EOC ACTION PLAN

Form: EOCActionPln1 ©

OPERATIONAL PERIOD:

DATE: _____ **TIME From:** _____ : _____ **AM** ☐ **PM** ☐ **To:** _____ : _____ **AM** ☐ **PM** ☐

DESCRIPTION OF SITUATION

No.	OBJECTIVES AND PRIORITIES FOR OPERATIONAL PERIOD

OPERATIONAL PERIOD WEATHER FORECAST

SAFETY MESSAGE

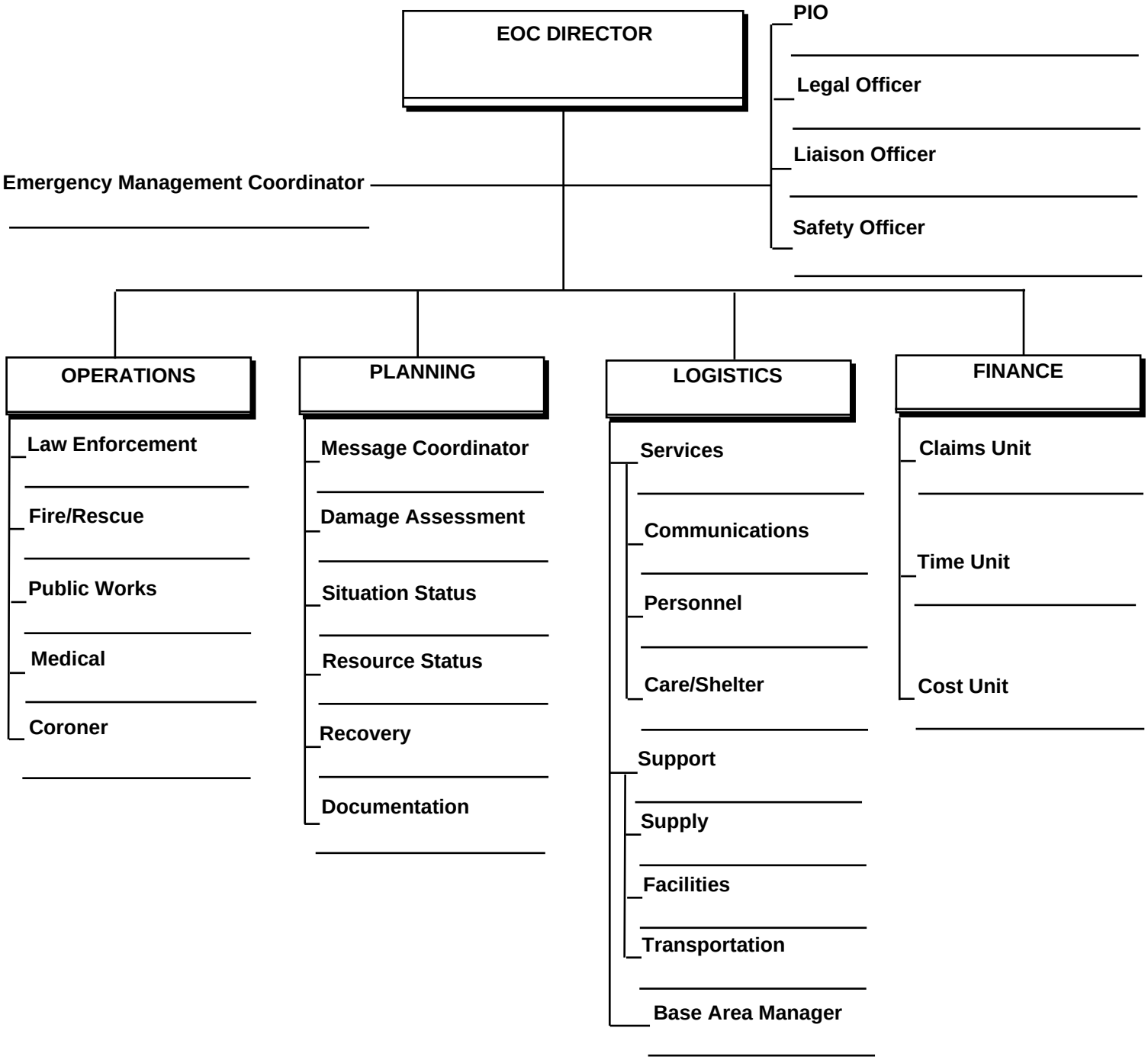
ATTACHMENTS
(Check if Attached)

☐ **EOC Action Worksheet** ☐ **Current Sitrep** ☐ **Other Information**

☐ **Organization Chart** ☐ **Map or Pictures**

PREPARED BY: _____ **APPROVED BY (EOC DIRECTOR):** _____ **PAGE 1 of** _____

EOC STAFFING ORGANIZATION / LIST



OTHER KEY RESPONSE PERSONNEL

ASSIGNMENT	NAME	ASSIGNMENT	NAME	ASSIGNMENT	NAME

INSTRUCTIONS

Fill in names of EOC Staff and Other Key Response Personnel for this operational period.

