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| **A L A R M P L A N** |  |       | **Stand:** **.****.** |

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| **Unterkunft:** |
| Adresse: | Telefon: | Fax: |
|      ,             |       /       |       /       |
| E-Mail: | Alarm-Fax: | Alarm-Mail: |
|       |       /       |       |

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| **Alarmspitze:** |
| **Dienststellung / Funktion** | **Name, Vorname** |
|       |      ,       |
| Adresse | Telefon, privat | Handy |
|      ,             |       /       |       /       |
| E-Mail | Telefon, dienstl. | FME (Schleife) | Pager (ISSI) |
|       |       /       |       |       |
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| **Dienststellung / Funktion** | **Name, Vorname** |
|       |      ,       |
| Adresse | Telefon, privat | Handy |
|      ,             |       /       |       /       |
| E-Mail | Telefon, dienstl. | FME (Schleife) | Pager (ISSI) |
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| **Dienststellung / Funktion** | **Name, Vorname** |
|       |      ,       |
| Adresse | Telefon, privat | Handy |
|      ,             |       /       |       /       |
| E-Mail | Telefon, dienstl. | FME (Schleife) | Pager (ISSI) |
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| **Dienststellung / Funktion** | **Name, Vorname** |
|       |      ,       |
| Adresse | Telefon, privat | Handy |
|      ,             |       /       |       /       |
| E-Mail | Telefon, dienstl. | FME (Schleife) | Pager (ISSI) |
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| **weitere Erreichbarkeiten (z.B. Fahrzeugtelefon, E-Mailadressen):** |
|       |       /       |  |       |       |
|       |       /       |  |       |       |

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| **Pager (digital)** |
| GSSI |       |       |       |       |       |       |
| Subadresse | &   | &   | &   | &   | &   | &   |
| Bezeichnung |       |       |       |       |       |       |

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| **FME (analog)** |
| Schleife |       |       |       |       |       |       |
| Bezeichnung |       |       |       |       |       |       |

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| **Einsatzstichwort / Alarmstufen:** | **Tag**      bis       Uhr | **Nacht / WE / Feiertag**      bis       Uhr |
| Bereitstellungszeit | Bereitstellungszeit |
| **A.** | OV – Einsatz(z. Bsp. Verpflegung / Bereitschaft bei FW Einsatz) |       Min. |       Min. |
| **B.** | Einsatz von einem *notfallgeeignetem Rettungsmittel* | innerhalb 10 Min. | innerhalb 10 Min. |
| Funkrufname: |       |
|  |  |  |  |  |  |  |
| Digital | Alarmstufe A |       |       |       |       |       |
| Alarmstufe B |       |       |       |       |       |
|  |  |  |  |  |  |  |
| Analog | Alarmstufe A |       |       |       |       |       |
| Alarmstufe B |       |       |       |       |       |

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| **Einsatzmittel der Organisation:** |
| Fahrzeugtyp | Rufname |  | Fahrzeugtyp | Rufname |
|       |       |  |       |       |
|       |       |  |       |       |
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|  |  |  |
| VerantwortlicherHiOrg |  | VerantwortlicherKV / KatS |

Ausgefülltes Formular bitte an einsatzplanung@kreis-bergstrasse.de