STANDARD OPERATING PROCEDURE
(SOP)

TF SPARTAN

Operation COVID Hammer

March 2020 – July 2022

Revision Date: 10 JUNE 2022

THIS SOP SUPERSEDES ALL PREVIOUS EDITIONS

Foreword:

COVID-19 (SARS-CoV2 was discovered in Wuhan, China in 2019. It quickly spread across the globe sending the world into a global level pandemic. As a novel virus, there was little known as to how to fight it.

Mission:

JTF-MI conducts civil support operations from 161200Q March 2020 until completion to preserve life, property, and ease the suffering of Michigan citizens during the COVID-19 pandemic.

Commander's Intent:

The purpose of this operation is to support Michigan Department of Homeland Security (MIDHS), MDHHS, MSP and other State/local agencies during COVID-19 response efforts. JTF-MI must maintain unity of effort while developing and implementing operational plans that enable these partners. Establish a nimble effective approach to supporting the whole-of-government response with flexible and sustainable capabilities.

End State:

JTF-MI supports state and local agencies throughout health response efforts in a safe and professional manner, mitigates risk of exposure to the force, accounts for equipment and personnel, and is postured for follow-on missions. When the Governor feels satisfied that civilian means and infrastructure can meet citizen needs and state and local agencies can meet demands, the JTF-MI will stand down and the DMVA will resume normal operations.

Timeline of Events:

- Dec. 1, 2019, A cluster of patients in Wuhan, Hubei Providence, China begin to experience shortness of breath and fever.
- December 31, 2019 The World Health Organization China Country Office is informed of a number cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan, Hubei Province. All cases connected to the Huanan Seafood Wholesale Market in Wuhan.
- January 2, 2020 The World Health Organization activates its incident management system across the three levels of WHO (country office, regional office, and headquarters).
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- January 7, 2020 - CDC establishes a 2019-nCoV Incident Management Structure to guide the response. It follows previously established MERS-CoV preparedness plans for developing tests and managing cases.
- January 10, 2020 CDC publishes information about the novel coronavirus on its website.

- January 17, 2020 - CDC deploys a team to Washington state to assist with contact tracing efforts in response to the first reported case of 2019-nCOV in the U.S.
- January 20, 2020 - CDC confirms the first U.S. laboratory-confirmed case of COVID-19 in the U.S. from samples taken on January 18 in Washington state.
- January 21, 2020 -CDC transitions from a Center-led Incident Management Structure to an Agency-wide Structure and activates its Emergency Response System
- January 29, 2020 The White House Coronavirus Task Force is established with U.S. Health and Human Services Secretary, Alex Azar, as the head of the Task Force
- January 31, 2020 U.S. Secretary of Health and Human Services, Alex Azar, declares the SARS-CoV-2 virus a public health emergency and the White House 2019 Novel Coronavirus Task Force announces the implementation of new travel policies to be effective at 5:00 PM EST on February 2, 2020.
- February 4, 2020 The U.S. Food and Drug Administration approves the Emergency Use Authorization (EUA) PACK for the CDC developed SARS-CoV-2 diagnostic test. CDC distributes 200 test kits through its Influenza Reagent Resource program to laboratories across the U.S.
- February 26, 2020 CDC's Dr. Nancy Messonnier, Incident Manager for the COVID-19 Response, holds a telebriefing. During the telebriefing she braces the U.S. for the eventual community spread of the novel coronavirus and states that the "disruption to everyday life may be severe."
- March 11, 2020 - The World Health Organization declares COVID-19 a pandemic.
- March 15, 2020 - U.S. states begin to shut down to prevent the spread of COVID-19. New York City public schools system (the largest school system in the U.S., with 1.1 million students) shuts down, while Ohio calls for restaurants and bars to close.
- March 18, Michigan Governor Gretchen Whitmer activates the MIARNG to begin COVID Response efforts. MIARNG Upper Echelons activate key positions in anticipation for large force implementation.
- March 26, 2020 U.S. Senate passes the Coronavirus Aid, Relief, and Economic Security (CARES) Act providing $2 trillion in aid to hospitals, small businesses, and state and local governments while including an elimination of the Medicare sequester from May to December 31, 2020.
- March 30 and April 06 2020 MIARNG and MIANG begin mission in two waves, Mission is divided up into Setting up locations, moving supplies into position, establishing presence. The mission at that time was setting up field hospitals, providing general support, COVID Screening and testing while also packing food banks.

- **<u>All COVID Task Forces consolidate into TF Spartan</u>**

- Task Force Spartan started off, not as one Task Force but multiple. These were: Task Force 172, Task Force 182, Task Force Red Lion, Task Force Bronco, and Task Force

Spartan. The timeline below, while listed as TF Spartan, contains elements of the other task forces which later merged into TF Spartan.

- TF Spartan conducted a considerable amount of COVID tests (POC and PCR) in excess of 500,000+. Additionally since inception, MING 68W/4N have personally executed 526,000 (as of 10 June 2022) vaccinations and supported civilian agencies executing 947,036 vaccinations.
- During the Antigen testing training initiative (06 NOV 20 to 14 Jan 21) MING supported training in 282 locations (945 contacted during the initiative), training 1349 staff members with 1549 tests utilized for training. From September 2021 to present date MING supported PCR testing with 53 CBTI (many repetitive) events utilizing 7,423 PCR tests. Additionally testing in venues such as MDOC, Juvenile Detention facilities (JDF), Long Term Care Facilities (LTCF), and MING with an overall total of 281 events utilizing 250,000+ PCR tests. TF Red Lion/5th Platoon was responsible for 550,000+ MCIR data inputs ISO the City of Detroit (CoD), MCIR mission was decommissioned on 27 August 2021.
- June 2021 MING began a relationship with the Council of Baptist Pastors (COBP) and conducted 333 POC tests and 2623 Vaccinations in 59 churches, covering 342 events. MING conducted bi-weekly touchpoint with Church Council at Liberty Baptist Church in Detroit, Dr. Stephen Bland (Contact info below). Currently MING supports vaccination and testing in 8 inner city churches in Detroit (7 of which fall under COBP and 1 Historic King Solomon Church). Weekly reports for each of the churches are sent out to the respective church leadership teams via Current Operations Supervisor.
- 24 August 2021, TF Spartan was notified that the CVTT mission was extended until end of December 2021. Beginning in August of 2021, NxGen was replaced with BOL as the only method of PCR testing for the MING. That said, systems and contacts were put into place to expedite the 24 hour test results process-Dr. Diana Riner and Mr. Bruce Robeson (Contact info below).
- During September 2021, MING was tasked to support Antigen Testing missions to include processing of results to MDHHS Additionally, MING was tasked with creating an Antigen test result form which was approved through MDHHS and is utilized for individuals requiring a negative test result for work/travel/etc.
- October 2021, MING was tasked to support DoD mandatory vaccination clinics throughout the state to include but not limited to MIARNG, MIANG, Marines, Navy, and Title V employees. The pattern became astronomically low turnout for MING SM receiving vaccinations.
- 03 October 2021, TF Spartan submitted in excess of 50 safety awards requests for performance on mission. Some but not limited to the performances were 100,000 miles with no accidents/200 closure reports, safely administered 1,781 vaccinations no accidents, 8,500 miles driven with no accidents/1,200 hours warehouse accident free/trained team, caught error on vaccine application on underage child, and a plethora of others.

- 19 October2021, TF Spartan was notified that the Michigan Militia had begun protesting vaccination in schools and produced a tik-tok video broadcast on Facebook. As a result all 3 events planned in Bay County were cancelled, MTF. https://vm.tiktok.com/ZM8hHVkH7/
- January 2022- MING supported the transportation of over 500 vials of near expiration COVID vaccination from various hospitals and agencies to LHDs in Ingham, Washtenaw and a few other regions.
- 10 January 2022- MING was tasked with supporting Sparrow Hospital in Lansing with 2 x CVTTS for outdoor COVID testing. On 04 February 2022, testing mission ceased per the request of the hospital due to lack of community participation.
- As of 10 June 2022, TF Spartan amassed more than 1,797,500 miles driven in support of COVID operations.
- As of 10 June 2022 TF Spartan conducted more than 4,390 COVID Vaccine events executed.

Michigan Department Of Corrections (MDOC) TESTING:

TF Spartan was heavily involved in PCR testing in in 22 of 29 MDOC facilities from spring 2020 until November 2020 (26,000 tests per week). In November, TF Spartan switched out of MDOC to work with Local Health Departments (LHD) in Antigen testing training for over 945 Home for Aged (HFA) and others, per the Governors Executive order. In February 2021, MING was called upon to Antigen test inmates at Bellamy Creek CF (COVID variant outbreak). TF Spartan CVTTs tested for approx. 2 months. At that time, TF Spartan was used solely as a QRF should there be an outbreak in an MDOC facility. During heavy testing periods MING utilized the Civil Air Patrol (CAP) to fly specimens from the Upper Peninsula to Grand rapids with follow on transport by CVTTs to NxGen.

December 2021- February 2022 MING re-engaged in both testing and vaccination events at several of the MDOC facilities. As a result of the re-engagement, MING administered 16,672 Antigen tests and 5,054 vaccinations (Majority were Booster shots). MING also welcomed MDOC Strike teams into support testing in the facilities. The Strike teams were an initiative created by MDOC volunteer staff to test at various facilities.

As of 23 MAR 2022, TF Spartan officially ended testing missions inside MDOC facilities, completing 28,853 Antigen tests

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***Disk Included containing all supporting documents, maps, forms, instructions, photos, news stories.*

A. REGIONS

The Tactical Operations Center serves as a field office in all capacities. The Tactical Operation Center or TOC is made of sections like Administration, Logistics and Supply, Information and Technology, Planning and Strategy, Current Operations and Efficiency.

While the Tactical Operations Center is centrally located, many of its assigned personnel are not physically located within the office. The efficiency and quality control inspectors position is often located on the road going out to serviced areas to gauge the MIARNG's response efforts and therefore not in the central location.

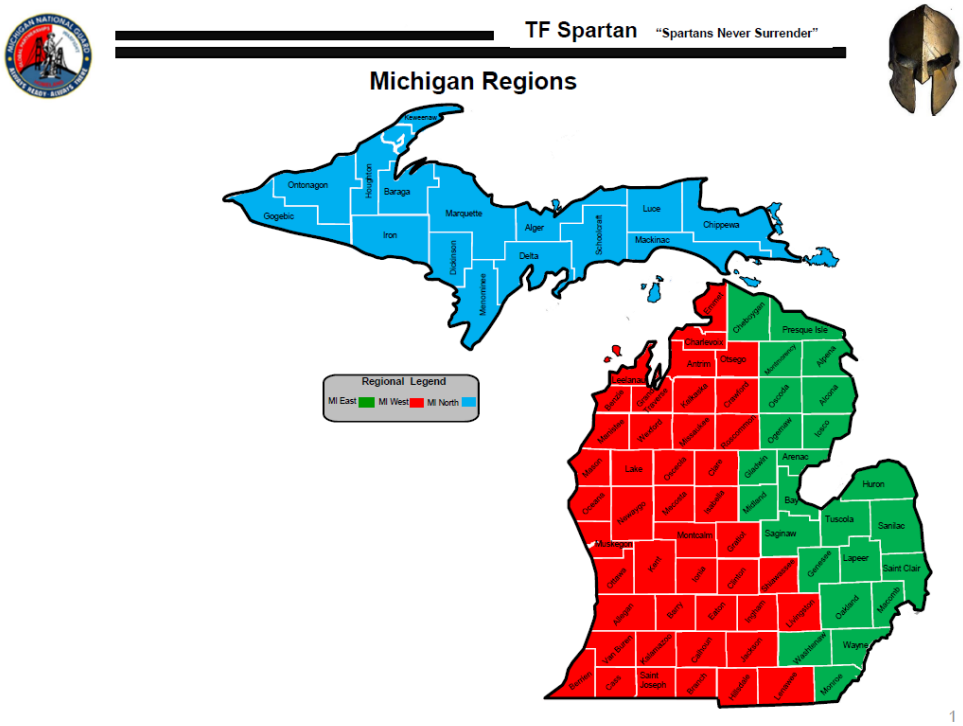


Figure 1Regional Map of Michigan

The regional jurisdiction within the state of Michigan was divided into 3 sections, East, West and North. Each of these regions had specific teams assigned to that region. Each region had its own challenges and focuses. Assigning a platoon or section to set up regional satellite offices from which these teams operated allowed the Michigan National Guard to establishing a presence of longevity and continuity.

I. Command Team and Supporting Staff

A. TF OIC- TASK FORCE OFFICER IN CHARGE:

As the OIC, responsible for oversight of MDHHS, MDOC, and DoD events as well as ensuring MING CVTTs support both The Adjutant General and Governor's initiative to test and vaccinate the citizens of the State of Michigan. Responsible for authorizing leave and movement of personnel in and out of CVTTs. Responsible for briefing MIARNG leadership and State of Michigan (SoM) on current status of mission support to include mission amendment, additions, cancellations, and variances.

Responsible for day to day operations of TF Spartan to include leave approval for all team members, developing planning guidance for FUOPs and CUOPs, and ensuring mission requirements are met. As TF OIC, also responsible for dialogue with respective agencies when issues arise or challenges to mission develop.

In many cases, TF OIC may be responsible for calling local venues or events supported by MING CVTTs in the event there may have been an issue with teams we provided or services rendered. The TF OIC will be the consummate professional and most often apologize (often for no reason) to the point of contact. When an issue arises, the OIC will reach out to MDHHS LNO or in many cases MDHHS Director to explain the situation and rectify it.

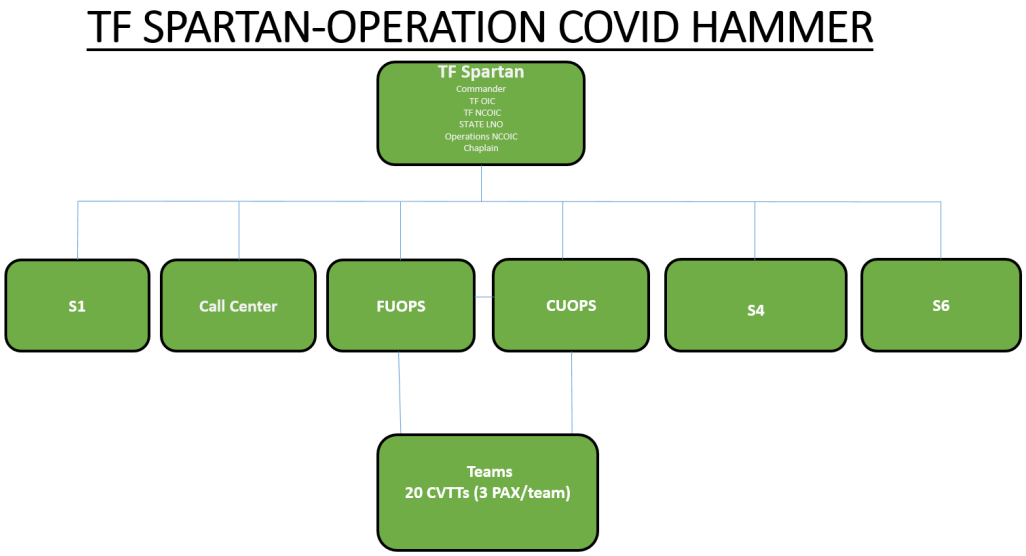


Figure 2 Task Force Organizational Chart

B. TF - MDHHS LNO (STATE LIAISON)

The liaison position was created on October 2020 and assumed by the prior Task Force 182 Commander). LTC Austhof maintained the position until approx. June of 2021 and MAJ Leonard Uller assumed the role from June 2021 until November 1, 2021. Maj Uller accepted a position with MDHHS direct as the Director of COVID-19 testing and Collection Coordination Team. November 1, 2021, MAJ Douglas Smith assumed the dual role of MDHHS liaison and Task Force Spartan OIC and many of those roles and products crossed over. SGT Melaney Miller was been brought in as assistant to the liaison due to extensive talent/knowledge/experience with LHDs and other agencies for testing/vaccination.