PREPARED BY: **APPROVED BY (EOC DIRECTOR):** **PAGE 2 of**

MANAGEMENT SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

OPERATIONS SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

PLANNING SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

LOGISTICS SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

FINANCE SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

ADDITIONAL ESSENTIAL INFORMATION

Operational Period # ___

From:_____To:_____

ACTION PLAN WORKSHEET

FORM: EOCAPWorkpge

OBJECTIVES AND PRIORITIES	STRATEGY	RESOURCES & EOC MGR.
LIFE SAFETY		
PROTECTION OF PROPERTY		
PROTECTION OF ENVIRONMENT		
OTHER ISSUES		

UNIT LOG ICS 214	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. EOC SECTION	5 EOC POSITION	6. OPERATIONAL PERIOD

7. PERSONNEL ROSTER ASSIGNED

	NAME	START TIME ON DUTY	END TIME ON DUTY
1			

8. ACTIVITY LOG

TIME	MAJOR EVENTS OR KEY INFORMATION

Priority: Check One

Life-Threatening ☐

Urgent ☐

Non-Urgent ☐

MAJOR INCIDENT OR SIGNIFICANT INFORMATION REPORT

Use this document to identify **Major Incidents** that require response / tracking from multiple EOC Sections or to rapidly disseminate **Important Information** throughout the EOC. **DO NOT** use this document to request Logistics Section resources (personnel, supplies, or equipment). Please **write legibly** - others must be able to read info.

BE SURE TO COMPLETE ALL APPROPRIATE BLOCKS BELOW

This block completed by the Message Coordinator in the Planning Section only

Report # ____
1,2,3,4,5 etc.

Incident # ____

Date:_____ Time: _____ Name of person completing this report: _____

EOC position of person completing report:_____ EOC Phone Number: _____

Information Source Name:_____ Information Source Agency: _____

Information Source Phone No:_____ FAX: _____ Gov't Radio (Freq._____) Other (Freq._____)

COMPREHENSIVE DESCRIPTION OF INFORMATION RECEIVED FROM INFORMATION SOURCE

INITIAL ACTION TAKEN BY INDIVIDUAL WHO RECEIVED INFORMATION

--------- Individual completing information above MUST NOT write below this line ---------

After completion of Report to this point place it in the Section Chief's Out-Basket. A runner will pick up report and deliver it to the Message Coordinator (Planning Section) each Section Chief's In-Basket. The original report is returned to the Message Coordinator. Each Section Chief will read their copy and verbally assign action (as required) to Unit Leaders in their section. Section Chiefs will then summarize tasks assigned to Unit Leaders below.

BRIEF DESCRIPTION OF TASKS ASSIGNED TO UNIT LEADERS BY SECTION CHIEF

Section Chiefs should check the block below for their Section. Once all action has been completed by their Unit Leaders and verbal coordination effected with other Section Chiefs check Action Complete block to the right and place report on the left side of Section Log.

☐ - MANAGEMENT ☐ - OPERATIONS ☐ - PLANS ☐ - LOGISTICS ☐ - FINANCE

ACTION COMPLETE ☐

Operational Period: ____________________

MAJOR INCIDENT OR SIGNIFICANT INFORMATION REPORT LOG

REPORT #	INCIDENT #	TIME	NOTES

Priority: Check One	
Life Threatening	☐
Urgent	☐
Non-urgent	☐

LOGISTICS REQUEST FORM
Requesting Unit Leader Copy

Completed by Requesting U.L.
Local Incident #: _____
Completed by Log. Section
Mission Control #: _____

