

Emergency Management Situation Report

Entries in Numbered areas requested of all jurisdictions. Entries in additional sections as appropriate

1. Jurisdiction:	2. Date/Time of Report:
3. County:	4. Report #:
5. Incident Name	6. Incident Start Date/Time:
7. Report Version: <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final	8. For time period: From: To:
9. Type(s) of hazards:	
10. Extent of Incident/Jurisdictions involved (by name, region or total number), lat/long if isolated incident:	
11. Current Situation Summary:	
12. Operational Status (EOC, IMAT, Mutual Aid, etc.):	
13. Declaration Status:	
14. Operational Objectives/Priorities:	
15. Weather (affecting situation or response; projected to affect 12/24/48 hours)	
16. Current Resource Needs/Requests:	17. Projected Resource Needs:

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Effects on People:			Life Safety /Health / Threat Remarks/Concerns Current and projected 12/24/48 hours:
	# This reporting period	# Total to Date	
Fatalities			
Injuries/Illness			
Missing			
Evacuated			
Sheltering in Place			
Other Mass Care Site			
Status Summaries by Sector:			
Voluntary organizations (VOAD, COADs, CERTs, other)			
Transportation (Status of roads, airports, railways, ferry service, bus service)			
Communications			
Mass Care			
Public Health/Medical Services/Behavioral Health			
Energy			
Water/Wastewater Utilities			
Public Safety/Security			
Education			
Commerce			
Community Life:			
Damage Assessment Status (report data on Form 7)			
Other Comments/Concerns:			
Prepared by			Signed by: