

Annex D – Forms and Templates

Numerical Listing:

| | |
|----------|---|
| EOC 400 | Sample Declaration of State of Local Emergency |
| EOC 401 | EOC Management Team Briefing Agenda |
| EOC 401A | EOC Briefing Format |
| EOC 407 | Position Decision/Approval Log |
| EOC 410 | Contact Log |
| EOC 412 | Radiogram (Radio Message Form) |
| EOC 414 | Position Log |
| EOC 415 | Damage Assessment |
| EOC 416 | EOC Internal Message Form (3 Part Form) |
| EOC 417 | ESS Reception/Centre/Group Lodging Situation Report |
| EOC 418 | ESS Situation Report |
| EOC 420 | Evacuation Message (Sample) |
| EOC 421 | Evacuation Instructions (Sample) |
| EOC 422 | Spokesperson Media Statement (Sample) |
| EOC 423 | Media Tracking Report (Sample) |
| EOC 424 | Media Conference Attendance Record (Sample) |
| EOC 425 | After the Disaster (Sample Release) |
| EOC 501 | EOC Situation Report |
| EOC 502 | EOC Action Plan |
| EOC 503 | EOC Shift Schedule |
| EOC 507 | Transportation Plan |
| EOC 508A | EOC Staff Food Plan |
| EOC 508B | EOC Staff Lodging Plan |
| EOC 509 | Communications Log |
| EOC 511 | Check-in, Check-out List |
| EOC 512 | PEP Task Registration Form |
| EOC 514 | Request for Resources or Assistance |
| EOC 515 | Personnel Assignments and Resource Planning Worksheet |
| EOC 516 | Resource Status (By Type) |
| EOC 517 | Resource Status (By Location) |
| EOC 523 | Facility/Equipment Inventory for EOC |
| EOC 530 | EOC Expenditure Authorization Form |
| EOC 532 | EOC Daily Expenditures |
| EOC 534 | EOC Expenditures – Event Totals |
| EOC 550 | EOC Major Incident Report |

Sample Declaration, State of Local Emergency EOC 400

WHEREAS People Property the Environment or Local Economy are at risk from _____ in the portion of the (Name of Local Authority) circumscribed in the paragraphs following:

AND WHEREAS the threat posed by _____ continues to require early warning for and preparation by those potentially or actually effected, or protection of infrastructure, property, possessions or the environment, as well as prompt coordination of response and recovery actions, or special regulations of access, activities, persons, property of the environment, to protect the health, safety or welfare of people, or to limit damage to property or the following environment within the designated areas of (Local Authority) circumscribed in the paragraphs following;

I (we) HEREBY DECLARE, pursuant to Section 12(1) of Division 3 of the Emergency Program Act of British Columbia, RS Chapter III (1996) and Section _____ of the Local Authority Emergency Program Bylaw No. (_____) that a STATE OF LOCAL EMERGENCY NOW EXISTS and is so ORDERED, authorized and approved.

BE IT KNOWN THAT the geographic area affected and to which this DECLARATION applies is known as _____ all in (Name of Local Authority) and this area is bounded by:

AND BE IT ALSO KNOWN THAT (Name of Local Authority) hereby advises the Attorney General of the Province of British Columbia, and the population within the aforementioned circumscribed area, that a STATE OF LOCAL EMERGENCY exists and that (Name of Local Authority) may exercise some or all of the powers delegated to it in Section 13 of the Emergency Program Act.

AND BE IT ALSO KNOWN THAT this DELCARATION and STATE OF LOCAL EMERGENCY will remain in force from _____ to _____

Mayor of the (Local Authority) Time Date (Yr, Month, Day)

By ORDER of _____
Acting Mayor of (Local Authority) Order Number

By ORDER of _____
Members of Council of (Local Authority) (by resolution)

| | | | |
|---------|-------|---------------|-----------|
| Event:: | Date: | Meeting Time: | Function: |
|---------|-------|---------------|-----------|

Objectives Accomplished:

Objectives for Next Operational Period:

Unmet Needs:

Issues the EOC Should Note:

| | | | |
|---------|-------|---------------|-----------|
| Event:: | Date: | Meeting Time: | Function: |
|---------|-------|---------------|-----------|

| | |
|--------------------|--------------------|
| Agency: | Agency: |
| Contact Name: | Contact Name: |
| Title: | Title: |
| Business Phone: | Business Phone: |
| Cell Phone: | Cell Phone: |
| Pager: | Pager: |
| After Hours Phone: | After Hours Phone: |
| Fax: | Fax: |
| Email: | Email: |
| Location: | Location: |

| | |
|--------------------|--------------------|
| Agency: | Agency: |
| Contact Name: | Contact Name: |
| Title: | Title: |
| Business Phone: | Business Phone: |
| Cell Phone: | Cell Phone: |
| Pager: | Pager: |
| After Hours Phone: | After Hours Phone: |
| Fax: | Fax: |
| Email: | Email: |
| Location: | Location: |

| | |
|--------------------|--------------------|
| Agency: | Agency: |
| Contact Name: | Contact Name: |
| Title: | Title: |
| Business Phone: | Business Phone: |
| Cell Phone: | Cell Phone: |
| Pager: | Pager: |
| After Hours Phone: | After Hours Phone: |
| Fax: | Fax: |
| Email: | Email: |
| Location: | Location: |

Building Description

1. Property Owner Name: _____
 2. Address: _____
 3. Property ID Number: _____
 4. Community: _____
 5. Property Owner Contact/Phone: _____

6. Type of Construction
 Wood frame Manufactured
 Steel frame Masonry
 Concrete frame Other: _____

7. Number of stories above ground: _____ below: _____

8. Building Type Footprint
 Main structure footprint: _____ m x _____ m
 Outbuilding footprint: _____ m x _____ m
 Outbuilding footprint: _____ m x _____ m
 Outbuilding footprint: _____ m x _____ m
 Other footprint: _____ m x _____ m

Damage Extent
 Total Major Minor None
 Total Major Minor None
 Total Major Minor None
 Total Major Minor None
 Total Major Minor None

9. Occupancy Type
 Primary Residence Seasonal Residence
 Agricultural Industrial
 Commercial Institutional
 Government Utilities
 Other _____

10. Other Losses
 Personal Vehicle _____
 RV _____
 Boat _____
 Equipment _____
 Other _____

Hazard Evaluation

11. Observed Hazards
 Chimney, parapet, or other falling hazard
 Danger Trees
 Ash pits
 Open Wells or Septic Tanks
 Propane tanks
 Hazardous Materials
 Downed Power Lines
 Trip Hazards
 Sharp Hazards
 Rockfall or Landslide

Other Hazards

Comments

Inspector Name: _____
 Inspection Date: _____

Affiliation: _____
 Inspection Time (24 hr): _____

| | | | |
|---------------|---------------|-------|-------|
| Message From: | EOC Function: | Date: | Time: |
| To: | Subject: | | |
| Message: | | | |
| Reply From: | EOC Function: | Date | Time: |
| Reply: | | | |

| | | | |
|---------------|---------------|-------|-------|
| Message From: | EOC Function: | Date: | Time: |
| To: | Subject: | | |
| Message: | | | |
| Reply From: | EOC Function: | Date | Time: |
| Reply: | | | |

(Obtain from ESS Director)

(Obtain from ESS Director)

| | | |
|--------|-------|-------|
| Event: | Date: | Time: |
|--------|-------|-------|

This is _____
(rank/title name)

From the _____
(agency/department)

A _____
(size/intensity of incident)

Incident has occurred/is occurring in/at _____
(location)

Because of the potential danger to life and health _____
(the authority)

_____ **everyone within** _____
(has/have) *(ordered/recommended)* *(# blocks/kilometres/metres)*

of that area to _____
(evacuate/shelter-in-place) *(immediately/as soon as possible)*

This message will be repeated. Specific instructions and locations for help will be given.

If you are in the following areas, you _____
(must/should) *(leave the area/get inside a building)*

_____. **The areas involved are as follows:**
(immediately/as soon as possible)

(Northern Boundary: street, highway or other significant geographical point)

(Eastern Boundary: street, highway or other significant geographical point)

(Southern Boundary: street, highway or other significant geographical point)

(Western Boundary: street, highway or other significant geographical point)

Listen to your local radio stations for further information.

| | |
|------------------------------------|-----------------------------|
| Prepared by (Information Officer): | Approved by (EOC Director): |
| Time Approved: | Date Approved: |

| | | |
|--------|-------|-------|
| Event: | Date: | Time: |
|--------|-------|-------|

The (Local Authority) Emergency Program or Emergency Operations Centre is urging residents affected by the recent (disaster – whatever it is) to be prepared to evacuate if ordered to do so by emergency officials in your area.

If you have to evacuate:

- Take an emergency survival kit with you.
- Make sure you take prescription medicine and identification for the entire family.
- Listen to the radio and follow instructions from local emergency officials.
- If you are instructed to do so, shut off water, gas and electricity.
- Make arrangements for pets. Local emergency officials will advise you.
- Wear clothes and shoes appropriate to conditions.
- Lock up your home.
- Follow the routes specified by emergency officials. Don't take shortcuts. A shortcut could take you to a blocked or dangerous area.
- If you have time, leave a note telling others when you left and where you went. If you have a mailbox, you can leave the note there.
- If you are evacuated, register with the local ESS emergency reception centre (as advised by emergency officials) so you can be contacted or reunited with your family and loved ones.

| | | |
|-----------------|--------------|--------|
| Media Contact: | Name: | Phone: |
| Local Authority | Web Address: | |

| | | |
|--------|-------|-------|
| Event: | Date: | Time: |
|--------|-------|-------|

My name is: _____ **My position is:** _____

This is the information I can give you so far:

At _____ **on** _____ **a(n)**
(time: am/pm) (day of the week and date)

_____ **occurred at**
(fire, flood, explosion, earthquake, chemical spill, etc)

_____ **in** _____
(location) (local authority/jurisdiction)

Information on number injured and fatalities is (not) known at this time.

Emergency response procedures to protect the public, responders and the environment is underway. The _____ **has been** _____
(facility or location) (shut down/cordoned off/evacuated).

The cause of the _____ **is currently under investigation.**
(fire, explosion, chemical spill)

No estimate of damage is available at this time. As information becomes available, the _____ **Emergency Operations Centre will issue additional reports.**
(local authority)

Any further inquiries should be directed to _____
(name and title)

at _____ **and telephone number** _____.
(location) (telephone number)

| | |
|------------------------------------|-----------------------------|
| Prepared by (Information Officer): | Approved by (EOC Director): |
| Time Approved: | Date Approved: |

| | | |
|--------|-------|-------|
| Event: | Date: | Time: |
|--------|-------|-------|

Having just experienced the shock and pain of a disaster, you will be very busy for the next few days or weeks. Caring for your immediate needs, perhaps finding a new place to stay, planning for clean-up and repairs, and filing claim forms may occupy the majority of your time. As the immediate shock wears off, you will start to rebuild and put your life back together. There are some normal reactions we may all experience as a result of a disaster. Generally, these feelings don't last long, but it is common to feel let down and resentful many months after the event. Some feelings or responses may not appear until weeks or even months after the disaster. Some common responses are:

- Irritability/Anger
- Sadness
- Fatigue
- Headaches or nausea
- Loss of appetite
- Hyperactivity
- Inability to sleep
- Lack of concentration
- Nightmares
- Increase in alcohol or drug consumption
- Fear of storms

Many victims of disaster will have at least one of these responses. Acknowledging your feelings and stress is the first step in feeling better. Other helpful things to do include:

- Talk about your disaster experiences. Sharing your feelings rather than holding them in will help you feel better about what happened.
- Take time off from cares, worries and home repairs. Take time for recreation, relaxation or a favourite hobby. Getting away from home for a day or a few hours with close friends can help.
- Pay attention to your health, to good diet and adequate sleep. Relaxation exercises may help if you have difficulty sleeping.
- Prepare for possible future emergencies to lessen feelings of helplessness and bring peace of mind.
- Rebuild personal relationships in addition to repairing other aspects of your life. Couples should make time to be alone together, both to talk and to have fun.
- If stress, anxiety, depression, or physical problems continue, you may wish to contact the post-disaster services provided by the local mental health contact.

Please take this sheet with you today and reread it periodically over the next few weeks and months. Being aware of your feelings and sharing them with others is an important part of recovery.

| | | |
|-----------------|--------------|--------|
| Media Contact: | Name: | Phone: |
| Local Authority | Web Address: | |

EOC SITUATION REPORT

(Items in **BOLD** must be completed: **NO RED INK**)

From (Local Authority): _____

| | | | | | | |
|--|---|---|--|---|---|------------|
| 1. FORM PREPARED: MM/DD/YY HH:MM | 2. FOR OPERATIONAL PERIOD FROM: MM/DD/YY HH:MM TO: MM/DD/YY HH:MM | 3. THIS REPORT: <input type="checkbox"/> INITIAL <input type="checkbox"/> UPDATE <input type="checkbox"/> FINAL | 4. EVENT NAME: EOC EVENT NUMBER: | | | |
| 5. EOC DIRECTOR NAME: | 6. | 7. | 8. EVENT TYPE: | 9. EVENT GENERAL LOCATION: | 10. EVENT STARTED: DATE _____MM/DD/YY TIME _____ 24 HR | |
| 11. CAUSE: | 12. AREA(S) INVOLVED: | | 13. PEP TASK NUMBER: | 14. LOCAL EMERGENCY DECLARED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANTICIPATED <input type="checkbox"/> CANCELLED | 15. | 16. |
| 17. CURRENT THREAT(S): | | | 18. CONTROL PROBLEMS: | | | |
| 19. ESTIMATED LOSSES: RESIDENTIAL: \$ BUSINESS: \$ INFRASTRUCTURE: \$ TOTAL: \$ | 20. ESTIMATED SAVINGS: \$ COMMENTS: | 21. NUMBER OF SERIOUS INJURIES: FATALITIES: | 22. EVACUATION: <input type="checkbox"/> ALERT <input type="checkbox"/> ORDERED <input type="checkbox"/> ALL CLEAR RECEPTION CENTRES CURRENTLY OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY? _____ | 23. NUMBER EVACUATED: _____ KINDS OF EVACUEES (E.G., RESIDENTS, HOSPITALS, ANIMALS, ETC.): | | |
| 24. CURRENT WEATHER: MAX WIND SPEED _____ KPH WIND DIRECTION, FROM: _____ (E.G., NW) MAX TEMP : _____ C. MIN HUMIDITY: _____ % | 25. FORECAST WEATHER (24 HR): MAX WIND SPEED _____ KPH WIND DIRECTION, FROM: _____ (E.G., NW) MAX TEMP : _____ C. MIN HUMIDITY: _____ % | 26. EOC EXPENDITURES THIS OPERATIONAL PERIOD: \$ | 27. ESTIMATED TOTAL EXPENDITURES: \$ COMMENTS: | | | |
| 28. PROGNOSIS: <input type="checkbox"/> NO CHANGE <input type="checkbox"/> WORSENING <input type="checkbox"/> IMPROVING COMMENTS: | 29. MUTUAL AID NEEDED NEXT OPERATIONAL PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO FROM WHAT SOURCE: NEXT OPERATIONAL PERIOD FROM: MM/DD/YY HH:MM TO: MM/DD/YY HH:MM KIND(S) (E.G., EOC PERSONNEL, RADIOS - SPECIFY NEEDS): | | 30. ADDITIONAL PROVINCIAL RESOURCES NEEDED NEXT OPERATIONAL PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO KIND(S) (E.G., TEAMS, RECEPTION CENTRES): RESOURCE REQUEST FORM SENT TO PREOC <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

SEE REVERSE FOR INSTRUCTIONS ON COMPLETING THIS FORM

31. EOC RESPONSE / RECOVERY ACTION PLAN

(LIST GOALS, OBJECTIVES AND THE ACTIONS TO BE TAKEN):

32. REMARKS:

33. FORM PREPARED BY

(PRINT YOUR NAME)

34. APPROVED BY EOC DIRECTOR:

DATE: _____ TIME _____
MM/DD/YY HH:MM

(SIGNATURE OF EOC DIRECTOR)

35. SIT REP SENT:

DATE: _____ TIME _____
MM/DD/YY HH:MM

TO PREOC AT FAX: 952-4972

TO POLICY GROUP AT FAX:

TO OTHER _____
AT FAX: _____

Additional Sheets Attached? NO YES (Number of pages attached = _____)

GENERAL INSTRUCTIONS FOR FORM EOC 501

Completion of the EOC Situation Report will be as directed by the Provincial Regional Emergency Coordination Centre (PREOC). EOCs must send the EOC Situation Report at least every 24 hours, or more often to match your operational periods. Status Reports should be sent by facsimile. The first Report should be from the start of the operation up to 20:00 hrs. (or earlier) of the first day of operations. An additional EOC Situation Report may be sent if there are significant changes in the situation.

1. Enter date and time report completed.
2. Indicate the Operational Period covered by the report. Use 24 hour clock
3. Check appropriate space.
4. Provide event name and event number given to incident by EOC.
5. Enter first initial and last name of EOC Director.
6. Reserved.
7. Reserved.
8. Enter type of incident e.g., wildland fire (fuel type), structure fire, hazardous spill, flood, etc.
9. Enter general location of incident/event. Use remarks for additional data if necessary.
10. Enter date (month/day/year) and 24 HR local time incident started (maximum of 8 characters).
11. Enter cause or "under investigation."
12. Enter area(s) involved, e.g. between Main Street and Alder Avenue (Map Grid A4).
13. Enter PEP Task Number if assigned (optional).
14. Enter whether a State of Local Emergency Declaration has been issued OR is anticipated.
15. Reserved.
16. Reserved.
17. Report significant threat to value resources, e.g. structures, watershed, timber, wildlife, etc..
18. Enter control problems, e.g., accessibility, fuels, terrain, weather, tides, structures.
19. Enter estimated dollar value of total damage to date. Include breakdown of damage to residential and business property and other significant infrastructure damage.
20. Enter estimate of values saved (optional).
21. Enter number of deaths or serious injuries that have occurred since the last report.
22. Check appropriate space for evacuation status and reception centre/shelter status.
23. Report estimated number of people evacuated since the last report and kinds of evacuations.
24. Indicate current weather conditions at the incident location.
25. Indicate predicted weather conditions for the next operational period.
26. Provide total EOC incident (operational) expenditures to date.
27. Provide estimated total EOC expenditures for entire incident.
28. Enter general prognosis of incident.
29. Indicate whether mutual aid will be required for next operational period. If so, list where mutual aid will be needed, for what operational period, and kinds and types of resources that will be required.
30. Indicate whether Provincial Resources will be required for next operational period. If so, define next operational period, list what kinds and types of resources will be required.
31. Summarize your EOC's current Action Plan; briefly listing priority Goals/Objectives and your response organization's Actions required to meet those Goals/Objectives.
32. The Remarks space can be used to (1) list additional resources not covered in Section 29; (2) provide more information on location in Section 9; (3) enter additional information regarding threat control problems, anticipated release or demobilization, etc.
33. This will normally be the Planning Section Chief. Print full name clearly.
34. This must be signed and dated by the EOC Director.
35. Indicate where Situation Report shall be sent. Print clearly.

| Event: | | This Schedule is for: | | | | | | | |
|------------------------------------|----------------|-----------------------|---|----------------|-----------------------------|----|---|-----|-------|
| | | Sun | M | T | W | Th | F | Sat | Date: |
| Activated EOC Function | 00:00 to 08:00 | 08:00 to 16:00 | | 16:00 to 24:00 | | | | | |
| EOC Director | | | | | | | | | |
| Deputy Director | | | | | | | | | |
| Risk Management Officer | | | | | | | | | |
| Liaison Officer | | | | | | | | | |
| Information Officer | | | | | | | | | |
| Operations Section Chief | | | | | | | | | |
| Fire Branch | | | | | | | | | |
| Police Branch | | | | | | | | | |
| Ambulance Branch | | | | | | | | | |
| ESS Branch | | | | | | | | | |
| Environmental Branch | | | | | | | | | |
| Engineering Branch | | | | | | | | | |
| Utilities Branch | | | | | | | | | |
| Planning Section Chief | | | | | | | | | |
| Situation Unit | | | | | | | | | |
| Resource Unit | | | | | | | | | |
| Documentation Unit | | | | | | | | | |
| Advance Planning Unit | | | | | | | | | |
| Demobilization Unit | | | | | | | | | |
| Recovery Unit | | | | | | | | | |
| Technical Specialists | | | | | | | | | |
| Logistics Section Chief | | | | | | | | | |
| Information Technology | | | | | | | | | |
| EOC Support | | | | | | | | | |
| Supply | | | | | | | | | |
| Personnel | | | | | | | | | |
| Transportation | | | | | | | | | |
| Finance/Admin Section Chief | | | | | | | | | |
| Time | | | | | | | | | |
| Procurement | | | | | | | | | |
| Compensation & Claims | | | | | | | | | |
| Cost Accounting | | | | | | | | | |
| Prepared by (Logistics Chief): | | | | | Approved by (EOC Director): | | | | |