The role of the MDHHS liaison is to work with both MDHHS and MING to support testing and vaccination missions within the state of Michigan. As liaison, responsibilities are to brief MIARNG Senior Leadership on current status and/or needs for the TF to support the state and mission. As of November, the liaison became more involved with MIARNG G2 (CPT Anthony Garza and 1LT Chelsea Downer) and DTMB data (Mike Patterson/Louis Albrant) to research trends and develop testing and vaccination strategy. The liaison position is also relied heavily upon personal relationships with LHDs for scheduling/de-confliction and problem solving. The LHDs over see their respective counties and several types of venues within the counties can and are scheduled through and in support of the LHD Health officers.

1) PRODUCTS:

The liaison role comes with meetings throughout the week. These meetings include MIARNG -MDHHS Brief and 0365 Directorate Staff COVID Sync, Immunization CHECC meeting, Statewide testing meeting, MDHHS COVID Briefing, Local Health Department COVID-19 Update Call. Reports and products are at the discretion of MDHHS requests.

C. **TF NCOIC**

As the senior ranking enlisted soldier, the Task Force Noncommissioned Officer in Charge (NCOIC) serves as the central hub for the entire task force. The NCOIC helps establish and enforces the regulations of the Task Force and ensures that all things run smoothly and efficiently. Because of this, the Task Force NCOIC is involved in virtually every capacity of the mission in some way.

Administrative supervisory roles for this position covers everything from preparing, coordinating, and managing all personnel coming on to the task force to signing their vacation paperwork and leave the task force.

With the cooperation of the admin section supervisor, the NCOIC manages and approves the Cost Estimate Worksheet for the task force, monitors and oversees all pay inquiries for all personnel of the task force to include every member staying in a hotel. The NCOIC monitors the approval process for every member having a government travel credit card and ensuring that the teams themselves are strategically and logistically located secure within the state's borders.

The NCOIC facilitates outside entities on many fronts. First, the NCOIC ensures that the task force is accomplishing their mission in accordance with the intent and objectives laid out through orders and directives. From the Governor to Adjutant General to the Joint Staff, directives, objectives, executive orders, and changes or revisions to any or all of those directives (FRAGO), all require implementation and dissemination down to the lowest levels of the teams, the NCOIC ensure this happens. Because of the fluid and ever-changing mission of the pandemic, frequent meetings with both the Joint Staff, the Operations Center and the sections out in satellite locations. This could either be with a site visit in person or a teleconference meeting either through traditional conference calls or through a teams meeting

The NCOIC is the driving force that ensures all soldiers receive all evaluations and all State level or national level citations and awards. While the admin section has the personnel that process and submit the awards, it is the NCOIC that pushes for this to happen.

Logistically, the NCOIC ensures that all teams have the required equipment to successfully accomplish the mission. This means managing all warehouse operations to maintain the stock of equipment throughout the entire task force, delivering the personal protective equipment to the necessary people, and dispersing and managing the fleet of vehicles pushed out for each of the satellite teams as well as those centrally located. Details of this process will be found in the Logistics section of this document.

Communications across the task force is crucial, the NCOIC ensures that the communications with the teams is continuous and without interruption. This requires oversight on all of information services requests through the IT and communication sections as well as the logistics section that maintains the lending of such equipment.

The NCOIC oversees the daily reports, vaccination and testing and the current affairs through the current operations section. The NCOIC manages the commander's critical information requirements should they arrive.

Operations planning requires guidance on strategic approaches. The NCOIC advises the future operations section as necessary when strategic concerns arise. Overall, the NCOIC provides guidance and objectives in order to achieve a desired outcome.

D. CHAPLAIN

1) OVERVIEW

This position makes possible the free exercise of religion during Covid-19 operations. Supervisory Chaplain establishes and oversees the religious support coverage plan to the entire TF arrayed around the state. The TF determines strategic locations for operations and the Chaplain ensures religious support presence to those operations centers and the service locations where TF personnel administer vaccines and testing.

2) ROLES

a) **Supervisory Chaplain:**

Mobilizes additional Chaplains according to mission requirements. This includes division of labor for travel to platoons and special support where emergencies or high-profile events occur. Due to the pace of operations, worship services receive minimal support.

b) **Chaplain:**

Adjusts worship support provision by producing videos with spiritual content for dissemination to the force. Chaplains provide counsel to Soldiers in various contexts. Soldier needs occur spontaneously and Chaplains make time for these requests while at service locations, at the hotels, or other designated locations.

Chaplains advise the command on all matters relating to morals, morale, and religious accommodation. As issues surface, Chaplains counsel command on the morale of the troops, personnel changes, impact of mission adjustments,

Chaplains support inprocessing and outprocessing by providing information to Soldiers and Airmen reference to Chaplain Support throughout the mission.

3) INFORMATION FLOW

Reporting requirements include three conference calls per week for the purpose of conveying travel plans, Chaplain Initiatives and latest morale trends to TF Spartan and the separate departments to TF Spartan. As an advisor to the TOC leadership, we provide real-time updates regarding emergencies, morale, and other concerns relative to the troops and the religious support plan across the AO.

4) BATTLE RHYTHM

The weekly plan is subject to change as Soldier needs dictate the Chaplain's location and actions. While on mission, the Chaplain's remain on a 24/7 emergency on-call status to respond to crises from injuries, suicide ideations, urgent counseling requests or other needs as they arise.

Mondays and Fridays are typically days on the road visiting sites. During the commute, Chaplains handle a variety of phone calls for ministry coordination and administrative support. We visit the sites based on a zone rotation. For example, 1 Chaplain will visit sites that fall in a geographical region such as flint and Detroit or Comstock Park and Grand Rapids. While at the sites, Chaplains speak with command about morale and general operations. Chaplains then visit almost every Soldier or Airman to determine need for counseling and assess morale. Chaplains will often address the group with a leadership principle or spiritual truth, offer prayer for the teams at each location and then report findings back to the TOC leadership. This is also reported on the 1100 call.

Tuesdays and Thursdays are admin days at the office. Here, Chaplains make a variety of stops to the various sections operating in the TOC or other locations. Chaplains manage email correspondence, phone calls, office visits, and special projects planning while serving on an administrative capacity on these days. A great deal of writing occurs in preparation for upcoming spiritual videos or messages to be delivered to the force. Thursday mornings are unique in that Chaplain's furnish a brief to the inbound Soldiers to the mission. We also conduct video-taping on this day for the special religious support project called "Spiritual Meals Ready to Eat." This is edited by the MILTEC State Chaplain position (Elwood) who then posts the video on a YouTube platform. One of the subordinate Chaplains then relays the videos to the force via Text-messages to SM phones.

Evenings also contain a great deal of work. We do much of our writing for spiritual videos during this time. Some counseling works best by phone or personal visit in the evenings due to Soldier mission constraints during duty hours.

E. QUALITY ASSURANCE /QUALITY CONTROL (QA/QC) INSPECTOR

Overview: The purpose of the QA/QC Inspector is to ensure that the needs of the CVTT is being taken care of. While the chaplain position is to ensure the mental and spiritual wellbeing of the soldiers are being addressed, the QA/QC ensures that that the soldiers are provided with enough PPE and admin support from the TOC. At the same time, the QA/ QC checks the site over to ensure the soldiers are in a safe environment.

The Inspector selects the site by looking at the Sync Matrix, once identified, the Inspector pulls the corresponding RFATO from the sections assigned folder. The Inspector then drives out to the site and meets up with the team and the client.

The QA/QC Inspector investigates the premises for safety concerns, checks in with the team's progress and goes through the process from beginning to end as if they were a potential patient. The Inspector documents the process from beginning to end to include: overall physical state of the facility, the space available, the layout, and the flow of traffic.

Once completed, the QA/QC inspector sends out an email to the Task Force documenting his findings.

II. Operations Center Personnel

A. ADMINISTRATION AND HUMAN RESOURCES (S1)

The S1 Section manages all administrative functions within the task force as it relates to personnel. The S1 section coordinates, manages and reports to the Joint Staff and MSC. The sections screens, interviews and onboards all personnel through Joint, Reception, Staging, Onward, and Integration (incoming personnel orientation) processes. The S1 section also coordinates all aspects of personnel services, finance services, chaplaincy activities, command information services, and legal services support as needed within the task force.

1) S1 – ADMIN ROLES AND DUTIES

As a section, S1 will perform the following duties:

- Manage personnel status reports due to the division human resources office at the assigned time.
- Weekly leaders call in at designated time.
- Leave Tracker manager for all soldiers on mission after approval by TF Officer In Charge to include tracking leave, correcting leave, signing leave in/out, approving new profiles and archiving all vacation requests
- Defense Travel System Approving Official for Task Force Spartan
- Approve all Defense Travel System vouchers submitted on Task Force Spartan
- Create and manage cost estimate worksheets to submit to the operations and all affected sections
- Manage all personnel rosters, to include filling vacancies
- Manage and coordinate all in processing and out processing. To include the sponsors, time, date and location of event ahead of each event.
- Calculate leave balances for every soldier ahead of each out processing event

- Coordinate remote Health Assessment reviews with a provider ahead of each out processing event
- Coordinate electronic COVID Questionnaires for provider review ahead of each out processing event
- Coordinate electronic mission separation requests with division level admin personnel for processing as a part of the out processing packet
- Submit all electronic out-processing items to division level admin staff mailbox or designated location
- Create and manage awards for all soldiers on Task Force Spartan as necessary
- Create and manage Certificate of Achievements/Appreciations for soldiers, airmen civilian personnel
- Create and manage award memos for all soldiers on Task Force Spartan
- Assist with soldier promotion items
- Aid in resolving soldier pay problems with all MSC's
- Coordinate soldiers pay problems with national level finance office.
- Manage all soldier hardships/counseling statements via the designated
- Coordinate soldier interventions with the Chaplain
- Manage all personnel actions via correct channels and submit accordingly
- Report directly to Task Force Noncommissioned Officer In Charge with any changes to Admin functions or needs.
- Provide available personnel information to FUOPS/COUPS
- Task teams with required items due to the S1 for personnel management, such as TF wide MWR event roll-ups
- Assist teams with all personnel problems with no limitations
- Coordinate LOD's and medical issues that arise for soldiers on the mission with MSC's
- Coordinate and assist with REDCROSS messages as needed and report information to JOC
- Manage MEDPROS for Medical Readiness
- Organize MRE events with OSS to ensure all soldiers are in the green
- Maintain applicable state permissions for IPPS-A, iPERMS, MEDPROS, DTMS, MOBCOP/DAMPS via "New SAAR Application Program @:

https://midpcwebapps.ng.ds.army.mil/SAARWEB/Pages/Home.aspx

- Conduct weekly/as needed Platoon/63rd Troop Command/site visits to resolve S1 issues for soldiers on ground, including award and certificate coordination updates
- Create federal/state award memos with complete soldier rosters submitted to all MSC's for applicable ribbons such as COVID Response Ribbon, Armed Forces Service Ribbon, State Active-Duty ribbon

B. S1 OIC

1) ROLE

The OIC manages all administrative functions for the task force by overseeing, delegating functions to two S1 Clerks. The OIC also develops practices and processes to predict, facilitate and react to all personnel needs for the task force.

2) DUTIES

Supervise duties at the preceding skill levels with broad ranging responsibilities, regardless of specific position or assignment. In addition to those mission specific priorities and requirements by the Senior Commander and the J/G-1, there are general requirements must monitor and execute in order to ensure the health of organizations, and development and growth of the future enlisted leaders.

Provide direct mentorship to S1s, provide training, guidance and oversight to platoon's (within the task force's area of operation), maintain external relationships outside of the task force.

C. S1 SPECIALIST

1. **Role:**

The S1 Specialist is responsible for data entry and analysis of their respective areas of assignment. As stated above, these duties are sectioned off per individual. The S1 Specialist role is split amongst the designated personnel that fall under the S1 NCOIC. These personnel conduct focus specified functions making them subject matter experts in their assigned corresponding tasks. As with all sections, this consists of using resources to perform tasks and output products.

2. **Products:**

a) **Defense Travel System (DTS)**

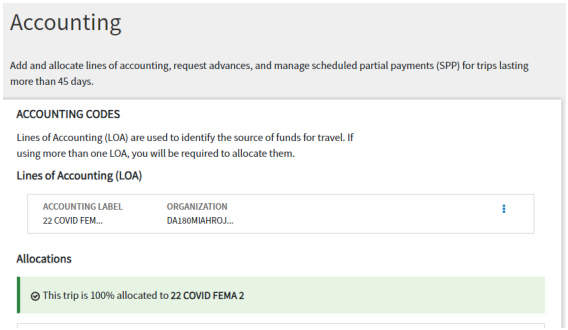
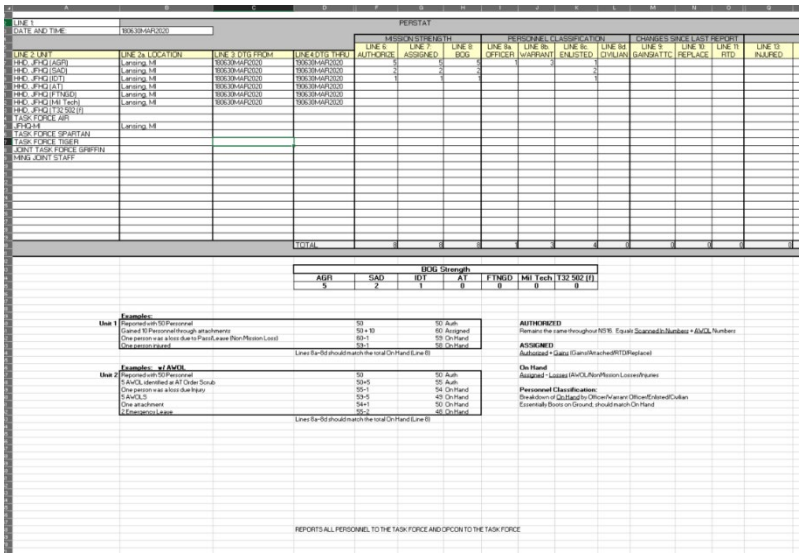


Figure 3 DTS LOA

Tasking's include using the defense travel system to processes Task Force soldiers authorized per diem and lodging expenses. Using training and deep understanding of Defense Travel System, authorizations and vouchers are created by section personnel. First, it determined the location where soldiers will be staying at for the duration of the mission. S1 then submits an entitlement memo that states that soldiers are entitled to having per diem, lodging, and travel paid out to them. This is accompanied with a locally produced a cost estimate work sheet (CEW), which explains the projected expenses of mission from each soldier. S1 then ensures that all soldiers are receiving the allotted per diem amount with in the per diem page of Defense Travel System. S1 then determines proper Line of Accounting (LOA) for this mission. The step following the previous includes, adding justification for any flagged items for the trip. Lastly, we ensure the routing list is TF SPARTAN and submit the authorization.

