Bomb Response Team Self-Assessment Tool
Bomb Response Team

Based on FEMA's Resource Typing Library Tool (RTLT)
and National Resource Typing Standards

Version 1.2 – February 2026

Specialty Response Team
Assessment Program

Overview of the Tool's Purpose

This Self-Assessment Tool is designed to support specialty response teams in evaluating their operational readiness, capabilities, and alignment with FEMA's National Incident Management System (NIMS) resource typing definitions. By following a structured, objective review of personnel qualifications, equipment inventories, deployment logistics, and operational standards, this tool enables teams to measure their current capacity against nationally recognized benchmarks for each team type (Type III – Type I).

The primary goal is to provide a realistic snapshot of each team's strengths, identify areas for growth, and guide targeted improvements through an administrative assessment. These assessments inform planning, enhance interagency coordination, and support requests for mutual aid or deployment by state and federal agencies.

Purpose of the Self-Assessment Report and Assessors' Report

Teams will utilize the self-assessment reporting tool to provide the assessors with a complete view of their capabilities, denoting what typing level the team aspires to be administratively recognized as by the Florida Division of Emergency Management. During the Assessment, Assessors will review your documentation, cache/equipment, and other supporting documentation against FEMA's Resource Typing Library Tool (RTLT) sets a national standard for team and individual typing of response resources, and other standards to provide a typing based on observation and assessment within the Assessor's Report. Note, this Assessment does not bar the Team from responding in their jurisdictions. The Assessment merely provides recognition or guidance based on administrative observations.

Assessment Presentation and Documentation

Teams will present their finished self-assessment during a scheduled evaluation session with assessors and peer reviewers. This session is intended to validate information, discuss discrepancies, and highlight best practices.

To support the assessment presentation:

Teams should have all supporting documentation readily available, including Position Task Books (PTBs) if available, training certificates, equipment inventories, deployment rosters, standard operating guidelines (SOGs), and mutual aid agreements.

Electronic or physical formats are acceptable, but documents should be clearly labeled and accessible to assessors.

Supporting materials help substantiate the team's claimed capabilities and ensure alignment with FEMA's typing and credentialing expectations. Supporting documents should be on hand for reference

Section 1: Team Identification

This section provides foundational information about your team's identity, structure, and recent operational experience. Complete this section with clear and current data, as it establishes the context for your team's readiness and capabilities throughout the assessment. This information is critical for reviewers and assessors to validate alignment with **FEMA Typing standards**.

Please ensure that all information provided is accurate and current as of the date of the assessment. Supporting documentation, such as a current Typing Certificate (if issued by an authority), current or recent IAPs, or a clear Organizational Chart, is highly recommended for presentation during your assessment session.

Team Name: _____

Sponsoring Agency or Jurisdiction: _____

Team Point of Contact/Program Manager (Name, Title): _____

Phone Number: _____   Email Address: _____

Financial POC: _____

Phone Number: _____   Email Address: _____

Is your agency willing to deploy your team? ☐ Yes   ☐ No

If yes, are you willing to deploy: ☐ County   ☐ Region/Statewide   ☐ EMAC (Out-of-State)

☐ Federal

Does more than one agency contribute to the makeup of your team? ☐ Yes   ☐ No

　　If yes, which agencies?

_____

If your team is made up of more than one agency, which agency maintains your certificates, training, and equipment operational readiness and maintenance records and funding?

_____

How many deployments / callouts did your team have over the past 12 months? _____

Bomb Response Team Typing Level (Select the highest level of Typing you are seeking to be recognized as):

　　☐ Type III   ☐ Type II   ☐ Type I

Section 2: Deployment/Callout History

Instructions:

This section captures a detailed summary of a recent Bomb Response Team deployment (Callouts) within the past 36 months (up to 3 callouts) that reflects the team's operational capabilities and alignment with FEMA's resource typing definitions. This information will help assessors evaluate the team's ability to mobilize, operate, and sustain technical rescue functions in a real-world incident environment. The program recognizes that Bomb Response Teams are very likely more active within a 12-month window. The SRT Program operates on a 36-month rotation. Teams should be able to identify 3 callouts within the 36-month window.

Provide complete, verifiable details. Supporting documentation should be made available during the assessment (e.g., deployment orders, mission rosters, After-Action Reports, Callout Summery, or issued Mission Ready Package activations).

Recommended for the Presentation at Assessment Session:

- ✓ Organizational Chart (reflecting current team structure)
- ✓ Typing Certificate (if issued by state or federal authority)
- ✓ Agency/Team Operational Orders

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Deployment / Activation / Callout Report #1

Incident Name and Report / Incident #:

_____

Incident/Callout Location:_____

Deployment/Callout Date: _____ Time: From _____ To _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County:_____

Sponsoring or Tasking Agency: _____

Deployment/Callout Activation Type:

☐ Local/Mutual Aid   ☐ Regional (Intrastate)   ☐ State Activation (SERT/FDEM)

Deployment Type (Check all that apply):

☐ Suspected Hazardous Devices   ☐ Explosives   ☐ Explosive Material
☐ Pyrotechnics   ☐ Ammunition   ☐ Transportation Incident
☐ CBRNE   ☐ Dignitary   ☐ Special Events
☐ Pre-Planned Events   ☐ Other: _____

Was a Render Safe Procedure (RSP) performed during this callout? ☐ Yes   ☐ No

Additional Info:

Deployment Metrics

Total Team Members Deployed: _____

Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team's core Bomb Response Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team's actual performance and readiness in a mission environment consistent with its typing.

Example:

"On (date/time), the Central County Bomb Squad deployed to (location & case #) to defeat three suspected explosive devices located near high-profile targets and their supporting infrastructure. All suspected devices were defeated based on the results of the initial inspection of the devices."

Deployment Narrative:

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Deployment / Activation / Callout Report #2

Incident Name and Report / Incident #

_____

Incident/Callout Location:_____

Deployment/Callout Date: _____ Time: From _____ To _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County:_____ State: _____

Sponsoring or Tasking Agency: _____

Deployment/Callout Activation Type:

☐ Local/Mutual Aid   ☐ Regional (Intrastate)   ☐ State Activation (SERT/FDEM)

Deployment Type (Check all that apply):

☐ Suspected Hazardous Devices   ☐ Explosives   ☐ Explosive Material
☐ Pyrotechnics   ☐ Ammunition   ☐ Transportation Incident
☐ CBRNE   ☐ Dignitary   ☐ Special Events
☐ Pre-Planned Events   ☐ Other:_____

Was a Render Safe Procedure (RSP) performed during this callout? ☐ Yes   ☐ No

Additional Info:

Deployment Metrics

Total Team Members Deployed: _____

Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team's core Bomb Response Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team's actual performance and readiness in a mission environment consistent with its typing.

Example:

"On (date/time), the Central County Bomb Squad deployed to defeat three suspected explosive devices located near high-profile targets and their supporting infrastructure. All suspected devices were defeated based on the results of the initial inspection of the devices."

Deployment Narrative:

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Deployment / Activation / Callout Report #3

Incident Name and Report / Incident #

_____

Incident/Callout Location:_____

Deployment/Callout Date: _____ Time: From _____ To _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County:_____ State: _____

Sponsoring or Tasking Agency: _____

Deployment Activation Type:

☐ Local/Mutual Aid ☐ Regional (Intrastate) ☐ State Activation (SERT/FDEM)
☐ Federal

Deployment Environment (Check all that apply):

☐ Suspected Hazardous Devices ☐ Explosives ☐ Explosive Material
☐ Pyrotechnics ☐ Ammunition ☐ Transportation Incident
☐ CBRNE ☐ Other:_____

Was a Render Safe Procedure (RSP) performed during this callout? ☐ Yes ☐ No

Additional Info:

Deployment Metrics

Total Team Members Deployed: _____

Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team's core Bomb Response Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team's actual performance and readiness in a mission environment consistent with its typing.

Example:

"On (date/time), the Central County Bomb Squad deployed to defeat three suspected explosive devices located near high-profile targets and their supporting infrastructure. All suspected devices were defeated based on the results of the initial inspection of the devices."

Deployment Narrative:

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Section 2: Deployment AAR/Improvement Plan

The following table allows teams to self-identify any issues and corrective action activities during the team's deployments.

Issue	Corrective Action	Anticipated Completion Date	Cost (NA if none)

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Section 3: Administrative Compliance

This section verifies the administrative foundation necessary for your team's deployment readiness, legal authorization, and grant eligibility (if applicable). Strong administrative compliance ensures that the team can be deployed swiftly and legally within the framework of mutual aid systems, while also maintaining alignment with ICS/NIMS standards and risk management practices.

All information should be supported by up-to-date documentation (See Section 1 for examples) and should reflect the team's current organizational status. During the scheduled assessment, teams should be prepared to present supporting information as indicated.

Mutual Aid Agreements / Memorandums of Understanding (MOUs)

Does your team have signed mutual aid agreements or MOUs in place with neighboring jurisdictions, regional partners, or state agencies?

☐ Yes ☐ No ☐ In Progress

If yes, list the primary partners with whom agreements are active:

1. _____

2. _____

3. _____

Date of Most Recent MOU Review or Renewal: _____

Insurance Coverage and Legal Readiness

Does the team or sponsoring agency maintain insurance coverage for deployments?

☐ Yes ☐ No ☐ Unknown

Types of Coverage (Check all that apply):

☐ General Liability ☐ Workers' Compensation ☐ Auto/Vehicle

☐ Professional Liability ☐ Volunteer Liability ☐ Agency Specific Insurance

☐ Self-Insured ☐ Other: _____

Carrier Name (if known or mark self-insured): _____

Policies and Standard Operating Procedures (SOPs)

Does the team maintain written policies or SOPs related to the following items located in the table below? Space is provided to the Team to write in other examples that meet the item located in the table.

Area	Yes	No	In Progress
Standard Operating Procedure/Guide	☐	☐	☐
Unit Specific Guide	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

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Section 4: Personnel

Instructions:

This section is designed to help Bomb Response Teams evaluate their staffing levels against the FEMA/NIMS-typed minimum personnel requirements for Type III through Type I teams. The table provides a structured method to document your team's capabilities and identify gaps or surpluses.

How to Use the Table

Column	Description
Position	Lists nationally recognized RTLT-typed roles required on Bomb Teams. Bomb Response Team RTLT
Type III / II / I Columns	Indicate the **minimum required personnel** for each team type based on FEMA's RTLT resource typing definitions.
Number of qualified personnel primarily assigned and rostered in this position	Enter the **actual number of individuals** on your current roster who are **assigned and ready** to serve in that position. Individuals must be deployable and not double-counted.

Staffing Strategy and Recommendations

- Teams aiming for reliable deployment coverage should strive for **2 to 3 times the minimum requirement** listed in the table for each position.

- This depth allows for personnel rotations, shift coverage during long operations, leave/vacancy coverage, and backup deployment capabilities.

- For high-demand roles (e.g., Bomb Technicians), deeper staffing is highly encouraged.

Disclaimer on Double Counting

Important: Each responder may only be counted **once** in the **"Assigned and Rostered "** column, even if they hold multiple certifications or fulfill several roles.

Minimum Totals by Team Type

At the bottom of the table, a **Totals Row** reflects the **minimum required number of personnel** for each Task Force type (Type III through Type I). Use this to quickly confirm if your team meets baseline compliance or needs to build roster strength in specific areas.