| | |
|---------------|-------|
| Event: | Date: |
| PEP Task No.: | Time: |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Entry No. | | | | | | | |
| Time of Request | | | | | | | |
| Agency Requesting | | | | | | | |
| Number of People /Equip | | | | | | | |
| Pick-up Point | | | | | | | |
| Drop-off Point | | | | | | | |
| Depart Time | | | | | | | |
| Return Time | | | | | | | |
| Estimated Travel Time | | | | | | | |
| Call Sign | | | | | | | |
| Travel Methods (foot, private vehicle, rental vehicle, bus taxi, helicopter, fixed wing, rail, ferry, boat, other) | | | | | | | |
| Page ___ of ___ | | | | | | | |

| | |
|--|--|
| Prepared by (EOC Transportation Unit Leader) | Approved by (Logistics Section Chief): |
|--|--|

| | |
|--------|--|
| Event: | This EOC Food Plan is for: Sun M T W Th F Sat Date: |
|--------|--|

| Meal No. | Meal Type (B/L/D/S) | Meal Date | Meal Time | Menu | Qty | Supplier | Meal Prepared By | Delivered or Pick-Up |
|----------|---------------------|-----------|-----------|------|-----|----------|------------------|----------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

B = Breakfast
 L = Lunch
 D = Dinner
 S = Snack

| | |
|--|--|
| Prepared by (EOC Support Unit Leader): | Approved by (Logistics Section Chief): |
| Time Approved: | Date Approved: |

| | | | |
|--------|-------|-----------|-------|
| Event: | Date: | Function: | Name: |
|--------|-------|-----------|-------|

| # | Location | Shift 1 | | | Shift 2 | | | Shift 3 | | |
|---|----------|---------|----|---|---------|----|---|---------|----|---|
| | | From | To | # | From | To | # | From | To | # |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Comments:

| | |
|--|--|
| Prepared by (EOC Support Unit Leader): | Approved by (Logistics Section Chief): |
| Time Approved: | Date Approved: |

| | | | |
|--------|---------------|--------------------|-------|
| Event: | PEP Task No.: | Check-In Location: | Date: |
|--------|---------------|--------------------|-------|

| Print Your Name (Last, First) | Agency or Organization You Represent | Assignment: (e.g., EOC Function) | Check-In Time (24 hr) | Check-Out Time (24 hr) |
|----------------------------------|---|-------------------------------------|--------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Page ____ of ____ | Name of Check-In, Check-Out Supervisor: | | | |

| | | |
|---|-------|--------------|
| Event: | Date: | Request No.: |
| PEP Task No.: | Time: | |
| Precedence Level: <input type="checkbox"/> Emergency <input type="checkbox"/> Priority <input type="checkbox"/> Routine | | |

| | |
|--|--|
| Staff/Agency Requesting: | |
| Contact Person's Name and Position: | |
| Telephone or Contact #: | |
| Brief description of problem or task to be accomplished: | |
| Specific Resource Requested and Number Required: | |
| Potential Substitute: | |
| Capacity (Size, Voltage, etc.): | |
| Supporting Equipment, Fuel, Water, Etc.: | |
| Personnel Required to Operate/Support: | |
| Transportation Required: | |
| How Long is Resource Needed: | |
| Where to Deliver or Report: | |
| Report to Whom (Name, Title, Agency): | |

| | |
|--|--|
| Resource Request completed by (Name and Position): | |
|--|--|

| | |
|--|--|
| Resource Request Approved by EOC Operations Chief: | Resource Request Approved by EOC Director: |
| _____ | _____ |
| <i>Name and Signature</i> | <i>Name and Signature</i> |
| _____ | _____ |
| <i>Time and Date</i> | <i>Time and Date</i> |

| |
|---|
| Distribution List: |
| <input type="checkbox"/> EOC Director <input type="checkbox"/> Logistics Section <input type="checkbox"/> Operations Section <input type="checkbox"/> Finance and Administration Section <input type="checkbox"/> Planning Section <input type="checkbox"/> PREOC <input type="checkbox"/> Other _____ |

| | | | |
|---|--|---------------------------|--|
| Response to Resource Request (Completed by Logistics – Supply Unit) | | | |
| Resource Available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of Resources Deployed: | |
| Request filled by: | _____ | Time of Deployment | |
| | <i>(Name and Signature)</i> | | |
| | | Estimated Time of Arrival | |

Personnel Assignments Resource Planning Worksheet

EOC 515

| | |
|---------------|-------|
| Event: | Date: |
| PEP Task No.: | Time: |

| | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| Request # | | | | | | | |
| Precedence Level | | | | | | | |
| Critical Resource Status (Y/N) | | | | | | | |
| Agency / Location Requesting Resource | | | | | | | |
| Type of Resource | | | | | | | |
| # of Resources Requested | | | | | | | |
| # of Resources Available | | | | | | | |
| # of Resources Approved | | | | | | | |
| Time of Deployment | | | | | | | |
| Location Deployed To | | | | | | | |
| Arrival Time at Site | | | | | | | |
| Estimated Time of Use | | | | | | | |
| Completion Time | | | | | | | |
| Page ___ of ___ | | | | | | | |

| |
|---|
| <p>Distribution List:</p> <p> <input type="checkbox"/> EOC Director <input type="checkbox"/> Logistics Section <input type="checkbox"/> Operations Section <input type="checkbox"/> Finance and Administration Section <input type="checkbox"/> Planning Section (Resource Unit) </p> |
|---|

| Control / Inventory No. | Number of Items | Item Description | Owner | Issued To | Status | Qty | Time | Comments |
|-------------------------|-----------------|------------------|-------|-----------|----------|-----|------|----------|
| | | | | | Issued | | | |
| | | | | | Returned | | | |
| | | | | | Issued | | | |
| | | | | | Returned | | | |
| | | | | | Issued | | | |
| | | | | | Returned | | | |
| | | | | | Issued | | | |
| | | | | | Returned | | | |
| | | | | | Issued | | | |
| | | | | | Returned | | | |
| | | | | | Issued | | | |
| | | | | | Returned | | | |
| | | | | | Issued | | | |
| | | | | | Returned | | | |
| | | | | | Issued | | | |
| | | | | | Returned | | | |

Page ___ of ___

Form completed by (Name and Position):

| | | |
|---------------|-------|--|
| Event: | Date: | |
| PEP Task No.: | Time: | |

| | |
|---|--|
| Requesting Authorized Person / Agency: | |
| Location: | |
| Incident Description: (include date, time, location and nature of response activity or service being provided) | |
| Amount Requested: | |
| Expenditure Authorized "Not to Exceed" | |

| | |
|--|---|
| Expenditure Request Approved by Finance / Admin Section Chief: | Expenditure Request Approved by EOC Director: |
| _____ | _____ |
| <i>Name and Signature</i> | <i>Name and Signature</i> |
| _____ | _____ |
| <i>Time and Date</i> | <i>Time and Date</i> |

| | |
|---|---|
| Distribution List: | |
| <input type="checkbox"/> EOC Director | <input type="checkbox"/> Logistics Section |
| <input type="checkbox"/> Operations Section | <input type="checkbox"/> Finance and Administration Section |
| <input type="checkbox"/> Planning Section | <input type="checkbox"/> Originator of Request |
| <input type="checkbox"/> Other _____ | |

| | | |
|---------------|-------|--|
| Event: | Date: | Reported By: (name, position, agency) |
| PEP Task No.: | Time: | |

| |
|--------------------------|
| Type of Incident: |
| Location of Incident: |
| Description of Incident: |
| Responding Agencies: |

| | |
|---|-----------|
| Deaths: | Injuries: |
| Damage or Potential Damage: | |
| Situation Forecast: | |
| Regional/Provincial Support Provided or Required: | |
| Public Information/Media Requirements: | |

| | |
|---------------------------|---------------------------|
| Prepared by: | Approved by EOC Director: |
| _____ | _____ |
| <i>Name and Signature</i> | <i>Name and Signature</i> |
| _____ | _____ |
| <i>Time and Date</i> | <i>Time and Date</i> |

| | |
|--|--|
| Distribution List: | |
| <input type="checkbox"/> EOC Director | <input type="checkbox"/> Deputy Director |
| <input type="checkbox"/> Operations Section | <input type="checkbox"/> Risk Management Officer |
| <input type="checkbox"/> Planning Section | <input type="checkbox"/> Liaison Officer |
| <input type="checkbox"/> Logistics Section | <input type="checkbox"/> Information Officer |
| <input type="checkbox"/> Finance/Admin Section | <input type="checkbox"/> PREOC |
| <input type="checkbox"/> Other _____ | |