Once the authorization is approved, the task is to create a voucher for a soldier to sign. The first step is to edit the soldier's itinerary if they traveled between multiple hotels, then enter the lodging expenses using the receipts supplied by the soldier, which includes hotel cost and taxes. In some situations, a soldier needs a signed AEA worksheet (Actual Expense Allowance) if the hotel expenses exceed the allotted lodging amount an edit must be made to the per diem page to ensure each soldier is receiving their entitled per diem amount. The next step is to verify the proper distribution of reimbursement between the GTCC and the soldier's personal bank account. Then, justify all flagged items for the trip. Lastly, the soldier will sign and submit the voucher using their CAC.

3. **PERSTAT and OPCON**


PERSTAT

LINE 1																
DATE AND TIME	190639MAR2020															
				MISSION STRENGTH			PERSONNEL CLASSIFICATION					CHANGES SINCE LAST REPORT				
LINE 2 UNIT	LINE 2a LOCATION	LINE 3 DTG FROM	LINE 4 DTG THRU	LINE 6 AUTHORIZE	LINE 7 ASSIGNED	LINE 8 BOG	LINE 8a OFFICER	LINE 8b WARRANT	LINE 8c ENLISTED	LINE 8d CIVILIAN	LINE 9 GAINS/ATTC	LINE 10 REPLACE	LINE 11 RTD	LINE 13 INJURED
HHD...(FHQ (ASR)	Lansing, MI	190639MAR2020	190639MAR2020	5	5	5			5					
HHD...(FHQ (SAD)	Lansing, MI	190639MAR2020	190639MAR2020	2	2	2			2					
HHD...(FHQ (IDT)	Lansing, MI	190639MAR2020	190639MAR2020	1	1	1			1					
HHD...(FHQ (AT)	Lansing, MI	190639MAR2020	190639MAR2020											
HHD...(FHQ (FTNGD)	Lansing, MI	190639MAR2020	190639MAR2020											
HHD...(FHQ (Mil Tech)	Lansing, MI	190639MAR2020	190639MAR2020											
HHD...(FHQ (T32 502 (f)														
TASK FORCE AIR														
JFHQ-H	Lansing, MI													
TASK FORCE SPARTAN														
TASK FORCE TIGER														
JOINT TASK FORCE GRIFFIN														
MRNS JOINT STAFF														
			TOTAL	8	8	8	0	0	8	0	0	0	0	0

BOG Strength						
AGR	SAD	IDT	AT	FTNGD	Mil Tech	T32 502 (f)
5	2	1	0	0	0	0

Examples:

Unit 1 Reported with 50 Personnel — 50 Auth
Gained 10 Personnel through attachments — 10 + 10 — 60 Assigned
One person was a loss due to Pass/Leave (Non Mission Loss) — 60-1 — 59 On Hand
One person injured — 59-1 — 58 On Hand
Lines 8a-8d should match the total On Hand (Line 6)

Examples: w/ AWOL

Unit 2 Reported with 50 Personnel — 50 — 50 Auth
5 AWOL identified at AT Order Scrub — 50+5 — 55 Auth
One person was a loss due Injury — 55-1 — 54 On Hand
5 AWOL'S — 53-5 — 49 On Hand
One attachment — 54+1 — 50 On Hand
1 Emergency Leave — 55-2 — 48 On Hand
Lines 8a-8d should match the total On Hand (Line 6)

AUTHORIZED
Remains the same throughout NSTR. Equals Scanned in Numbers + AWOL Numbers

ASSIGNED
Authorized + Gains (Gains/Attached/RTD/Replace)

On Hand
Assigned - Losses (AWOL/Non Mission Losses/Injuries

Personnel Classification:
Breakdown of On Hand by Officer/Warrant Officer/Enlisted/Civilian
Essentially Boots on Ground, should match On Hand

REPORTS ALL PERSONNEL TO THE TASK FORCE AND OPCON TO THE TASK FORCE

Figure 4: PERSTAT

LINE 1 — DATE AND TIME (DTG)

LINE 2 — UNIT (Unit Making Report)

LINE 3 — FROM (DTG for the Beginning of Period Applying to Personnel Information)

LINE 4 — TO (DTG for the End of Report Period)

LINE 5 — UNIT (Designation of the Unit for Which the Personnel Status Information is Being Submitted)

LINE 6 — AUTHORIZED (Number of Personnel Authorized by Personnel Classification)

LINE 7 — ASSIGNED (Number of Personnel Assigned by Personnel Classification)

LINE 8 — ON HAND (Number of Personnel Authorized by Personnel Classification)

LINE 9 — GAINS (Number of Personnel Gains by Personnel Classification)

LINE 10 — REPLACEMENTS (Number of Personnel Gained That Are Replacements by Personnel Classification)

LINE 11 — RETURNED TO DUTY (Number of Personnel Gained That Have Been Returned to Duty through Medical Channels by Personnel Classification)

LINE 13 — WOUNDED (Number of WIA by Personnel Classification)

LINE 14 — NONMISSION LOSS_____(Number of NON MISSION RELATED Injury Loss by Personnel Classification)

LINE 17 — AWOL_____(Number Absent Without Leave by Personnel Classification)

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4. **Cost Estimate Worksheet**

The Cost Estimate Worksheet is designed to list the total cost to the unit for the tasking. It contains a start date, demographics and end date.

MICHIGAN ARMY NATIONAL GUARD

COST ESTIMATE WORKSHEET

CEW APPROVED

◉ CEW

○ Forecasting Tool

CY22 v2.4

PER DIEM RATE	LODGING RATE	MILEAGE RATE
$59.00	$133.00	$0.585

		UNIT	LAST NAME, FIRST NAME	RANK	STATUS	START DATE	END DATE	# DAYS	P/A	PER DIEM		LODGING		POV MILEAGE		COMMERCIAL AIR	RENTAL CAR	ADDITIONAL EXPENSES	
+ - C	1	PHOENIX SQDRN	2P SYNDULLA, HERA	E4	M-DAY	02-Apr-22	01-Jul-22	91	$13,601.77	Full	$5,339.50	Yes	$11,970.00	100	$58.50				$30,969.77
+ - C	2	SENATE	2P AMIDALA, PADME	E4	M-DAY	02-Apr-22	01-Jul-22	91	$13,601.77	Full	$5,339.50	Yes	$11,970.00	100	$58.50				$30,969.77
+ - C	3	PADAWAN 2	2P TANO, AHSOKA	E3	M-DAY	02-Apr-22	01-Jul-22	91	$11,862.76	Full	$5,339.50	Yes	$11,970.00	100	$58.50				$29,230.76
+ - C	4	NIGHTSISTERS	2P VENTRESS ASAJJ	E4	M-DAY	02-Apr-22	01-Jul-22	91	$13,601.77	Full	$5,339.50	Yes	$11,970.00	100	$58.50				$30,969.77

Figure 5 CEW

5. **(Orientation) Inprocessing Packet**

JRSOI is the onboarding process for the TF. At this time a potential team member has already gone through a screening process. Once inprocessing is complete, the soldier is fully processed administratively. The following admin events are completed by the onboarding process:

b) GTCC – **S1 verifies that soldier possesses GTCC access. Once verified, this information is then transferred to the states Lead Defense Travel Administrator to ensure that GTCC privileges have been turned on.**

c) VALID ID CARD- **Soldiers need to have a valid ID card as many will need this to complete most administration functions.**

d) DTS AUTHORIZATION- **The Task Force S1 creates the authorization for the soldiers. This process is shown above in the DEFENSE TRAVEL SYSTEM (DTS) section.**

e) LEAVE TRACKER PROFILE- **Leave process Each Service Member on the TF should have a leave profile initiated in the leave tracker by the platoon leader. https://ftsmcs.ngb.army.mil/. This is done by having the soldier self-register and is done during inprocessing.**

1. **Registering Yourself in the System**
2. **To begin tracking your leave in the Leave Log system, do the following:**
3. **From a computer with a CAC reader, navigate to the FTSMCS Leave Log:** https://ftsmcs.ngb.army.mil/LeaveLog
4. **The system will look up SSN for registration associated with CAC in ARM's weekly DFAS download to confirm are status as active duty. If not paid through ARM, the system will then look for a record in SIDPERS.**
5. **If a profile is found as an AGR or have a record in SIDPERS, you will be displayed a registration screen. (Users who are in SIDPERS but NOT being paid AGR can track leave, but no transactions will be sent to DFAS for them. Their leave must be processed manually)**
6. **Enter or change the information on the form, making sure to select a leave group to submit leave under.**
7. **When finished, click the "Register" button.**
8. **You are now ready to use the leave log to enter and track leave.**
9. **No Service Member is to submit their own leave into the leave tracker. Each leave is to be submitted on a DA31 FORM to be approved/disapproved by the platoon leader. Sent to the TF OIC and CC'd the S1 section once approved by the TF OIC the SM's leave is then entered into the leave tracker by the S1 personnel.**

3) OUTPROCESSING PACKET

a) DD 214 REQUEST FORM **(The "TOUR END DATE" and the "ORDER END DATE" should match). (Digitally sign & return)**

b) PDHA VIA MEDPROS **https://www.mods.army.mil/ (complete on a CAC enabled computer) POST-Deployment Health Assessment #2796 This can be completed 30 days prior to your scheduled R-JRSOI date.**

c) COVID -19 RISK EVALUATION **(Digitally sign & return).**

d) DA FORM 31 **(Should be the same day ending as order end date, unless transferring or selling). (Digitally sign & return in the same method as always).**

1. **DTS Voucher for month routed to TF Spartan's bucket. (Make sure you have all receipts related to your hotel stay and have checked out of your hotel before completion of your DTS voucher).**
2. **DA 4187 for those selling leave: transferring leave to another order; (ADOS may not transfer leave. Leave will only be base pay if sold. BAH, Per DIEM will not be included, NOT recommended. Maximum sell back in a career is 60). (Digitally sign & return).**
3. **DA FORM 1561 If applicable (meaning all documentation must be in DEERS and verified by and turned into your Parent Unit's Readiness NCO for processing; NOT TF Spartan S-1).**
4. **"(Digitally sign & return)" applies to all documents indicated if you are R-JRSOI outside of the originally listed R-JRSOI date and the DA 31. All others can be placed into the designated folder.**
5. **SHPE EXAM identified by a provider during PDHA phase. (This is an optional exam determined if needed by a provider during PDHA if you have been on 502(f) orders for more than 180 days. If a soldier is identified as needing a SHPE, notification will be sent and the soldier will be sent to Grayling for the continuation of this exam before the orders end. A SHPE is for anyone who has or will be filing an LOD, has a physical condition identified by provider as needing one, and or if filing a disability claim with the VA).**
6. **DD 214**
7. **A DD 214 form is created for anyone with over 90 Active. This process begins with the soldier filling out the DD 214 request form. This form can be found in the Annex.**

4) AWARDS

a) Certificate of Appreciation / Certificate of Achievement:

All soldiers will receive a Certificate of Appreciation or Achievement. They are locally produced and the Certificate of Achievement while looking a great deal like the Certificate of Appreciation, can be added to the service member's record for promotion points. The Admin shop ensure that these are all completed for each and every soldier on the Task Force no matter how long they serve the mission. The following is guidance given via AR 600-8-22, the governing regulation for Military Awards.

Commanders may recognize periods of faithful service, acts, or achievements which do not meet the standards required for decorations by issuing to individual U.S. military personnel a DA Form 2442 (Certificate of Achievement) or a certificate of achievement of local design provided it meets guidance in 10–2(a). a. DA Form 2442 will be issued under such regulations as the local commander may prescribe. b. If a locally designed DA Form 2442 is printed for use according to this regulation, it may bear reproductions of insignia. In the interest of economy, the use of color will be held to a minimum. c. The citation on such certificates will not be worded so that the act of service performed appears to warrant the award of a decoration. d. No distinguishing device is authorized for wear to indicate the receipt of a DA Form 2442. e. Copies of DA Form 2442 or memorandum of record stating that a DA Form 2442 has been awarded and citing the service recognized will be distributed to the AMHRR per AR 600–8–10

b) **Humanitarian Service Medal/ Armed Forces Service Medal:**

Under Secretary of Defense for Personnel and Readiness Matthew P. Donovan approved the award of the Humanitarian Service Medal and/or the Armed Forces Service Medal to eligible military personnel for qualifying coronavirus disease 2019 (COVID-19) operations and activities. The period of the award is from Jan. 31, 2020 to a date to be determined. Service personnel are not eligible for both the Humanitarian Service Medal and the Armed Forces Service Medal for the same period of service, activities, or deployment.

Figure 6 Humanitarian / Armed Forces Service Medal

The Humanitarian Service Medal was established in 1977 and it recognizes service members who distinguish themselves by meritorious direct participation in a DoD-approved significant military act or operation of a humanitarian nature. The Humanitarian Service Medal may be awarded to individual Service members, or entire military units.

The Armed Forces Service Medal is awarded to members of the U.S. armed forces who participate as members of U.S. military units in a military operation that is deemed significant by the Joint Chiefs of Staff, and encounter no foreign armed opposition or imminent threat of hostile actions. *Reference: DoD Manual 1348.33*

c) **Safety Award:**

Safety Awards are a locally promoted, produced award that recognizes any service member for being consistently safety minded. Whether it came from driving thousands of miles with no near misses or conducting missions with no safety violations. Any service member who recognizes safe actions performed by another can request the safety award for that individual.

5) RESOURCES

a) **Operations (G3) Authorizations**

These authorizations alert the S1 as to changes or extensions in orders. Frequently these are found in meetings discussions, emails and phone calls.

b) **Army Affiliated Online Resources**

Used when pulling up information for awards and for mission separation paperwork creation for out-processing. These resources include DAMPS, MEDPROS, IPSS-A, iPerms,

c) **MEDPROS**

Screened for each soldier during screening for inprocessing. Those with temporary profiles are unable to come onto orders.

6) LEAVE PROCESS (VACATION)

Each Service Member on the TF should have a leave profile initiated in the leave tracker by the platoon leader. No Service Member is to submit their own leave into the leave tracker. Each leave is to be submitted on a vacation request to be approved/disapproved by the platoon leader. Sent to the Task Force Officer In Charge and CC'd the S1 section once approved by the TF OIC the Service Member's leave is then entered into the leave tracker by the S1 personnel.