Position Title	Type III	Type II	Type I	Number of qualified personnel primarily assigned and rostered in this position
NIMS Type 1 Bomb Technician	2	2	2	
Totals	**2**	**2**	**2**	

Team Narrative (Optional):

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Section 5: Equipment and Cache Readiness

This section assesses the team's alignment with FEMA's RTLT standards across the core equipment listed within the standard. Self-score each area using the scale below, and be prepared to reference inventory lists, cache photos, or live presentations during the assessment.

Scoring Key

- 3 – Fully meets standard – mission ready
- 2 – Substantially meets standard – minor gaps
- 1 – Partially meets – major gaps or dependencies
- 0 – Not Capable
- X – Not Applicable (NA)

Teams should use NA if an area being assessed does not apply to their Team's Assessment.

Equipment – Communications. Type III-I: Score: ___

Includes 1 handheld two-way radio and 1 wireless device which enable interoperable communications, should provide real-time communications between their department and national resources across information technology systems that provide voice, photographic, and data capabilities. The National Guidelines for Bomb Technicians define specified equipment.

Equipment – Access and Removal Equipment. Type III & II: Score: ___

Includes 1 rigging equipment and 1 handheld tool. The National Guidelines for Bomb Technicians define specified equipment.

Equipment – Access and Removal Equipment. Type I: Score: ___

Same as Type II but includes 1 General Service Bomb Response Robot.

Equipment – Defeat & Disposal Equipment. Type III & II: Score: ___

Includes 1 disrupter and 1 demolition kit. The National Guidelines for Bomb Technicians define specified equipment.

Equipment – Defeat & Disposal Equipment. Type III & II: Score: ___

Same as Type II PLUS 1 Disrupter.

Equipment – Personal Protective Equipment (PPE): Type II: Score: ___
Includes a Full Coverage Bomb Suite. NIMS Type 1 Teams use appropriate PPE in accordance with the National Guidelines for Bomb Technicians

Equipment – Personal Protective Equipment (PPE): Type I: Score: ___
2 Full coverage Bomb Suit compatible with a self-contained breathing apparatus (SCBA)

Equipment – Transportation Equipment. Type II & I: Score: ___

Includes 1 Vehicle. A NIMS Type 3 Team may have access to a vehicle capable of carrying requisite personnel and equipment based on mission needs.

Team Narrative (List additional acquired team equipment here (Optional):

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Equipment Gap Identification

The following chart allows Team members to identify gaps in equipment needs and forecast costs associated with the need.

Equipment Need Description	Units Needed	Unit Cost	Cost

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Section 6: Operational and Support Capabilities Self-Assessment

Use the scale below to evaluate your team's capability to perform core Bomb Team functions across technical disciplines. Assessors will use these responses, along with documentation and observation, to verify mission readiness. Base your self-assessment on actual equipment, personnel, and validated training.

Scoring Key

- 3 – Fully meets standard – mission ready
- 2 – Substantially meets standard – minor gaps
- 1 – Partially meets – major gaps or dependencies
- 0 – Not Capable
- X – Not Applicable (NA)

Teams should use NA if an area being assessed does not apply to their Team's Assessment.

Investigate, render safe, and dispose: Score: ____

Capability: Investigates, renders safe, and disposes of suspected hazardous devices, explosives, explosive materials (as the Bureau of Alcohol, Tobacco, Firearms, and Explosives currently defines), pyrotechnics, and ammunition.

Standard: FEMA, NIMS 509: Bomb Technician, U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), Enforcement Programs and Services, ATF Federal Explosives Law and Regulations, 2012

Coordinate investigations: Score: ____

Capability: Coordinates investigations with other local, state, and federal partners

Standard: FEMA, NIMS 509: Bomb Technician, U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), Enforcement Programs and Services, ATF Federal Explosives Law and Regulations, 2012

Conduct Investigation: Score: ____

Capability: Conducts bomb crime scene investigations

Standard: FEMA, NIMS 509: Bomb Technician, U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), Enforcement Programs and Services, ATF Federal Explosives Law and Regulations, 2012

Evidence Collection: Score: ___

<u>Capability:</u> Collect & preserve evidence.

