team will ensure emergency situation in the Division Office will be managed properly and timely in order to save lives and properties.

Please take a minute to fill out this questionnaire and tell us about your preferences, trainings, skills, and aptitudes. The responses will be used to make sure that the emergency plan reflects the best use of all of our skills. Remember that plans and assignments should be flexible depending on the needs in the event of an emergency.

Check all the boxes of your answers.

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Name: \_\_\_\_\_

Position: \_\_\_\_\_

Section: \_\_\_\_\_

### I HAVE THE FOLLOWING TRAINING:

- |  |   |
|--|---|
| <input type="checkbox"/> Standard First Aid                      | <input type="checkbox"/> Handheld Radio             |
| <input type="checkbox"/> Standard Basic Life Support             | <input type="checkbox"/> High Angle Rescue Training |
| <input type="checkbox"/> Community Emergency Response Team       | <input type="checkbox"/> Information Management     |
| <input type="checkbox"/> Occupational Safety and Health Training | <input type="checkbox"/> Military                   |
| <input type="checkbox"/> Incident Command System Training        | <input type="checkbox"/> Firefighting Training      |
| <input type="checkbox"/> Psychological First Aid                 |   |
| <input type="checkbox"/> Others: _____                           |   |

### I HAVE THE FOLLOWING SKILLS:

- Construction/Hand Tools
- Rescue
- First Aid/Medical
- Use of guns
- Driving
- Computer
- Others: \_\_\_\_\_

### I FEEL THAT MY SKILLS WOULD BE BEST USED WITH:

- Communications Team
- First Aid/Mental Health Team
- Light Search and Rescue & Fire Suppression Team
- Reunification Team
- Emergency Assembly Area Team
- Site Team (Security, Utilities, Sanitation, and Shelter)

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*Signature*

Please return this form to Jimdandy S. Lucine by August 30, 2018.