7) VOLUNTEER ROSTER PROCESS

a) **Obtain the monthly volunteer roster from division level admin office**
b) **Scrub list for potential volunteers**
c) **Contact volunteers to find out what their capabilities are for the mission (interview solider).**

8) INPROCESSING PROCESS

a) **Obtain location, date and time of event**
b) **Construct roster from volunteer roster sent from division level admin office or other known sources**
c) **Coordinate sponsors to participant in event**
d) **Hold event with available sponsors of required in-briefings and required needed onboarding documents/requirements, etc.**

9) OUTPROCESSING PROCESS

a) **Obtain location, date and time of event**
b) **Construct roster of those redeploying**
c) **Coordinate sponsors to participant in event**
d) **Hold event with available sponsors of briefings, etc.**
e) **Provide a guide/checklist of documents and instructions and a location to put all required documentations.**

10) COST ESTIMATE WORKSHEET PROCESS

a) **Once approved for creation or modification of a cost estimate worksheet, verify and place all the names that will be included on the CEW and send to division operations center for approval and send duplicates to division level admin office and TF command for situational awareness.**

b) **Once approval on the created or modified CEW is confirmed, Send out the CEW, the INPROCESSING roster with the location, time and date that the INPROCESSING will take place to the designated personnel specifying that this is a state level function.**

11) EXTENSION PROCESS

a) **Find out who is willing to extend if an extension is deemed**

b) **Received the presidential memo**

c) **Construct the CEW based on the final roster of those extending**

d) **Send CEW for approval**

e) **Send CEW to brigades and MSCs to produce orders of the Service Member**

D. S4 - SUPPLY

1) SECTION FUNCTIONS

The S4 section is to handle all supplies and demands that the Task Force needs to be able to do the mission. It is also our responsibility to make sure we support their needs as the mission changes.

2) ROLES AND RESPONSIBILITIES:

3) S4 NCOIC

Responsibilities is to oversee daily operation make sure reports are done and sent to higher in a timely manner. Also at the same time make sure that all the logistic demands are met to support the Task Force mission.

4) WAREHOUSE NCO

Responsibilities is ensure supplies in the warehouse is accounted for and handling all request for supplies to support the teams out on missions. They also focus on making sure the teams are doing their daily supply accountability reports so the Task Force knows what we have on hand at all times.

5) GENERAL SERVICES ADMINISTRATION NCO

Responsibilities are track all GSA vehicles throughout the Task Force. Which is working with the rental company on keeping track of services and swapping out vehicles, reporting mileage to the J-4 and to higher. Handling of fuel cards and balancing monthly activity on the fuel cards.

6) ADDITIONAL SUPPORT

a) **The TF Spartan S4 normal hours of operation are 0800-1600 Monday thru Friday**
b) **The S4 will provide liaison support on weekends.**

7) TRACKING / REPORTING / PERSONAL PROTECTIVE EQUIPMENT

8) LOGSTAT

a) **LOGSTAT is a report used for tracking test kit information, what is on hand and what is used weekly**
b) **The LOGSTAT is updated and saved weekly**
c) **Numbers in Line-5 are on-hand in the warehouse**
d) **Numbers in Line-15 are reported through CUOPS at the end of the week**
e) **Report must be sent NLT COB Friday (weekly), this report is sent to the higher authority and the Annex Report format.**

9) SUR (SUPPLY USAGE REPORT)

Please see Supply Usage Report:

a) **All Inventory received from the USPFO directly will be tracked on this SUR.**
b) **USPFO inventory will be issued prior to any PPE received from MDOC, etc…**
c) **SUR report is sent every Friday to the J4 mailbox.**

10) 6-1 REQUEST

a) **A request for any items needed for mission, Test kits (Vaccines), or coolers.**
b) **Sent to CUOPs and OIC for validation and approval.**
c) **See figure 16 for an example of a 6-1 request.**

11) TEST KITS TYPES/REQUEST

a) **A request for any items needed for mission, Test kits, Vaccines, or coolers sent to CUOPs and OIC for validation and approval.**
b) **Individual units will send a request to TF CUOPS who will verify and send to the S4.**
c) **Platoons will send a request to TF Spartan S4 for kit**

See Annex for different types of test kits and instruction for NXGEN

12) RAPID TEST KITS

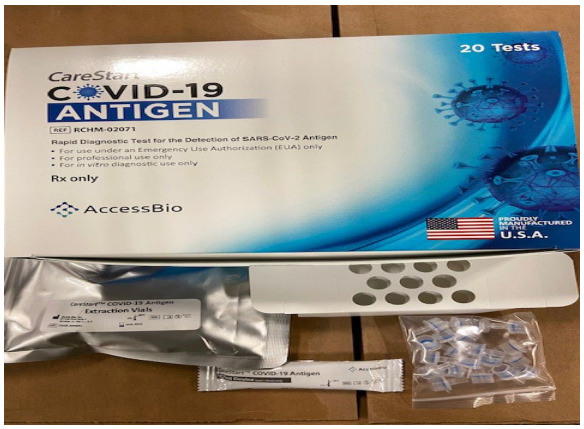


Figure 8 Binax Now Antigen

13) PERSONAL PROTECTION TRACKER

a) **PPE Report is received from the supported teams daily and transferred to the S4 PPE Master Inventory Tracker**
b) **PPE Master Tracker - states what each platoon possesses on hand along with the warehouse counts**
c) **Report must be sent in NLT 0800 via email to update the master inventory tracker**
d) **PPE On-Hand must be updated from the Master Inventory Tracker. The PPE On Hand report must be sent in Mondays and Fridays to the J4 mailbox.**
e) See Annex for sample of tracker

14) COOLER TYPES

Figure 10 BOL Test Foam Cooler

Figure 9 Bioreference for BioR Tests

Figure 11 NxGEN Cooler-Used for NxGEN Test

15) TRACKING VEHICLES

Requests for GSA use will be made through RCAS Email to TF Spartan S4. Requests will be granted for official business only. Requests should be projected out as early as possible. Last minute dispatches may be unsupported due to lack of resources.

16) SCHEDULED SERVICES

Coordination between the TF Spartan S4 and the Car Rental Company or authorized representative will be responsibility for authorizing schedule services and repairs. These are done through Firestone who has a contract with Enterprise Rental Agency.

17) FUEL LOGS/ FUEL CARD REQUEST

Fuel logs, fuel card requests are necessary to balance miles against fuel usage. A fuel report is sent daily by the sections to the GSA manager within the Supply and Logistics Section. A copy of the fuel log, the cardholder's agreement and other necessary documents in the annex.

f) **How to balance monthly activity reports:**

a) **Ensure card holder and supervisor's name and signature is present along with card number and correct month is accurate on Fuel log.**

b) **Verify log's receipts totals and dates match uploaded receipts, with justification of Covid Response**

c) **Confirm total for month is the same as on activity report.**

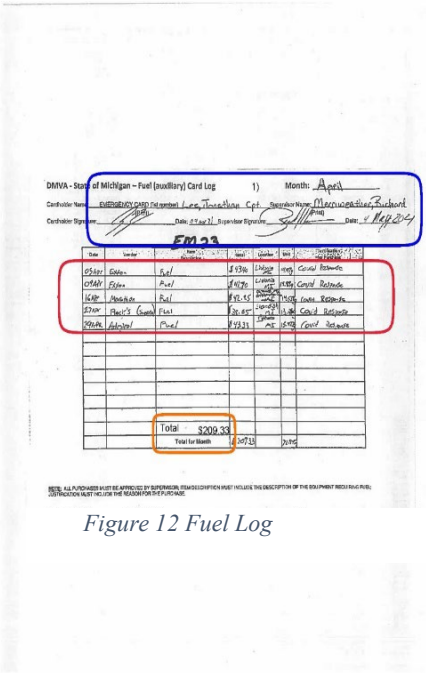


Figure 12 Fuel Log

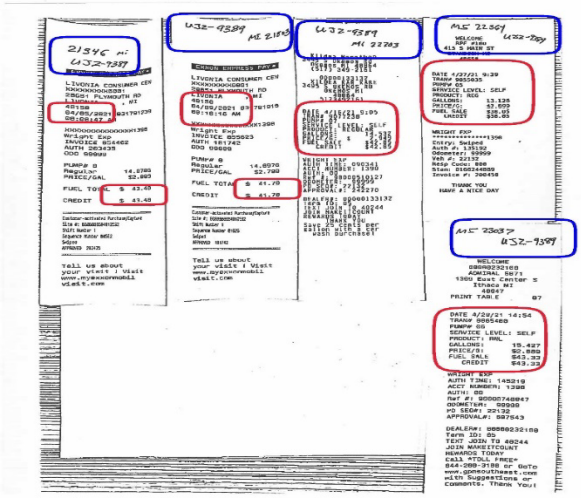
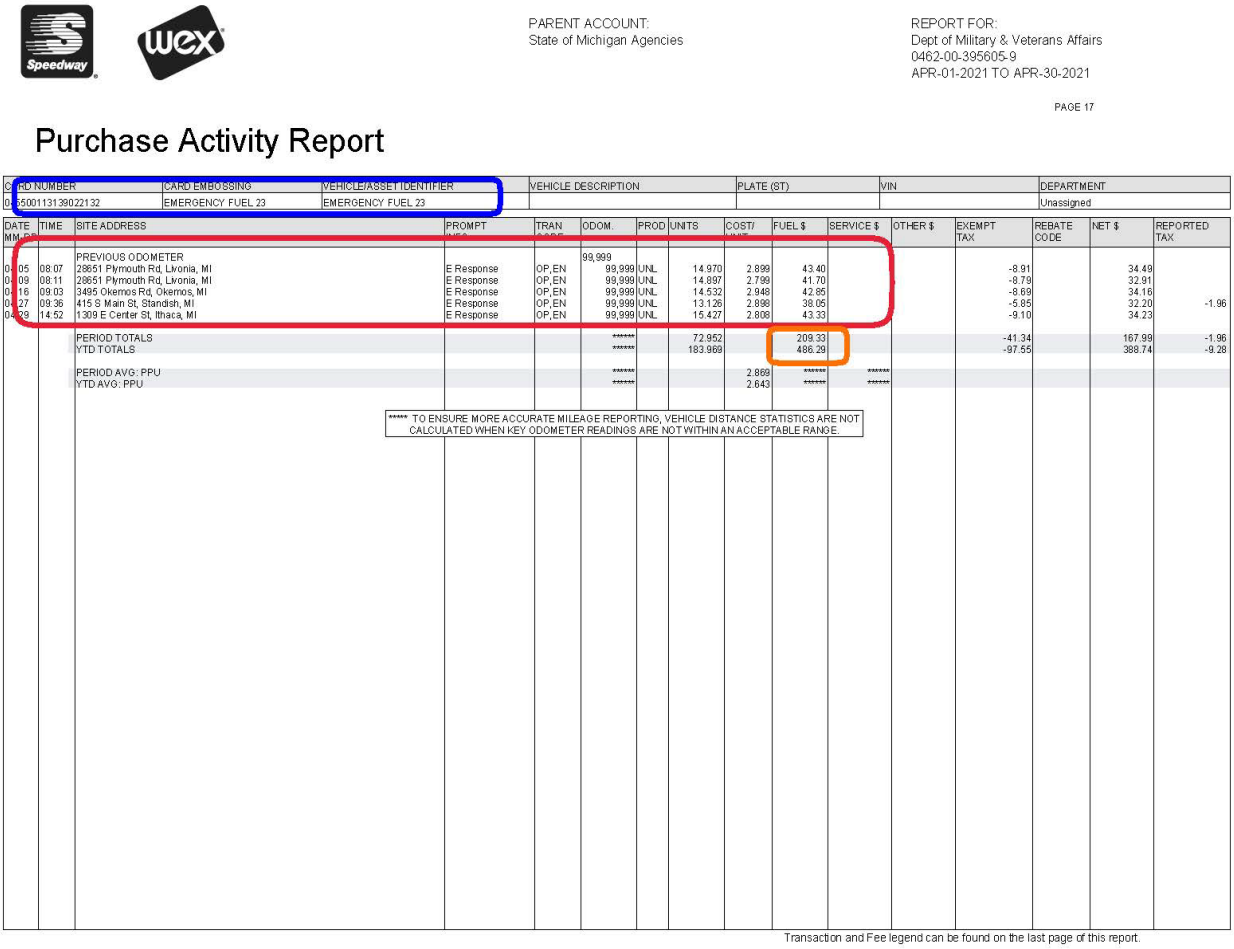


Figure 13 Receipts

- 1) All receipts must have license plate number & Mileage filled in on top.
- 2) Confirm date (in chronological order from left to right) and total match activity report & log

- 1) Card number and emergency fuel # corresponds with the log and receipts attached.
- 2) Date, location, and fuel costs match the receipts and log entries.
- 3) Fuel total is equal to total entered from all receipts on log.



PARENT ACCOUNT:
State of Michigan Agencies

REPORT FOR:
Dept of Military & Veterans Affairs
0462-00-395605-9
APR-01-2021 TO APR-30-2021

PAGE 17

Purchase Activity Report

CARD NUMBER	CARD EMBOSSING	VEHICLE/ASSET IDENTIFIER	VEHICLE DESCRIPTION	PLATE (ST)	VIN	DEPARTMENT
7550011313902213 2	EMERGENCY FUEL 23	EMERGENCY FUEL 23				Unassigned

DATE MM-DD	TIME	SITE ADDRESS	PROMPT	TRAN CODE	ODOM.	PROD	UNITS	COST/ UNIT	FUEL $	SERVICE $	OTHER $	EXEMPT TAX	REBATE CODE	NET $	REPORTED TAX
		PREVIOUS ODOMETER			99,999										
04-05	08:07	28651 Plymouth Rd, Livonia, MI	E Response	OP,EN	99,999	UNL	14.970	2.899	43.40			-8.91		34.49	
04-09	08:11	28651 Plymouth Rd, Livonia, MI	E Response	OP,EN	99,999	UNL	14.897	2.799	41.70			-8.79		32.91	
04-16	09:03	3495 Okemos Rd, Okemos, MI	E Response	OP,EN	99,999	UNL	14.532	2.948	42.85			-8.69		34.16	
04-27	09:36	415 S Main St, Standish, MI	E Response	OP,EN	99,999	UNL	13.126	2.898	38.05			-5.85		32.20	-1.96
04-29	14:52	1309 E Center St, Ithaca, MI	E Response	OP,EN	99,999	UNL	15.427	2.808	43.33			-9.10		34.23	
		PERIOD TOTALS			******		72.952		209.33			-41.34		167.99	-1.96
		YTD TOTALS			******		183.969		486.29			-97.55		388.74	-9.28
		PERIOD AVG: PPU			******			2.869	******	******					
		YTD AVG: PPU			******			2.643	******	******					

***** TO ENSURE MORE ACCURATE MILEAGE REPORTING, VEHICLE DISTANCE STATISTICS ARE NOT CALCULATED WHEN KEY ODOMETER READINGS ARE NOT WITHIN AN ACCEPTABLE RANGE.