<u>Standard:</u> FEMA, NIMS 509: Bomb Technician, U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), Enforcement Programs and Services, ATF Federal Explosives Law and Regulations, 2012

Provide Technical Support: Score: ___

<u>Capability:</u> Provides technical support to special operations, dignitary protection and special events.

<u>Standard:</u> FEMA, NIMS 509: Bomb Technician, U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), Enforcement Programs and Services, ATF Federal Explosives Law and Regulations, 2012

Drone Capability: Do you have the capability within the team? ☐ Yes   ☐ No

Do you require the assistance of another team? ☐ Yes   ☐ No

Situational Awareness: Score: ___

<u>Capability:</u> Provides situational awareness by transmitting real-time or near-real-time imagery, data, or verbal assessment, using multiple technologies, such as photogrammetry, live video, thermal imaging, and LiDAR, to enhance the Common Operating Picture (COP), planning functions, and Incident Action Plan (IAP) development.

<u>Standard:</u> 14 CFR Part 107, 14 CFR Part 91, F.S. 934.50, ASTM F2890, NSARC CISAR Addendum

<u>Equipment:</u> Multi-rotor and/or fixed-wing sUAS, data connectivity systems (such as LTE/5G modem), satellite connectivity systems (such as Starlink), PPE, and radio communications

Interior/Technical Search: Score: ___

<u>Capability:</u> Uses appropriate sUAS platforms to conduct interior and/or confined space searches in cooperation with other search and rescue resources. Communicates findings using multiple technologies, including verbal assessment, live video, thermal imaging, or LiDAR

<u>Standard:</u> F.S. 934.50, ASTM F2890, NSARC CISAR Addendum

<u>Equipment:</u> Interior capable multi-rotor sUAS, data connectivity systems (such as LTE/5G modem), video encoder/streaming system, PPE, radio communications

Aerial Coordination: Score: ___

Capability: Coordinates with the Air Operations Branch, other assigned aviation resources (sUAS and manned), and incident command to ensure safe and effective aviation operations that meet incident objectives. Ensure compliance with FAA regulations, state and local statutes and regulations, airspace requirements, and airspace authorizations, including coordinating with the FAA Systems Operations Support Center.

Standard: 14 CFR Part 107, 14 CFR Part 91, F.S. 934.50, NSARC CISAR Addendum, SERT Air Operations Branch Standard Operating Guide, FEMA RTLT

Equipment: Laptop, data connectivity systems (such as LTE/5G modem), domain awareness systems (including ADSB-in, UAS Remote ID and data visualization), satellite connectivity systems (such as Starlink), radio communications, Aviation VHF radio

Provide additional (Not Listed) capabilities here (optional):

Section 7: Training

This section is to be utilized to review and validate the Team's current and historic training credentials. Use the scale below to evaluate your team's training credentials to assess your mission readiness.

Bomb Team Specific Training Compliance

Has the team documented completion of the required ICS/NIMS training for all deployable members?

☐ Yes   ☐ No   ☐ Partial/In Progress

Is there a training matrix, tracker, or internal record that can be provided upon request? If yes, what tool?

☐ Yes   ☐ No   If Yes, what platform_____

Check all levels of Bomb Team Specific training tracked across the team:

☐

☐

☐

☐

☐

☐

☐

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Instructions for the Training Improvement Plan Table

Enter the number of team members who are currently trained and ready for each position, followed by the additional number you plan to have trained in the next thirty-six (36) months. Use the notes column to explain any gaps, upcoming training, or special considerations. This helps identify current strengths and where additional training may be needed. Consider what other capabilities would be helpful for your team and add the associated costs.

Position Title	Training Goal 36 months	Notes	Cost

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Section 8: Exercises Evaluation

This section captures the team's recent operational testing through exercises, focusing on those that were evaluated and resulted in actionable improvement plans. It supports readiness validation for all team types and encourages continuous improvement through After-Action Review (AAR) processes.

