EVENT / SITUATION STATUS

Type of Emergency:

Event No.	Date	Time	Subject / Description of Event	Location	Action Taken	Ordered By	Taken By	Status

EVENT-CASUALTY / DAMAGE SUMMARY

Type of Emergency:	Date/Time Completed:
	Update No Later Than:

Locations Affected

Estimated Damage

Estimated Total Loss in Dollars:	Percent Insured:	Percent Uninsured:

Services Interrupted

Assistance

Number of Shelters:	Number of Disaster Aid Centers:

Number of Casualties and Properties Damaged				**Emergency Declaration**	
Persons	**Homes**	**Businesses**	**Public Property**	**Source of Declaration (√)**	
Evacuated:	Destroyed:	Destroyed:	Destroyed:	□ International	□ National
Displaced:	Major:	Major:	Major:	□ Regional	□ State
Sheltered:	Minor:	Minor:	Minor:	□ County	□ Local
Injured:	Affected:	Affected:	Affected:	□ Other	
Missing:				Date / Time Emergency Declared:	
Dead:				Name / Title of Official Making Declaration:	

EVACUATION STATUS

Type of Emergency:						Date / Time Evacuation Began:			
						Date / Time Evacuation Completed:			
No.	**Date**	**Time**	**Facility / Zone Evacuated**	**Route Used**	**Type of Transportation**	**Reception Area / Shelter**		**Estimated No. Evacuated**	**Comments**
						Area Name / Location	**No Reg.**		
						Total			

NEWS MEDIA STATUS

Type of Emergency:

No.	News Organization	Schedule	Audience	Language	Contact and Phone	Capabilities	Comments	Notified		Requests from Media
								Date	Time	

ROUTE STATUS

Type of Emergency:

No.	Route Roads, Waterways, Rail, Air, etc.	Date / Time		In Service (√)	Out of Service (√)	Nature of Restricted Use	Organization Contact & Phone	Comments

CONTRACTS, AGREEMENTS, & SERVICES

Type of Emergency:

No.	Type of Service	Organization Name & Address	Contact	Phone Business, Home, 24-Hr	Nature of Contract / Agreement	Comments

PERSONNEL STATUS

When to Contact List Type of Emergency / Special Conditions	Subject Expertise or Special Skill	Organizational Info Name, Address & Phone	Individual's Info Name, Address & Phone	Comments

WORK SCHEDULE

Location:

Function / Title	Name	Address	Phone Business, Home, 24-Hr.	Shift No.	Work Location	Comments

Weather Status

No.	Location	Wind Direction/ Speed	Precipitation	Humidity	Barometric Pressure	Rainfall Last 24 Hrs.	Rainfall Next 24 Hrs.	Cloud Cover	Comments

HOSPITAL BED AVAILABILITY

No.	Hospital/ Long Term Care	C/R/B	SGS General	MIM Medical	OB/GYN	PEDIATRIC	Burns	Indicate Hospitals Handling Contamination. Chemical “C”, Radiological “R”, Biohazard “B”

INFORMATION DISSEMINATION

Subject	In		Information Requested	Requested By	Out		Info Disseminated	Disseminated By
	Date	Time			Date	Time		
				p				

FUNCTIONAL NEEDS STATUS

Type of Functional Need	Facility / Individual	No. of People	Action Required	Date	Time	Action Taken / Comments

SHELTER / FACILITY STATUS

Type of Emergency:

No.	Type of Shelter / Facility	Location	Date	Time	Feeding Spaces		Sleeping Spaces		Shelter / Facility Contact	Description of Special Conditions / Comments
					Used	Open	Used	Open	Name & Phone	

AREA CLOSINGS STATUS

Type of Emergency:	Date/Time Area Closing Began:
	Date/Time Area Closing Completed:

No.	Facility Closed / Evacuated	People at This Facility Were Directed / Transported to	Contact Name, Phone, Radio Call No.	Comments

CARRIER STATUS

Type of Emergency:

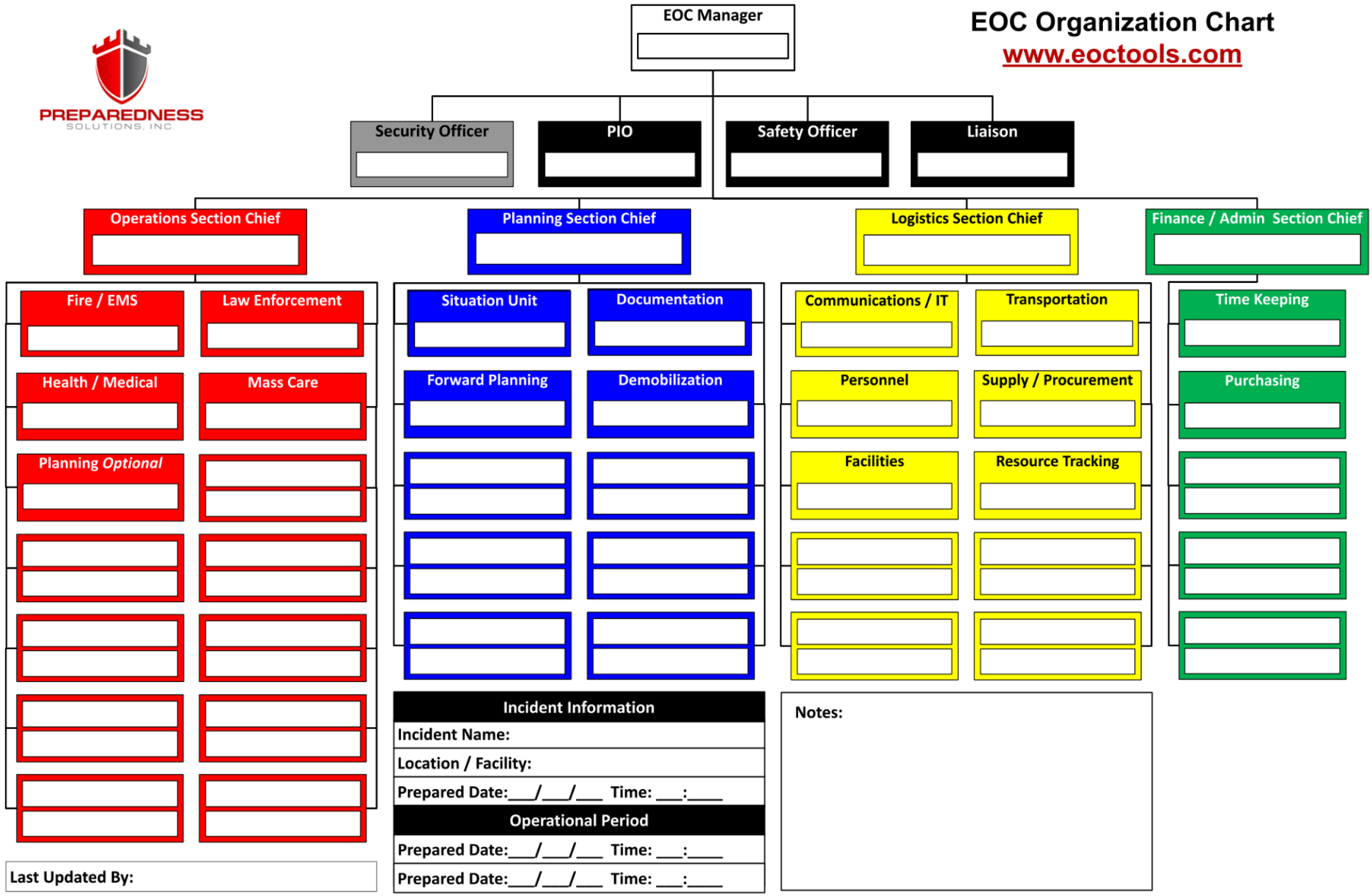
No.	Carrier Cars, Trucks, Buses, Trains, Aircraft, Etc.	Date	Time	In Service √	Out of Service √	Nature of Restricted Use		Organization Contact & Phone	Comments