Transaction and Fee legend can be found on the last page of this report.

Figure 14 Purchase Activity Report

18) MILEAGE

- All teams will identify equipment by license plate and or unit number
- Each Department will send a daily mileage update to S4 NLT 1200 daily
- Task Force Logistics sends a weekly mileage report to the State Logistics no later than 1200 every Monday

19) DISPATCHING

- Dispatches will be conducted through S4 section. Dispatch hours are 0800 to 1600 Monday – Friday.

1) The driver of the vehicle must show a valid state driver's license.
2) Keys and fuel cards will be signed for separately.

20) DISPATCH RETURN

Vehicles will be returned to the TF Spartan S4 section with a full tank of fuel and inspection sheet complete. Vehicle will be return to parking area where it was pick up at.

21) RECOVERY OPERATIONS

All recoveries well go through the rental company. That goes for tire changes as well. S4 will also be notified of what is going on.

22) ACCIDENT REPORTING

d) **All accidents must be reported as soon as possible to the TF Spartan S4 so they can notify higher and the J-4 and DMVA. Emergency contact information is located in SECTION I under additional customer support.**

e) **Within 24 hours of the accident the following forms must be turned into the TF Spartan S4 and higher: DA Form 285-AB (AGAR), SF 91 and SF 93.**

f) **ALL REPORT FORMATS/TEST KIT TYPES**

1. **LOGSITREP**

Yellow 6 (LOGISTICS SITUATION REPORT/ LOGSITREP)			
GENERAL INSTRUCTIONS: Use to report logistics problems, required logistic assistance, reallocation, and recommended or intended courses of action. Reference: ADP 4-0 and ADRP 4-0. Only fill out Yellow areas.			
Line 1	DTG	04 0800 DEC 2020	
Line 2	Unit	TF SPARTAN	
Line 3	Grid Location	District 1	
Line 4	Evaluation (Major Unit, Days LOG Supportable)	TFSPARTAN	
	Major Unit	Days LOG SUPT	
	a		
	b		
	c		
	d		
	e		
Line 5	Pertinent Unit Comments		
Current test kit count on-hand: BOL (0), Bio Reference (500) with bags and stickers, NxGen (182), Atigen (120)			

2. Supply Usage Report:

CHANGE 1 to Exhibit 2 (Mileage and Fuel Supply Usage Report) to Tab D to Appendix 1 to Annex F to OPORD 20-003 (MIARNG COVID-19 Response)

CL VIII Total Cost
1,313.20

Unit: TF SPARTAN
DTG Prepared: 250800NOV2020
For Period Ending (DTG): 062359JAN2020
Personnel Assigned:

	1-Nov		2-Nov		3-Nov		4-Nov		5-Nov		
Item Description	QTY	Cost	QTY	Cost	QTY	Cost	QTY	Cost	QTY	Cost	
GLOVE, NITRILE, POWDER FREE, X-SMALL(100/bx = $17.53 = ea $0.18)		-	0	-	0	-	0	-	0	-	-
GLOVE, NITRILE, POWDER FREE, SMALL(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	0	-	-
GLOVE, NITRILE, POWDER FREE, MEDIUM(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	0	-	-
GLOVE, NITRILE, POWDER FREE, LARGE(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	0	-	-
GLOVE, NITRILE, POWDER FREE, X-LARGE(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	0	-	-
COVER PRB LF WA SRTMP DISP (250/box = $126.95 = ea $0.51)	0	-	0	-	0	-	0	-	0	-	-
Masks, 1730 Respirator, (Each) (50/box = 19.99= 0.40 ea)	0	-	0	-	0	-	0	-	0	-	-
Masks, Cone surgical (Each) (50/box = 19.99= 0.40 ea)	0	-	0	-	0	-	0	-	0	-	-
Mask, Surgical with Eyeshield (50/box = 13.99= 0.28 ea) local purchase	0	-	0	-	0	-	0	-	0	-	-
Mask, cup type, Dust Particulate BX (contains 10= $6.56 =EA=0.66)	0	-	0	-	0	-	0	-	0	-	-
N95 Particulate Respirator Mask(20/box = $16.33 = ea $0.82)	0	-	0	-	0	-	0	-	0	-	-
Alcohol Prep, Webcol (Each) (200/box = $14.99 = ea $0.074)	0	-	0	-	0	-	0	-	0	-	-
Cavi Wipes (Canister) REF#13-110 ($14.65 per canister)	0	-	0	-	0	-	0	-	0	-	-
Safety Goggles ($1.31 local purchase 6-1)	0	-	0	-	0	-	0	-	0	-	-
Mask Surgical (All Types)(50/box = 19.99= 0.40 ea)	0	-	0	-	0	-	0	-	0	-	-
Total		-		-		-		-		-	-

	6-Nov		7-Nov		8-Nov		9-Nov		10-Nov		
Item Description	QTY	Cost	QTY	Cost	QTY	Cost	QTY	Cost	QTY	Cost	
GLOVE, NITRILE, POWDER FREE, X-SMALL(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	0	-	-
GLOVE, NITRILE, POWDER FREE, SMALL(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	0	-	-
GLOVE, NITRILE, POWDER FREE, MEDIUM(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	0	-	-
GLOVE, NITRILE, POWDER FREE, LARGE(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	1,000	180.00	180.00
GLOVE, NITRILE, POWDER FREE, X-LARGE(100/bx = $17.53 = ea $0.18)	0	-	0	-	0	-	0	-	990	178.20	178.20
COVER PRB LF WA SRTMP DISP (250/box = $126.95 = ea $0.51)	0	-	0	-	0	-	0	-	0	-	-
Masks, 1730 Respirator, (Each) (50/box = 19.99= 0.40 ea)	0	-	0	-	0	-	0	-	0	-	-
Masks, Cone surgical (Each) (50/box = 19.99= 0.40 ea)	0	-	0	-	0	-	0	-	0	-	-
Mask, Surgical with Eyeshield (50/box = 13.99= 0.28 ea) local purchase	0	-	0	-	0	-	0	-	0	-	-
Mask, cup type, Dust Particulate BX (contains 10= $6.56 =EA=0.66)	0	-	0	-	0	-	0	-	0	-	-
N95 Particulate Respirator Mask(20/box = $16.33 = ea $0.82)	0	-	0	-	0	-	0	-	0	-	-
Alcohol Prep, Webcol (Each) (200/box = $14.99 = ea $0.074)	0	-	0	-	0	-	0	-	0	-	-
Cavi Wipes (Canister) REF#13-110 ($14.65 per canister)	0	-	0	-	0	-	0	-	0	-	-
Safety Goggles ($1.31 local purchase 6-1)	0	-	0	-	0	-	0	-	0	-	-
Mask Surgical (All Types)(50/box = 19.99= 0.40 ea)	0	-	0	-	0	-	0	-	0	-	-
Total		-		-		-		-		358.20	358.20

Figure 15 Supply Usage Report

3. Test Kit Tracker

PROJECTED MDOC, CBTI, MING and LTCF TESTING SCHEDULE		
TEST KITS NEEDED	COUNTY MISSIONS	TEST/DELIVERY DATE
MING PRE-AT TESTING SCHEDULE		
TEST KITS NEEDED	MIARNG PRE AT SCREENING	TEST/DELIVERY DATE
200	ANG DELTA BAY PINES	8-Dec
ESTIMATED FUTURE TEST KITS (RESUPPLY)		
PROJECTED DATE OF PICK-UP		NUMBER
		0
TOTAL BIOREFERENCE TEST KITS IN POSSEESSION OF MING	2,855	
TOTAL ESTIMATED TEST KITS NEEDED FOR PENDING MISSIONs	200	
PROJECTED ON HAND AFTER COUNTY + MIARNG MISSIONS COMPLETE WITHOUT RESUPPLY	2,655	
ON HAND AFTER COUNTY+ MIARNG MISSIONS COMPLETE WITH RESUPPLY	2,655	

Test-Kits On Hand		
Location	Test Kit Type	#
TF SPARTAN	BioReference	500
ANG	BioReference	1,289
ARMY	BioReference	1,066

Test-Kits On Hand		
Location	Test Kit Type	#
MING/ DMVA	NexGen	182
CTT	NexGen	145
MDHHS/ (ORAL)	NexGen	98

Figure 16 Test Kit Tracker

(Rev. 02/09)

REQUEST FOR PURCHASE AND/OR SERVICE

DISTRIBUTION: WHITE - Department Services Division
YELLOW - Department Services Division
PINK - Requestor

1. DATE OF REQUEST	2. DATE REQUIRED	3. REQUISITION NO.	4. FY	5. PAGE	DO NOT WRITE IN THE SPACE BELOW
01OCT2020	05OCT20		20	1 OF 1	9. TERMS / 15. FOB
6. VENDOR	7. SHIP TO				10. BUYER / 16. MATCH TYPE
	Task Force Spartan C2 Cell				11. ADDRESS / 17. DOC TYPE
8. FEDERAL ID NO.	CS 139 NO.				12. REQUISITION NO. / 13. PL/DPO NO. / 14. BPO NO.

LINE ITEM	18. QTY.	19. UNIT	20. MICH. COMM. NO.	21. DESCRIPTION OF SERVICE OR ITEM COLOR, SIZE, CAT. AND NO. ETC.	22. INDEX PCA	23. AOBJ CODE	24. EST UNIT PRICE	25. UNIT PRICE	26. AMOUNT
1	1	EA		Office mate Heavy Duty 3 Hole Punch with Padded Handle, 40-Sheet Capacity, Black 90089			$18.98	$18.98	$18.98
2	2	EA		Avery 12-tab Dividers for 3 Ring Binders,Multicolor Tabs, 1 Set (11847)			$4.99	$4.99	$9.98

27. JUSTIFICATION AND REMARKS (This Section Must Be Completed)
Supplies for COVID-19 C2 Cell. State expense for (502)F.

Facility Manager

28. PREPARERS NAME (PRINTED & SIGNED)	29. DATE	30. DATE RECEIVED BY DEPT. SERV.	31. INITIALS
SSG Draper, Michael A.	10/01/2020		

ENGINEERING (Initials & Date) | BUDGET (Initials & Date) | HUMAN RESOURCES (Initials & Date) | PURCHASING (Initials & Date)

INSTRUCTIONS ON BACK
• • FAILURE TO COMPLETE ALL NOTED AREAS LISTED MAY RESULT IN YOUR 6-1 BEING RETURNED FOR COMPLETION • •

Figure 17 DMVA 6-1 Purchase Request Form

4. PPE Tracker

MASTER PPE TRACKER

Total		TF SPARTAN		Army		Alpha		North		Bronco
PPE	Amount	PPE	Amount	PPE	Amount	PPE	Amount	PPE	Amount	PPE
Tyvek Suit (M)	1,160	Tyvek Suit (M)	1,102	Tyvek Suit (M)	33	Tyvek Suit (M)	25	Tyvek Suit (M)		Tyvek Suit (M)
Tyvek Suit (L)	683	Tyvek Suit (L)	587	Tyvek Suit (L)	68	Tyvek Suit (L)	28	Tyvek Suit (L)		Tyvek Suit (L)
Tyvek Suit (XL)	234	Tyvek Suit (XL)	172	Tyvek Suit (XL)	37	Tyvek Suit (XL)	25	Tyvek Suit (XL)		Tyvek Suit (XL)
Tyvek Suit (2x)	382	Tyvek Suit (2x)	320	Tyvek Suit (2x)	37	Tyvek Suit (2x)	25	Tyvek Suit (2x)		Tyvek Suit (2x)
Tyvek Suit 3XL	1	Tyvek Suit 3XL	1	Tyvek Suit 3XL	0	Tyvek Suit 3XL	0	Tyvek Suit 3XL		Tyvek Suit 3XL
Gowns	644	Gowns	556	Gowns	88	Gowns	0	Gowns		Gowns
Gloves (XS)	5,100	Gloves (XS)	4,900	Gloves (XS)	200	Gloves (XS)	0	Gloves (XS)		Gloves (XS)
Gloves (S)	27,400	Gloves (S)	20,100	Gloves (S)	5,700	Gloves (S)	1,600	Gloves (S)		Gloves (S)
Gloves (M)	33,300	Gloves (M)	23,200	Gloves (M)	5,800	Gloves (M)	4,300	Gloves (M)		Gloves (M)
Gloves (L)	26,750	Gloves (L)	14,300	Gloves (L)	7,300	Gloves (L)	5,150	Gloves (L)		Gloves (L)
Gloves (XL)	18,240	Gloves (XL)	6,800	Gloves (XL)	5,980	Gloves (XL)	5,460	Gloves (XL)		Gloves (XL)
Face Shields	8,194	Face Shields	7,694	Face Shields	216	Face Shields	284	Face Shields		Face Shields
Surgical Masks	7,320	Surgical Masks	6,260	Surgical Masks	260	Surgical Masks	800	Surgical Masks		Surgical Masks
N95 Masks 1860	572	N95 Masks 1860	400	N95 Masks 1860	40	N95 Masks 1860	132	N95 Masks 1861		N95 Masks 1862
3M N95 1860S	1,454	3M N95 1860S	1416	3M N95 1860S	38	3M N95 1860S	0	3M N95 1860S		3M N95 1860S
Halyard N95	323	Halyard N95	251	Halyard N95	72	Halyard N95	0	Halyard N96		Halyard N97
MISC N95	1,666	MISC N95	1,136	MISC N95	130	MISC N95	400	MISC N96		MISC N97
Bio Waste Bags	2,784	Bio Waste Bags	2,744	Bio Waste Bags	40	Bio Waste Bags	0	Bio Waste Bags		Bio Waste Bags
Biohoop Bucket liners	36	Biohoop Bucket liners	36	Biohoop Bucket liners	0	Biohoop Bucket liners	0	Biohoop Bucket liners		Biohoop Bucket liners
Green COVID stickers	2,744	Green COVID stickers	2,744	Green COVID stickers	0	Green COVID stickers	0	Green COVID stickers		Green COVID stickers
Duct Tape	18	Duct Tape	9	Duct Tape	3	Duct Tape	6	Duct Tape		Duct Tape
Surface cleaner 24oz	0	Surface cleaner 24oz	0	Surface cleaner 24oz	0	Surface cleaner 24oz	0	Surface cleaner 24oz		Surface cleaner 24oz
Hand Sanitizer 3oz	58	Hand Sanitizer 3oz	0	Hand Sanitizer 3oz	58	Hand Sanitizer 3oz	0	Hand Sanitizer 3oz		Hand Sanitizer 3oz
Hand Sanitizer 1GAL	50	Hand Sanitizer 1GAL	42	Hand Sanitizer 1GAL	1	Hand Sanitizer 1GAL	7	Hand Sanitizer 1GAL		Hand Sanitizer 1GAL
Clorox Wipes	43	Clorox Wipes	22	Clorox Wipes	0	Clorox Wipes	21	Clorox Wipes		Clorox Wipes
Hand Santizer 16oz	22	Hand Santizer 16oz	20	Hand Santizer 16oz	0	Hand Santizer 16oz	2	Hand Santizer 16oz		Hand Santizer 16oz
Hand Santizer 8oz	0	Hand Santizer 8oz	0	Hand Santizer 8oz	0	Hand Santizer 8oz	0	Hand Santizer 8oz		Hand Santizer 8oz
Hand Santizer 13oz	1	Hand Santizer 13oz	1	Hand Santizer 13oz	0	Hand Santizer 13oz	0	Hand Santizer 13oz		Hand Santizer 13oz
Hand Santizer 4oz	1,165	Hand Santizer 4oz	1112	Hand Santizer 4oz	0	Hand Santizer 4oz	53	Hand Santizer 4oz		Hand Santizer 4oz
THERMOMETER	41	THERMOMETER	41	THERMOMETER	0	THERMOMETER	0	THERMOMETER		THERMOMETER
Abbott CareStart	2,994	Abbott CareStart	1,983	Abbott CareStart	651	Abbott CareStart	360			
Abbott BINAX NOW	4,760	Abbott BINAX NOW	2,720	Abbott BINAX NOW	0	Abbott BINAX NOW	2,040			
NexGen	328	NexGen	0	NexGen	128	NexGen	200			
BOL	45	BOL	44	BOL	1	BOL	0			

Figure 18 Personal Protective Equipment Tracker

E. CURRENT OPERATIONS

The Current Operations cell focuses on the missions that are currently ongoing at any given time. Any missions that have not yet begun fall under the jurisdiction of FUOPS or Future Operations. The section deals with issues as they arrive and ensure that all operations have everything needed to be successful.