Teams should report activities from the past 36 months and be prepared to present documentation if requested during the assessment.

Self-Assessment Metrics

Engagement Type	Count (Past 3 Years)	Evaluated?	AAR/IP Completed?	Notes or Key Lessons Applied
Full-Scale Exercises (FSE)		☐ Y ☐ N	☐ Y ☐ N	
Functional Exercises (FE)		☐ Y ☐ N	☐ Y ☐ N	
Tabletop Exercises (TTX)		☐ Y ☐ N	☐ Y ☐ N	
Seminars		☐ Y ☐ N	☐ Y ☐ N	
Workshops		☐ Y ☐ N	☐ Y ☐ N	
Games		☐ Y ☐ N	☐ Y ☐ N	
Drill		☐ Y ☐ N	☐ Y ☐ N	

Team Narrative-additional exercises (Optional):

Exercise After Action/Improvement Plan Table

The following table allows teams to self-identify any issues and corrective action activities for the team's exercises.

Issue	Opportunities for Improvement	Anticipated Completion Date	Cost (if applicable, NA if not)

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Section 9: Supplemental Information

This section provides an opportunity for the team to highlight additional capabilities, cost factors, and surge resources not captured elsewhere in the assessment. It supports strategic planning, funding justification, and deployment readiness documentation for local, state, or federal missions.

Please complete each subsection below. Supporting materials may be attached or referenced.

Recommended for the Presentation at Assessment Session

- ✓ Capability letters or team highlight one-pagers
- ✓ Cost estimate worksheet or assumptions summary
- ✓ Copies of MRPs (if developed)
- ✓ Photos or short summaries of surge assets
- ✓ Supporting MOUs or specialty team agreements

Unique Capabilities or Surge Resources
Describe any specialized assets, personnel, or configurations that extend beyond standard FEMA's RTLT typing or give your team added mission flexibility.
Examples include deployable assets to defeat a CBRNE device.

_____

_____

_____

Does your team have enacted policies and the ability to sustain operations? ☐ **Yes** ☐ **No**

Estimated Average Callout Cost
Provide the estimated average cost to deploy and sustain the team by callout. This estimate may include personnel, lodging, meals, equipment use, vehicle costs, contracted services, and support trailers.

Type III: Estimated Average Callout Cost: $_____

Team Size this Estimate Reflects: _____ personnel

Type II: Estimated Average Callout Cost: $_____

Team Size this Estimate Reflects: _____ personnel

Type I: Estimated Average Callout Cost: $_____

Team Size this Estimate Reflects: _____ personnel

Team Narrative (Optional):

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Section 10: Improvement Plan Roll-Up

The assessed team should roll up any noted items in Sections 2, 5, 7, 8, and any associated costs for review.

Section	Issue/Gap/Shortfall	Corrective Action	Anticipated Completion Date	Cost

Section 11: Certification Statement

This section must be completed by the Agency Administrator, Police Chief/Sheriff or Bomb Squad Commander. The purpose of this statement is to affirm the accuracy and completeness of the responses provided throughout the assessment.

The certification reflects that the team has conducted a fair and honest review of its capabilities, readiness, and administrative standing, and that the information submitted may be used by oversight authorities to support planning, funding, or mutual aid coordination.

Recommended for the Presentation at Assessment Session

✓ Signed certification statement on agency letterhead (digital or printed)

✓ Original may be submitted as a scanned PDF or attached to the assessment package

✓ Authorized signatory must be a designated Agency Administrator, Police Chief/Sheriff or Bomb Squad Commander.

Certification Statement

I hereby certify that the information provided in this assessment is accurate to the best of my knowledge and reflects the current operational status of the team identified herein. I acknowledge that this self-assessment will be used as part of a formal review process and may be referenced during planning, coordination, and deployment activities.

Team Name: _____

Sponsoring Agency: _____

Name of Certifying Official: _____

Title: _____

Phone: _____   Email: _____

Signature: _____

Date: _____