

Local Situation Report

Submit as soon as possible after the initial emergency. Update daily and/or when significant changes occur.

Community: _____ **County:** _____

Date/Time Report Prepared: _____

Initial Report Status Update Final Report Follow-up Required

Community Contact Information:

Reported by: _____ Title: _____

Call back #: _____ Fax: _____

Email: _____

Emergency Type: _____

(Flood, Haz-Mat, Tornado, Earthquake, Other)

Boundaries of Affected Area: _____

(Use roads, streams, major landmarks, jurisdictional boundaries, ect.)

Local Emergency Declared?

Yes No

Status of Local EOC?

Open Closed Partial

Estimated # of households affected: _____

Are local mutual aid agreements being utilized?

Yes No

Estimated # of people affected: _____

Mass Care/Sheltering Information:

Community: _____ **County:** _____

If residents are utilizing a shelter in another community:

Name of Facility: _____

Host Community: _____

of Residents Sent: _____

If your community has established a shelter:

Shelter Type: **Local** **Red Cross**

Site Name: _____

Site Address: _____ **Site Phone:** _____

Space Description: _____
(i.e. Gymnasium, Cafeteria, ect.)

Site Capacity: _____

Kitchen Facilities? **Yes** **No**

The following information is up to date as of: _____

Current Occupancy: _____

Communities this shelter is serving:

Facility is being used for:
(Check all that apply)

- Temporary Shelter**
- Warming/Cooling Station**
- Food Service**
- Sleeping**
- Other:**

Shelter Point of Contact:

Name: _____

Title: _____

Direct Telephone: _____