1) CURRENT OPERATIONS DIRECTOR

The Director position focuses on products and resources that directly link to other sections and divisions. The Director tracks all missions for the day for each team in each region and in the case of a Commanders Critical Information Requirement event, pushes the criteria in the specified time to create the CCIR event.

2) CURRENT OPERATIONS AGENT

This position works with the Director to ensure all operations run smoothly and efficiently. This position monitors in real time, those variables that could assist the many teams on mission at any given time.

3) TASKINGS

a) CCIR: COMMANDERS CRITICAL INFORMATION REQUIREMENT:

1. The commander's critical information requirements are elements of information required by commanders that directly affect decision making and dictate the successful execution of military operations. The key to effective information management is answering the CCIR.

UNCLASSIFIED

CH4 to Appendix 6 (MING CCIR Criteria) to Annex C (Operations) to OPORD 20-004 (OPERATION COVID HAMMER)

MING CCIR	JOC EMAIL	J - STAFF
CCIR #1 - Any significant political, economic, military event or disaster (natural or man-made) which might impact Michigan and could result in a request for MING support.		
CCIR 1.1 EMAC Request for assistance.	X	X
CCIR 1.2 Event within Michigan that results in CST, QRF or RRF mobilization.	X	X
CCIR 1.3 State/Federal declaration of emergency in Michigan.	X	X
CCIR 1.4 Civil Unrest.	X	
CCIR 1.5 Full or partial activation of MI-SEOC.	X	X
CCIR #2 - Attacks or threats to DMVA personnel or facilities.		
CCIR 2.1 There is an attack against a DMVA facility.	X	
CCIR 2.2 There is an attack against DMVA personnel.	X	
CCIR 2.3 There is a credible imminent threat against a DMVA personnel or facility.	X	
CCIR 2.5 Cyber attack on a DMVA facility or system.	X	
CCIR #3 - Death or injury of MING personnel.		
CCIR 3.1 Death of MING personnel.*	X	
CCIR 3.2 Multi Day Hospitalization of MING personnel.*	X	
CCIR 3.3 Attempted Suicide of MING personnel.*	X	
CCIR 3.4 Suicide Ideation of MING personnel.*	X	
CCIR #4 - Incident involving MING personnel, equipment or facilities that has the potential for adverse publicity.		
CCIR 4.1 Adverse publicity for personnel actions.*	X	
CCIR 4.2 Adverse publicity with equipment.	X	
CCIR 4.3 Adverse publicity at the facility.	X	
CCIR #5 - Class A and B Accidents.		
CCIR 5.1 Class A and B Army Accident.*	X	
CCIR 5.2 Class A and B Air Accident.*	X	
CCIR #6 - RESCIND		
CCIR #7 - COVID-19 related incidents.		
CCIR 7.1 Any death of a MING member (uniformed, dependent, or civilian) with presumed or confirmed positive COVID-19.		X
CCIR 7.2 Any MING member (uniformed, dependent, or civilian) with presumed or confirmed positive COVID-19.		X
CCIR 7.3 Any requests for assistance or immediate response by MING members under Defense Support of Civil Authorities guidelines that are connected to COVID-19 activities.		X
CCIR 7.4 MING shortfalls/degradation in COVID-19 support to MDHHS, DHHS, MSP, DoD/NORTHCOM, other SCMD, or any other civil or military partners.		X
CCIR 7.5 Any MING member placed on State Active Duty (SAD) or any other order in support of COVID-19 response operations.		X
CCIR 7.6 Any MING member performing law-enforcement functions in support of COVID-19 response operations.		X
CCIR 7.7 Any travel of a MING member or sponsored dependent outside of CONUS.	X	
CCIR 7.8 RESCIND		
CCIR 7.9 Any impacts to GFMAP missions.	X	
CCIR 7.10 Any change to or cancellation of IDTs or Annual Trainings due to COVID-19.	X	
CCIR 7.11 Any units that have received GFMAP notifications of sourcing and is employed by state for COVID-19 response mission.	X	
CCIR 7.12 Any MING member that experiences a needlestick or any other sharps related injury during COVID-19 response.	X	
CCIR 7.13 Any staff or resident at MVH locations requiring either: 1) isolation - identified as COVID-19 positive through testing means; or 2) quarantine - result of contact tracing.	X	
CCIR 7.14 Any loss (unaccounted for, wasted during vaccination efforts, expired due to lack of utilization, loss of cold chain requirements, etc.) of DoD MING allocated COVID-19 vaccinations.	X	

b) CCIR are those key elements of information commanders require to support decisions they anticipate.

c) CCIR address only near-term decisions, not every anticipated decision. As commanders make decisions, their CCIR change to support other anticipated decisions.

d) **CCIR spare the commander from receiving irrelevant information. They also protect subordinate headquarters from receiving excessive requests from information**

Figure 19 CCIR Quick Reference Chcklist

e) **All CCIR are not tied to decision points; however, some CCIR may support one or more decision points.**

4) LOGSTAT

Using the CVTT tracker and the Testing tracker, pull the number of each type of vaccine and test for each day. Filter by vaccine or test type, Count the number of tests or vaccines, Enter that data into the LOGSTAT, Put the totals for each column in the bottom row

5) WEEKLY STATS

Add today's date on a new cell, Fill out CUOPS sections in the weekly stats, Pull numbers from the CVTT and Testing tracker, total up the numbers for the week per section, Communicate with sections and make sure numbers are added before the deadline.

6) UPDATE THE CVTT TRACKER

Open the platoon daily mission tracker and the CVTT tracker, with both open, add information from the daily mission tracker to the CVTT Tracker, Add today's date, Add numbers of teams and medics, Add city and county, Add platoon conducting mission, Add facility name, Add mission type (Example: LHD, MING, MDOC, etc.), Add Vaccine type (Example: Pfizer, Moderna, J&J), Add SP-To, RP-To, and Start Time, Add vaccination numbers (Green = Civilian conducting vaccination/ Purple = MING conducting vaccinations) (residents = civilian receiving vaccine/ MING = Military receiving vaccine), Add End Time, SP-From, and RP-From, CLICK SAVE

7) UPDATE TESTING TRACKER

With the platoon daily mission tracker open, use the bottom section, testing, to add information to the testing tracker, Add today's date, Add numbers of teams and Pax, Add city and county, Add platoon conducting mission, Add facility name, Add mission type (Example: LHD, MING, MDOC, etc.), Add Test type (Example: Antigen and PCR), Add SP-To, RP-To, and Start Time, Add Testing numbers to Grey blocks (MING = Military receiving test/ Residents

= Civilians receiving test), Add positive test results, Add End Time, SP-From, and RP-From, CLICK SAVE

a) **Send mission number request form and update mission number to the CVTT tracker**
b) **Open the need Mission Numbers folder and open the template for the daily mission number request.**
c) **COVID-19\63 TC\TF Spartan\CUOPS_Daily Reports\Spartan\Closure Reports\Mission # Request Forms**
d) **Add a blank workbook page, Copy all of the data, off the CVTT tracker, from the last time that the report was sent. For Monday it should be all data Thursday thru Sunday, Delete any duplicated line from the list, many events may have 2 or three lines for the types of vaccinations, Copy and paste that data one column at a time into the first workbook page. Matching the heading in the table. In the second and third columns drag that data down all the rows that you have. Save the completed form with the current date in the name and send the spreadsheet to the JOC distribution email address.**
e) **Once a response is received those mission numbers are add to the CVTT tracker.**

F. FUTURE OPERATIONS (FUOPS)

1) FUNCTION

The Future Operations Section works to ensure correct preparation for a mission is accomplished while prior to that mission. This is accomplished by frequent and regular communication with the call center and the CUOPS team as well as the platoon C2 cells. Each Role within the FUOPS team, having specific duties, work together in cooperation to ensure a smooth preparation.

2) FUOPS OIC (FUTURE OPERATIONS OFFICER IN CHARGE)

The OIC works closely with the Mission Command Team to ensure that the FUOPS section is following commander's intent as well as other entities. The FUOPS OIC creates a broad scoped plan and advises the NCOIC on the overall goal for the future path of the mission. The FUOPS OIC is involved with every aspect of the strategy and planning of all future operations both short and long view. The OIC advises and guides the NCOIC and entire FUOPS section. The OIC and NCOIC both work closely, often overlapping in duties. The OIC however, connects with other sections more where the NCOIC is more internally focused.

3) FUOPS NCOIC (FUTURE OPERATIONS NON COMMISSIONED OFFICER IN CHARGE)

NCOIC ensures the Sync Matrix is up to date and correct. Coordinates with Call Center on any ambiguities regarding requests on CVP, maintains utilization report throughout TF Spartan. The NCOIC also maintains frequent and regular communication with the State Air Guard, MDOC, DHHS and other state organizations. The NCOIC devises multiple COA's and projects the best option in order to facilitate the intended goal.

4) DUTIES

Schedule vaccination events, testing events, and site surveys; pass information to the 3 subordinate Platoons FUOPS from MDHHS on testing and vaccination events; send morning and evening reports to the Platoons; compile data on events; report scheduling information to the J-staff; manage and give tasks to the other Liaison's; schedule and run sync meetings with MED-DET, and Platoon leadership; manage and disseminate event alterations by MING and brief the alterations to the J-staff; provide input in internal meetings for process improvement; send event information to the Public Affairs Office.

5) INFORMATION FLOW

Information is received from the Consolidated Vaccination Plan (CVP), which is located in the O: drive. Follow the file path of folders in the O: drive starting with COVID 19, then TF Spartan Reports, TF Spartan HQ, and CVP. As a request is loaded into the CVP, schedulers annotate how many teams from each platoon can support the mission. The event information is then uploaded to the Sync Matrix (over all schedule for teams/platoons). After Sync Matrix is

completed information is disseminated to the respective platoons through phone call and email, and confirm the platoons are tracking the Events.

6) FUOPS MISSION SPECIALIST

The Mission Specialist produces RFATO's by consolidating information from Site Visit Questionnaire's (SVQ), Site Surveys, the Consolidated Vaccination Plan (CVP), and Sync Matrix. The Mission Specialist must continuously review and update RFATO's with any new and relevant information, while ensuring to remove any out-of-date or obsolete information. The Mission Specialist is the primary recipient of Site Surveys and must ensure the quality of information obtained from those reports. This includes comparing the events scheduled on the Sync Matrix with the events listed on the CVP and resolving any discrepancies found therein by clarifying with the Call Center.

7) DUTIES

Mission Specialists assist the FUOPS NCOIC in their duties (outlined in full under FUOPS NCOIC heading). Additionally, the mission specialist is responsible for verifying all the events listed on the Sync Matrix and ensuring RFATOs have been created for each event. Mission specialists should review each site survey they receive from C2 cells to ensure quality information is being gathered.

8) INFORMATION FLOW

Mission specialists send and receive the majority of their information from the FUOPS NCOIC/OIC, but there are many circumstances in which information is sent to/received from all components in the TOC.

9) FUOPS PRODUCTS

a) RFATO

Request for Assistance / Tasking Order (RFATO) – Mission Specialist creates this product by consolidating information from SVQ's, Site Surveys, the Consolidated Vaccination Plan (CVP), and Sync Matrix. An RFATO should consist of all mission essential information, emphasizing the five w's (who, what, when, where, and how). The Mission Specialist should rely on their innate knowledge of the mission to ensure all these questions are answered within the RFATO and the teams are set up for success when conducting an event. For more information on how to create an RFATO please see RFATO Creation

b) **Weekly Utilization**

This is a product created to help forecast and assess where teams are being utilized and for what mission. It shows the projected view of the upcoming week, the venue and type of mission used at that mission. This is sent to the MDHHS Liaison to disseminate the information to the appropriate channels for the upcoming weeks meeting on Sunday and Monday of each week.

