SPSA Request for Assistance

Date(s):	Time:			
Requesting Agency (Ministry, Crown, Agenc	:y, Municipality, First Nation, e	etc.)		
Name:	(Surname)		(First Name)	
Title:				
Address:	(Address)		(City/Town)	(Postal Code)
Cell/Home Phone:		Work P	hone:	
Email Address:				
Local Contact: (On	ı Site)			
Name:	(Surname)		(First Name)	
Title:	,	Radio Ch		
Phone:		Work P	hone:	
Incident Location o	r location resources are	required: (land location, GPS	S, street address, etc	c.):
Identify local resour	ces assigned and respo	nse your organization has ta	aken to date:	



Type, Number and Duration	of Resources Required:
Fire Fighting:	
Flood Mitigation:	
Estimated Number of Days: _	
Personnel:	
Technology Support: _	
Other: _	
Equipment Details:	
Date Required:	
Values Threatened / Any Evacua	tions / Highway Closures: (Please List)
Objectives: (Detail goals re: Safe	ty, Protection of Life, Evacuations, Care and Shelter)
Hazards to be Aware of: (Propar	e Tanks, Power Lines, Explosives, etc)



Requesting Agend	ry Official:
Signature:	
Title:	
Date:	
Number of Attachm	ents:
defined under the Cana	st form with respect to aviation suppression resources the "Authority Having Jurisdiction" delegates their authority dian Aviation Regulations 601.14, 601.15, 601.16 and 601.17 to the Saskatchewan Public Safety Agency until the assigned to the incident.

Termination of SPSA involvement on an Incident.

- 1. SPSA defines a mission/deployment completion when:
 - a. All objectives have been met.
 - b. Ministry, Crown, Agency or Community having made the request for assistance is able to take control/manage the incident without assistance and releases SPSA resources.
 - c. Incident changes and/or escalates to a point beyond the scope of the SPSA mandate.
 - d. Incident assistance has become cost prohibitive.
 - e. The resources assigned are required to be deployed to an incident with higher priority (i.e. life threatening over property threatening incidents).