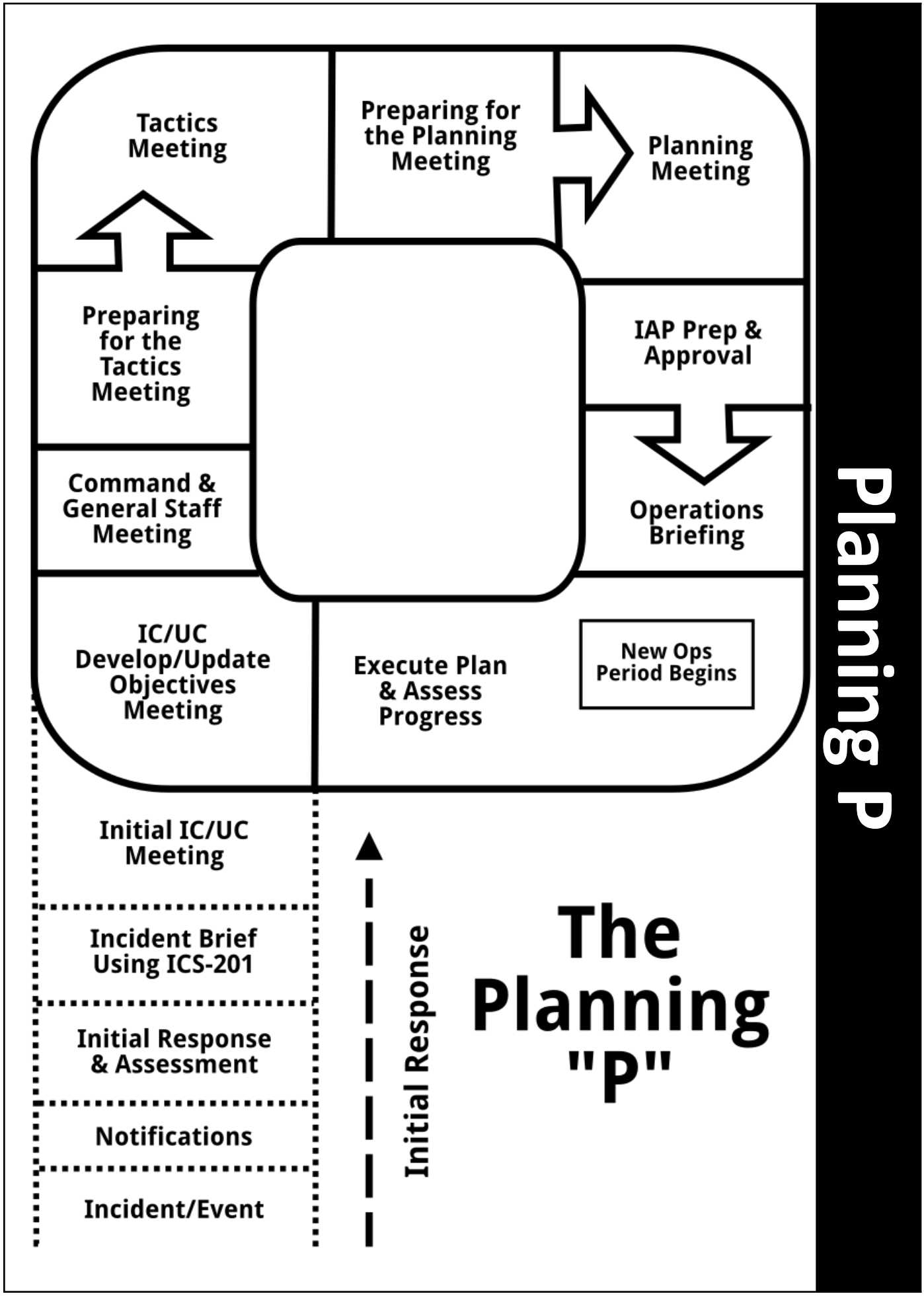
INCIDENT COMMAND SYSTEM

PREPAREDNESS SOLUTIONS, INC.

EOC Organization Chart

www.eoctools.com




Planning P
Tactics Meeting
Preparing for the Planning Meeting
Planning Meeting
Preparing for the Tactics Meeting
IAP Prep & Approval
Command & General Staff Meeting
Operations Briefing
IC/UC Develop/Update Objectives Meeting
Execute Plan & Assess Progress
New Ops Period Begins
Initial IC/UC Meeting
Incident Brief Using ICS-201
Initial Response & Assessment
Notifications
Incident/Event
Initial Response
The Planning "P"