Weekly Utilization Matrix for 05/15 thru 05/21

Sunday, May 15, 2022

	Testing	Vaccine	Dual Mission	Community Support	Venue Total
MED DET	0	0	0	0	0
SCHOOL	0	0	0	0	0
LTCF	0	0	0	0	0
HEALTH DEPT	0	0	0	0	0
MISC COMMUNITY	0	0	0	0	0
CHURCH	0	2	1	0	3
MDOC	0	0	0	0	0
DIRECT SUPPORT	0	0	0	0	0
Type Daily Total	0	2	1	0	

Monday, May 16, 2022

	Testing	Vaccine	Dual Mission	Community Support	Venue Total
MED DET	0	0	0	0	0
SCHOOL	0	1	0	0	1
LTCF	0	0	0	0	0
HEALTH DEPT	3	2	0	0	5
MISC COMMUNITY	1	0	0	0	1
CHURCH	0	0	0	0	0
MDOC	0	0	0	0	0
DIRECT SUPPORT	0	0	0	0	0
Type Daily Total	4	3	0	0	

Tuesday, May 17, 2022

	Testing	Vaccine	Dual Mission	Community Support	Venue Total
MED DET	0	0	0	0	0
SCHOOL	1	0	2	0	3
LTCF	0	0	0	0	0
HEALTH DEPT	2	2	0	0	4
MISC COMMUNITY	0	0	0	0	0
CHURCH	0	1	2	0	3
MDOC	0	0	0	0	0
DIRECT SUPPORT	0	0	0	0	0
Type Daily Total	3	3	4	0	

Total by Venue

0	MED DET
8	SCHOOL
4	LTCF
21	HEALTH DEPT
3	MISC COMMUNITY
13	CHURCH
0	MDOC
1	DIRECT SUPPORT

Total by Mission Type

16	Testing
19	Vaccine
15	Dual Mission
0	Community Support
50	Weekly Total
64	Last Week's Projected
63	Missions Carried Out
-1	Difference

Team Availability	5/15	5/16	5/17	5/18	5/19	5/20	5/21
2nd	3/10	8/10	6/10	5/10	6/10	9/10	9/10
3rd	3/6	3/6	3/6	2/6	5/6	4/6	4/6
4th	2/6	2/6	2/6	0/6	1/6	3/6	2/6
overall	8/22	13/22	11/22	7/22	12/22	16/22	15/22

Above reflects the amount of teams available for scheduling, not those used

Notes

Figure 20 Weekly Utilization Report

c) **CVP**

The Consolidated Vaccination Plan is a spreadsheet-based scheduling utility used by the call center and holds pertinent information gathered from the Health Department and the Site / Client. This is the sole location in which the info for the Sync Matrix and parts of the RFATO are pulled. Specifically, it contains the EVENT ID which is generated by the health department, or a designated individual for the health department. Other important information pulled is the site name, the contact individuals, the MCIR contact, special instructions. Once the Event is

identified, the sync matrix is updated and the RFATO is created, the FUOPS designates how many teams to attach to it and specifies in the blue are with that information.

d) **Site Visit Questionnaire (SVQ)**

Created by the Call Center. This is a Word Doc used to set up for the teams to make initial contact. It lists in very brief layout who the client is and their contact number, where they are located, what is needed (shots type, dosage). This is enough information for the Team to conduct their site survey. For a better understanding, see SVQ

e) **Site Survey**

This is the C2 element's primary tool for gathering as much information about a new event location as possible prior to the event itself. Much like any reconnaissance, mission parameters should be established during this process providing teams with enough detail to have a comprehensive outline of what is expected of them. See Site Survey

1. Call Center consults with FUOPS to schedule a Site Survey and provides an SVQ for designated date.
2. SVQs are only needed for new site locations.
3. Once an SVQ is constructed by the Call Center, FUOPS will move the SVQ to the designated platoon folder in the O: drive or email it directly to the Command and Control (C2) element conducting the Site Survey.
4. During the Site Survey, the C2 cell should confirm all details listed on the SVQ.
5. Notify TOC (FUOPS NCOIC) of any changes/discrepancies with SVQ.
6. C2 cells are NOT authorized to make changes to the mission. If the site POC would like to change the date, time, or location, they must coordinate with the Call Center to update their event request.
7. C2 cells should be filling out the Site Survey template found in their folders in the O: drive with all the SVQ information and any additional information obtained during the Site Survey.
8. For the "Description of Facility" section there is no specific format, details are left to the discretion of the C2 cell.
9. Recommended prompt questions:
    - What kind of facility is this?
    - Which entrance should the teams use? (If applicable)
    - Who will be the on-site POC? (i.e., who will be at the event in person, who will the team make contact with)
    - Should the team arrive early to assist with set-up?
    - What kind of duties are the teams expected to perform?
    - Will there be civilian/3rd party assistance at the event?
    - Does the facility have vaccination cards and consent forms prepared? (If applicable)
    - Are there any special considerations? (i.e., immobile patients)

10. C2 cells should gather as much information as possible to set their teams up for success.
11. Site surveys are used as sources for all future events at that location.
12. Site surveys are NOT internal to a platoon.

10) EMAIL

A primary means of communication with outside entities and governmental agencies. It allows for not only clear concise communication but for knowledge information retention for later retrieval. See below for state gov contractor email.

a) Michigan State Gov email for contractors

For a Michigan state government email, one must contact an IT Authorized Requester through DHHS. Once requested, an email will be sent with the following message. "To activate your account, you will need to login through the Outlook portal, with your user sign-in information below. Before you attempt to login into your .gov account, if you have other Outlook accounts, you need to sign out of them. Once signed out of those accounts, open a new browser and go to the portal at http://Outlook.office365.com.

During your sign in, you will be prompted to change the temporary password, using a strong password requirement. Your password will be valid for 90 days, at which time it will need to be changed again through the portal. It is strongly recommended that you set a calendar reminder 5-10 days before it expires. If you go past the 90 days, you will be locked out, and the process to get you back in can take 2-3 days."

b) Microsoft Teams

A real time, communication tool that can provide both video conference and written communication.

c) MDHHS

The Michigan Department of Health and Human Services is a principal department of state of Michigan, headquartered in Lansing that provides public assistance, child and family welfare services, and oversees health policy and management.

Michigan Department of Health & Human Services

MDHHS Epidemic Orders (michigan.gov)

d) CDC

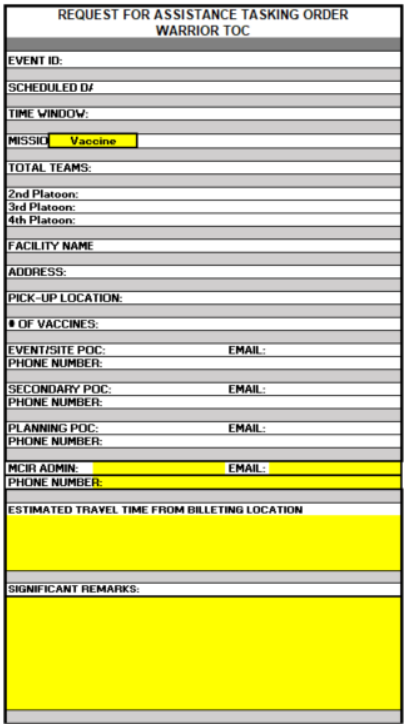
The Center for Disease Control and Prevention is the national agency that provides the peak level of guidance and resources at the national level. In Future Operations spectrum of data gathering, this can provide a long view for seeing trends and possibilities in order to develop possible courses of action further out.

11) RFATO CREATION

Request For Assistance Tasking Orders are a visually formatted directive broken down by type. Information to fill out the RFATO is pooled from the CVP and Site Survey, and if applicable, any Emails. The missions that are organic (originating from military rather than civilian entities) and do not require the health department involvement will not be found on the CVP such as any National Guard, Medical Detachment, or Air National Guard missions. RFATOs for those missions will be built from direct contact with those entities.

a) Vaccine RFATO

- *Event ID is DHHS generated number found on the CVP.*
- *Scheduled Date refers to the Clinic Date set up by the call center. This will be found in the area in blue in the CVP.*

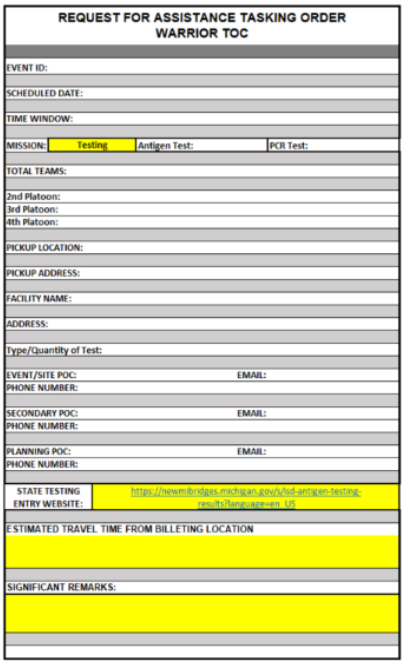

REQUEST FOR ASSISTANCE TASKING ORDER
WARRIOR TOC

EVENT ID:
SCHEDULED DA
TIME WINDOW:
MISSIO Vaccine
TOTAL TEAMS:
2nd Platoon:
3rd Platoon:
4th Platoon:
FACILITY NAME
ADDRESS:
PICK-UP LOCATION:
OF VACCINES:
EVENT/SITE POC: EMAIL:
PHONE NUMBER:
SECONDARY POC: EMAIL:
PHONE NUMBER:
PLANNING POC: EMAIL:
PHONE NUMBER:
MCIR ADMIN: EMAIL:
PHONE NUMBER:
ESTIMATED TRAVEL TIME FROM BILLETING LOCATION
SIGNIFICANT REMARKS:

*Figure 21 **Vaccine** Request for Assistance Tasking Order*

- *Total Teams how many teams total.*
- *2nd, 3rd and 4th platoon section is how many teams per platoon.*

  Total teams could be 3 but you could have 2 teams from 2nd and 1 team from third platoon.
- *Facility name is the Site name on the CVP*
- *Address is the Facility Address*
- *Pick Up Location is the address of the Health Department where the vaccines are picked up, confirm with Call Center if needed. Not on CVP.*
- *Number of Vaccines*
- *Event Site POC The name of the person that will be on site. Best practices for this are to leave it undetermined until a 24 hour ahead confirmation is conducted due to the time of scheduling and the time of clinic can be days and sometimes weeks ahead.*
- *Secondary POC is often the owner or managing supervisor in charge of the location.*
- *Planning POC is who was contacted during the site survey*
- *MCIR is Health Department.*
- *Estimated Travel Time is easiest occurred by going to google maps, cutting and pasting the map into the provided box.*
- *Significant Remarks: Any pertinent information gathered during the site visit, the Call center remarks, emails, calls. It can include information specific to site, patients, roads, or health department.*



REQUEST FOR ASSISTANCE TASKING ORDER
WARRIOR TOC

EVENT ID:			
SCHEDULED DATE:			
TIME WINDOW:			
MISSION:	Testing	Antigen Test:	PCR Test:
TOTAL TEAMS:			
2nd Platoon:			
3rd Platoon:			
4th Platoon:			
PICKUP LOCATION:			
PICKUP ADDRESS:			
FACILITY NAME:			
ADDRESS:			
Type/Quantity of Test:			
EVENT/SITE POC:		EMAIL:	
PHONE NUMBER:			
SECONDARY POC:		EMAIL:	
PHONE NUMBER:			
PLANNING POC:		EMAIL:	
PHONE NUMBER:			
STATE TESTING ENTRY WEBSITE:	https://newmibridges.michigan.gov/s/list-antigen-testing-results?language=en_US		
ESTIMATED TRAVEL TIME FROM BILLETING LOCATION			
SIGNIFICANT REMARKS:			

Figure 22 ***Testing*** *Request for Assistance Tasking Order*

b) **Testing RFATO**

- *Antigen or PCR test: information requested by the site at the time of scheduling. This information will be listed in Call Center remarks box*
- *State Testing Entry Website: (Used for Testing or Dual Mission RFATO only) Results of the Testing are entered either by the Team, the Health Dept, or the site dependent upon the agreed instructions. Whoever is entering the information must have valid authority to do so granted by DHHS.*

G. CALL CENTER

1) OVERVIEW:

The Call center works directly with local health departments, as well as MDHHS to mitigate suffering caused by SARS-COVID-19 within the community. The Call Centers works as a bridge between health care facilities, local health departments, and the Army National Guard. The Call Center also ensures the health and wellness of the RFSC building, by providing COVID-19 testing to all personal within the facility.

2) CALL CENTER NCOIC

The Call center NCOIC ensures all coordinating with the local health departments, as well as MDHHS, is communicated properly with the Army National Guard. NCOIC ensures hourly, daily, and weekly reports are completed and updated regularly. Lastly, Call Center NCOIC supports all personal and ensures a clear line of communication is being maintained at all times.

3) CALL CENTER COORDINATOR

Personal will respond to requests and add to the CVP, as well as maintain a steady stream of work. Personal will also scrub the CVP against the SYNC matrix to make sure dates and times of Clinics are correct, as well as fill out the event ID's and SVQ's. Lastly, NCO under NCOIC performs regular checks to ensure NCOIC is maintaining clear and open disunion with MDHHS and local health departments.

1) PRODUCT: REPORTS

Call Center sends daily and weekly reports to MDHHS to show the Army National Guard's progression. As well as informing MDHHS, local health entities, Call Center is also responsible for preforming weekly reports to MDOC. This ensures all partners are informed of the progress of the MIARNG.

1) SVQ:

SVQ (Site Visit Questionnaire) allows our ground teams to have crucial information to properly plan and coordinate events. This is the first step to allow our medics to administer lifesaving vaccines to those who are the most vulnerable. The SVQ is obtained prior to visiting any state regulated facility and all information is obtained by the Call Center in conjunction with local health departments. The SVQ is then used to create FUOPS's RATFO, as well as a direct link for our ground teams.

2) EVENT ID

The event ID is generated via the Call Center, to send local health departments and MDHHS. This is the first step in requesting lifesaving vaccines from local entities. This is then

put on the state ran CVP for record keeping. Lastly, event ID's are a historical record of requested vaccines and vaccines amounts.

III. Ground Team Sections (Platoons)

H. PLATOON COMMAND AND CONTROL (C2 ELEMENT)

The C2 cell element comprises an OIC, a NCOIC, a supply specialist, and a quality control specialist, that conducts site reconnaissance, and field observation. The C2 cell element is also responsible for personnel tracking, soldier health and welfare, accountability of equipment, and regular equipment maintenance. Each role within the C2 cell element is vital for platoon success, such as maintaining individual training requirements and mission essential training.

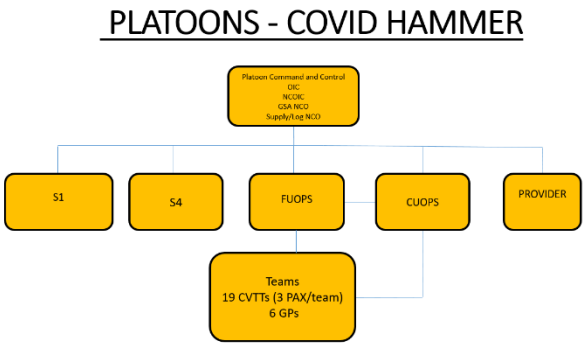


Figure 23 Sections (Platoon) Task Org Chart

1) OFFICER-IN-CHARGE (OIC)

The OIC reports directly to the Task Force command. The daily reporting comprises PERSTAT (personnel status), vehicle mileage, vehicle fuel use, mission readiness, and platoon status. The OIC is also responsible for projecting vaccination, testing, and courier events. In the event of injury, illness or death involving personnel, the OIC completes a CCIR (Commanders Critical Information Requirement) and receiving Red Cross messages. In the event of an accident, or damage to vehicles or equipment, the OIC completes an AGAR (US Army Abbreviated Ground Accident Report, DA Form 285-AB). Besides these reports, the OIC writes awards and accommodations, reporting mission specific concerns, conducting weekly platoon meetings, and taking part in Task Force conference calls. Covering and scheduling various personnel actions, such as leave and appointments.

1.) Send the PERSTAT report daily to the S1 at the required time. PERSTAT information comprises Service Member's full name, rank, DODID, Service Member's position (vaccinator, general purpose, C2), order start date, MOS, and assigned unit. The PERSTAT also comprises mission status: on mission, SRP, AT, IDT, pass, leave, school, other, and non-mission loss *See: Personnel Status Report (PERSTAT)*

2) NON-COMMISSIONED OFFICER-IN-CHARGE (NCOIC)

The NCOIC reports directly to the OIC. The NCOIC fills in for the OIC when needed to ensure PERSTAT (personnel status), vehicle mileage, vehicle fuel use, mission readiness, and platoon status are complete. The NCOIC uses the sync matrix daily to confirm current and

upcoming events, as well as checking for updated RFATOs. The NCOIC also takes part in weekly meetings and participates in Task Force conference calls. The NCOIC is also responsible for confirming the covering of missions under scheduling various personnel actions, such as leave and appointments. The NCOIC communicates with vaccination and testing point of contacts. The NCOIC accomplishes communicating with sites by doing a 24-hour call ahead to confirm mission details. The 24hr call ahead comprises confirming the date, time, type of clinic, facility name, facility address, quantity of tests/vaccinations, on-site point of contact the day of the clinic and confirming if teams will conduct MCIR/entering testing data results. Besides the 24-hour call ahead, communication by the NCOIC via email for event specific details to ensure the clinic runs as smooth as possible. The NCOIC conducts daily mission briefs to teams to ensure mission readiness and success. If there is a discrepancy 24 hours ahead of time, the NCOIC communicates with the call center and FUOPS. If there is an issue on the day of operations, the NCOIC communicates with CUOPS.

3) OPERATIONS NON-COMMISSIONED OFFICER (NCO)

The Operations NCO reports directly to the NCOIC and the OIC. Operations NCO provides support to teams at the site through training and supplying resources and guidance, particularly to nuances of vaccine products and testing. Supply guidance and material resources to administrative personnel before, during and after events. Complete event binders and update materials as necessary to remain current with the evolution of the events. Liaison between MING personnel and site administrators/coordinators to troubleshoot technical and procedural issues. Including handling quality control at local sites, ensuring personnel follow the policy, procedures, and protocols of the Task Force. Conduct site visits to different event locations to meet with personnel on ground and the site personnel. Operations NCO works in collaboration with site administrators/coordinators to improve processes and procedures at vaccination and testing events. Assist the NCOIC with the 24-hour call ahead to sites and site surveys as necessary.

4) SUPPLY AND LOGISTICS NCO

The Supply and Logistics NCO tracks inventory and handles, supplying personnel with necessary equipment and materials. The Supply and Logistics NCO provides personal protective equipment (PPE) to teams, antigen tests and supplies, polymerase chain reaction (PCR) tests and supplies, track inventory of all supplies and equipment to teams, and tracking and managing duties regarding fleet vehicles. Picks up resupply of equipment and materials form the Task Force.

Fleet vehicle responsibilities include ensuring servicing requirements, exchanging fleet vehicles when applicable, and reporting inventory to the OIC. Reporting changes to fleet vehicles and inventory of supplies to the NCOIC and OIC. Supply and Logistics NCO manages expiration and disposal of unusable inventory.

The Supply and Logistics NCO conducts reporting to the OIC, NCOIC and the Task Force when necessary. Reports include the materials and equipment, personal protective equipment,

office supplies and miscellaneous materials, antigen and PCR tests and auxiliary medical supplies. Completion of the daily report of vaccinations and tests conducted by the teams during the day. The report is then sent to the Task Force.

5) COVID-19 TESTING TEAMS

Testing teams are trained in both PCR testing and Antigen tests. Testing teams are made up of a medic, an admin personnel and a team lead. This evolved over time, and the make-up of the teams shifted to no need for a medic as all personnel were trained to give tests.

6) COVID-19 VACCINATION AND TESTING TEAMS

Covid-19 Vaccination and Testing Teams (CVTT) consist of three personnel, the team lead, one general-purpose service member and one medic. CVTT teams is the component providing direct support to private and public sector testing and vaccination events. Teams work directly with the public providing point of care and building trust within the communities they serve.

1. **Team Leads**

Team leads coordinate health and welfare of team members, prepare teams for event requirements, arrive on time, maintaining equipment and materials, gathering personal protective equipment and miscellaneous supplies, and communicating subordinate concerns to the TOC. Leads communicate event departure times, arrival times and other event pertinent information. Team leads work with site coordinators/administrators to liaison between them and the platoon TOC. Team leads should maintain subordinate military professionalism and bearing, leading by example. The team leads to enforce the measures.

Team leads maintain fleet vehicles and complete all required paperwork. Team leads collect, maintain fuel receipts, service receipts and complete fuel logs to turn into the TOC at the end of the month. Team leads handle sensitive credit cards and ensuring they remain secure.

Team leads report daily vaccination and testing numbers to the TOC. Report changes at vaccination and testing events to the TOC and support sites with resolving issues, concerns, or complaints.

2. **General-Purpose Personnel**

General-purpose personnel were responsible for data entry input, lookup and assisting with corrections. General-purpose personnel throughout the operation would support traffic and foot traffic, direct patients through the vaccination or testing events, provide medical technician support for medics, run medical and miscellaneous supplies to various stations in the vaccination process. Service Members operate Covid-19 mitigation screening to reduce the spread of the virus. Personnel help with the verification and completion of registration forms or other miscellaneous documents. General-purpose personnel in conjunction with medics will courier test and vaccines throughout the state. Service Members also support medical professionals through monitoring patients in the observation area. Working closely with the public and

checking on how each patient feels. Personnel may provide additional technical and logistical support and guidance as requested.

3. **Medics**

Medics provide antigen, molecular assay testing, and vaccinations to the public. Medics provide support to the medical professionals and nurses at the vaccination events. Medics dilute and draw vaccine, maintain vaccine temperature, transport, and monitor coolers, monitor, and care for cold cubes and other miscellaneous auxiliary vaccine supplies. Medics support medical staff and personnel to implement and follow infection control measures. Medics prescreen patients to ensure they are eligible for a specific vaccine. Medics monitor patients in observation for adverse and/or allergic reactions to the vaccine. Medics may provide support to individuals who are experiencing allergic reactions or anxiety directly or indirectly regarding the vaccine. Medics may provide technical and medical guidance on layout or improving functioning of vaccination events. Medics work both indoor and outdoor events to provide point of care (POC) to the public.

7) DAILY MISSION TRACKER

Projection of week in advance on whiteboard of scheduling of teams, the site location and times. The schedule also to provide information to teams on changes to team dynamics for various reasons. Side information to contain Annual Trainings, mandatory training, leave, appointments and drill dates when applicable.

8) PERSONNEL STATUS REPORT (PERSTAT)

The PERSTAT is the responsibility of the OIC or NCOIC of the platoon. The personnel status tracker for each platoon is on the consecutive tabs in the Excel workbook as the sync matrix. Purpose is to track and account for team personnel. Command and Control personnel can schedule personnel effectively to meet the needs of the event. The OIC or NCOIC should send the Perstat report to S1 every morning prior to 0900 hours. The information from the PERSTAT is additionally to help complete the report in during the 1100 leadership meeting.

The PERSTAT contains three main parts, the PERSTAT, losses and the personnel roll-up each on separate spreadsheets in the Excel workbook. The first workbook in the PERSTAT includes summary information regarding the platoon. The PERSTAT separates grouping of information. The first group covers the unit identifier (platoon number or name), location of the platoon and the date range the PERSTAT. The second grouping covers mission strength exhibiting the number assigned personnel and the number of personnel total (BOG-Boots on Ground). The third grouping breaks down number of assigned personnel by personnel classification to include how many officers, warrant officers, enlisted and civilian personnel. Fourth grouping outlines changes since the last PERSTAT date range to include gaining personnel, replacement of personnel and number of personnel of personnel who have returned to duty (RTD). The last set of cells in the row includes losses from the platoon including personnel suffering injuries, personnel who reverse process off mission and those who are absent without leave (AWOL).

TASK FORCE: SPARTAN																	
DATE AND TIME:																	
				MISSION STRENGTH		PERSONNEL CLASSIFICATION				CHANGES SINCE LAST REPORT			LOSSES		
UNIT / Mission #	LOCATION	DTG FROM	DTG THRU	Assigned	BOG	OFFICER	WARRANT OFFICER	ENLISTED	CIVILIAN	GAINS / ATTCHED	REPLACE	RTD	Injured / ROM	NON MISSION LOSS/RJRS	AWOL
1st Platoon		1000 7 JUN 2021	1000 8 JUN 2021	25											
		TOTAL		25	0	0	0	0	0	0	0	0	0	0	0

Figure 24 PERSTAT Example

The second spreadsheet elaborates on losses from the mission. The injury, sickness and quarantine section lists the personnel and the exact reasoning for illness, injury or whether personnel is in quarantine. Non-mission loss which is loss due to new job positions or leaving mission for miscellaneous reasons. Enter personnel who are absent without leave and lastly the leave tracker segment. The segment covers specific personnel leave reasons, location, departure and return date.

LINE 13: INJURED/SICK CALL/ROM/QUARATINED	
Name	Details

LINE 14: Non Mission Loss	
Name	Reason

LINE 17: AWOL		
Name	Reason	

Leave Tracker				
Name	Reason	Location	Depature Date	Arrivial Date

Figure 25 PERSTAT Losses

The final spreadsheet in the PERSTAT is the personnel roll-up. The roll-up comprises of service members full name, rank, Department of Defense identification number (DODID), service member's position (vaccinator, general purpose, C2), order start date, Military Occupational Specialty (MOS), and assigned unit. The PERSTAT also comprises mission status: on mission, Soldier Readiness Program (SRP), Annual Training (AT), Inactive Duty Training (IDT), pass, leave, school, other, and non-mission loss.

I. PERSONAL PROTECTIVE EQUIPMENT (PPE) REPORT

The report tracks inventory of personal protective equipment, antigen and molecular assay tests the platoon has available. The report is due every morning prior to 0800 hours to the Task Force S4,

a) **Testing Team PPE**

The Testing teams or CTT have the following items in their possession for Testing:

Ancillary Supplies: N95 Mask, Hand sanitizer, gloves, Tyvek garments, face shield

PERSONAL PROTECTIVE EQUIPMENT ON-HAND AS OF: 11 0800 01 21

Nomenclature	Unit of Issue	On Hand Qty	63TC	ARMY	ANG	ALPHA	BRAVO	Jacobettie
GAITER NECK	EA	0	0	0	0	0	0	0
COVERALL, TYVEK, MEDIUM	EA	1709	1343	53	63	50	50	150
COVERALL, TYVEK, LARGE	EA	1994	1352	90	52	100	100	300
COVERALL, TYVEK, X-LARGE	EA	482	202	125	0	50	50	55
GLOVE, NITRILE, POWDER FREE, X-SMALL	EA	4800	4800	0	0	0	0	0
GLOVE, NITRILE, POWDER FREE, SMALL	EA	35980	19,000	8,980	7000	300	400	300
GLOVE, NITRILE, POWDER FREE, MEDIUM	EA	30730	14,050	6,900	5,000	3,000	0	1780
GLOVE, NITRILE, POWDER FREE, LARGE	EA	45450	15,500	22,000	3,000	2,400	900	1650
GLOVE, NITRILE, POWDER FREE, X-LARGE	EA	9740	90	7,500	200	0	0	1950
SAFETY GOGGLES	EA	0	0	0	0	0	0	0
ELVEX CLEAR MOLDED CYLINDER POLYCARBONATE FACE SHIELD	EA	3471	2,557	171	30	30	60	620
BOOTIE, HOSPITAL DISPOSABLE	EA	0	0	0	0	0	0	0
FACE MASK, COLD AVENGER	EA	0	0	0	0	0	0	0
SURGICAL MASK	EA	4279	2450	165	475	500	500	189
CLOTH TYPE MASK (*insert type, or where from*)	EA	0	0	0	0	0	0	0

N95 BREAKDOWN	Unit of Issue	On Hand Qty	Exact Qty (EA)	MANUFACTURER City, Country		MODEL	SIZE
N95	EA	1225				1860	Standard
N95	EA	718		3M		1860S	Small
N95	EA	186		Halyard		46767	Standard
MISC.95	EA	4930		misc			standard

Figure 26 Personal Protective Equipment (on hand)

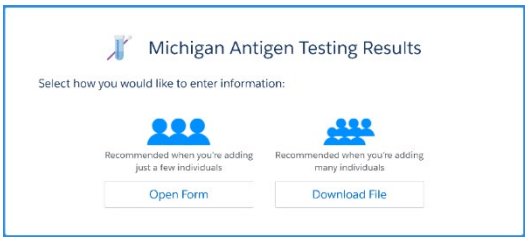
b) **Vaccination Team PPE**

Ancillary Supplies N95 Mask, Hand Sanitizer, Gloves, Tyvek Garments, Face Shield, Band-Aids, Epi Pens, Sharps Container, Alcohol Swabs

9) MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR)

The Michigan Care Improvement Registry (MCIR) is an online state electronic medical record (EMR) system for tracking immunizations in the state of Michigan. General-purpose and authorized personnel request permission from site administrators to be able to enter dose and immunization record of patients. The website for MCIR is at the following link: https://mcir.org/.

10) MICHIGAN ANTIGEN REPORTING



The online reporting tool design to conduct surveillance of the Covid-19 disease in Michigan. Reporting through manual case entry, through electronic laboratory reporting system or another system designed for reporting. When conducting Antigen testing, positive results must be reported to the MDHHS within four (4) hours to the Michigan Antigen Testing Results Portal (https://newmibridges.michigan.gov/s/isd-antigen-testing-results?language=en_US). Twenty-four (24) hours after conducting Antigen testing negative results should be reported through the Michigan Antigen Testing Results Portal. As it applies to MING personnel, they should report results during Antigen testing when plausible. General-purpose personnel can enter information into the system while MING medical professionals conduct testing.

11) LOGISTICAL SITUATION REPORT/LOGSITREP (LOGSTAT)

The test kit tracker tool is available on the O-drive. The person responsible for updating and tracking test kits for the platoon will be the individual who oversees test kits for the platoon. Previously in First platoon, and currently in second platoon a Specialist is responsible for supplies in the TOC.

12) VEHICLE MILEAGE REPORT

The vehicle mileage is a shared report of all the vehicles in each of the platoons. The report tracks mileage, fuel card assignments, vehicle assignments, vehicle information (plates, VIN numbers, ownership, make, model, and year) and current and prior mileage. The report is due daily prior to 0800 hours to the Task Force S4.

13) LEAVE TRACKER

Leave tracker monitors all Request and balances for Leave. DA-31 Forms sent by the platoons for personnel on mission. See S1 Section

J. RESOURCES

1) CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

The Centers for Disease Control and Prevention provides updates on guidance throughout the pandemic. Information during a pandemic can be found at their website at www.cdc.gov.

2) EMERGENCY USE AUTHORIZATION (EUA)

Due to federal law all vaccine brand producers must provide patients with Emergency Use Authorization (EUA) document for patients. The EUA includes information regarding the vaccine brand, ingredients, and reporting in the case of an adverse event potentially due to the vaccine.

3) FOOD AND DRUG ADMINISTRATION (FDA)

The Food and Drug Administration (FDA) website provides information and guidance regarding vaccines. The website will also provide updates and approval of other treatments for diseases. The website is at www.fda.gov.

***Disk Included containing all supporting documents, maps, forms, instructions, photos, news stories.*