Date:_____ Time: _____ A.M.☐ P.M.☐ Req. Agency/Dept._____ Requester Name: _____

Requester Phone #:_____ EOC Point-of-Contact:_____ When Needed:_____

Purpose on Need of Resource:_____ Emergency Response ☐ Debris Removal ☐

Est. Use duration (if applicable):_____ Location of use/Best Access:_____

Deliver to:_____ Phone # (delivery location):_____ Charge cost to:_____

Approved by Section Chief (Name):_____ Logistics Section Point-of-Contact: _____

Misc. Information: _____

NUMBER	DESCRIPTION OF SUPPLIES OR SERVICES REQUIRED

LOGISTICS REQUEST NCR FORM OVERVIEW

The Logistics Request NCR Form may be used to request resources (other than Law Enforcement or Fire which utilizes their own mutual aid request channels) including personnel, equipment, supplies or facilities. The document is used for tracking logistics requests within the EOC or as a tool to make requests between jurisdictions. Requests for resources should not be forwarded to another jurisdiction until it has been determined that the requested items/personnel/equipment cannot be obtained within the requesting jurisdiction. It is the Logistics Section Chief's responsibility to ensure that all local options to fill the request have been exhausted prior to forwarding the request to another jurisdiction.

COMPLETING THE LOGISTICS REQUEST NCR FORM

The first page of the Logistics Request Form should be completed by the individual requesting the resources. Remember to complete each blank and press hard to ensure that the information is legible on the second and third pages of the NCR form. The individual requesting the resources should retain the first page for their records. Pass the second and third pages to the Logistics Section Chief or Supply Unit Leader for action. It is recommended that you discuss the resource request with the Logistics Section Chief or Supply Unit Leader to ensure full understanding of the request.

Priority: Check One	
Life Threatening	☐
Urgent	☐
Non-urgent	☐

LOGISTICS REQUEST FORM
Logistics Section Copy

Completed by Requesting U.L.
Local Incident #: _____
Completed by Log. Section
Mission Control #: _____

Date:_____ Time: _____ A.M. ☐ P.M. ☐ Req. Agency/Dept._____ Requester Name: _____

Requester Phone #:_____ EOC Point-of-Contact:_____ When Needed:_____

Purpose on Need of Resource:_____ Emergency Response ☐ Debris Removal ☐

Est. Use duration (if applicable):_____ Location of use/Best Access:_____

Deliver to:_____ Phone # (delivery location):_____ Charge cost to:_____

Approved by Section Chief (Name):_____ Logistics Section Point-of-Contact: _____

Misc. Information: _____

NUMBER	DESCRIPTION OF SUPPLIES OR SERVICES REQUIRED

Request Received Date:_____ Time_____ A.M. ☐ P.M. ☐ Action Taken (Check One): Filled ☐ Rejected ☐

Forwarded to (agency):_____ Contact: _____ Phone #:_____ FAX _____

Method of delivery:_____ Estimate arrival: _____ A.M. ☐ P.M. ☐ Cost: _____

Remarks: _____

Notified requester of order by (check one): Phone Call ☐ Copy ☐ Date: _____ Time:_____ A.M. ☐ P.M. ☐

DELIVERY CONFIRMATION
(Filled out by Logistics Section Personnel Filling Request

Delivery Date:_____ Time _____ A.M. ☐ P.M. ☐ Verified by: _____

Remarks: _____

Cost tracking: _____

LOGISTICS SECTION COPY

EMC Inc. LogReqForm2 ©

Priority: Check One
Life Threatening ☐
Urgent ☐
Non-urgent ☐

LOGISTICS REQUEST FORM
Finance Section Copy

Completed by Requesting U.L.
Local Incident #: _____

Completed by Log. Section
Mission Control #: _____

Date:_____ Time: _____ A.M. ☐ P.M. ☐ Req. Agency/Dept._____ Requester Name: _____

Requester Phone #:_____ EOC Point-of-Contact:_____ When Needed:_____

Purpose on Need of Resource:_____ Emergency Response ☐ Debris Removal ☐

Est. Use duration (if applicable):_____ Location of use/Best Access:_____

Deliver to:_____ Phone # (delivery location):_____ Charge cost to:_____

Approved by Section Chief (Name):_____ Logistics Section Point-of-Contact: _____

Misc. Information: _____

NUMBER	DESCRIPTION OF SUPPLIES OR SERVICES REQUIRED

Request Received Date:_____ Time_____ A.M. ☐ P.M. ☐ Action Taken (Check One): Filled ☐ Rejected ☐

Forwarded to (agency):_____ Contact: _____ Phone #:_____ FAX _____

Method of delivery:_____ Estimate arrival: _____ A.M. ☐ P.M. ☐ Cost: _____

Remarks: _____

Notified requester of order by (check one): Phone Call ☐ Copy ☐ Date:_____ Time:_____ A.M. ☐ P.M. ☐

DELIVERY CONFIRMATION
(Filled out by Logistics Section Personnel Filling Request

Delivery Date:_____ Time _____ A.M. ☐ P.M. ☐ Verified by: _____

Remarks: _____

Cost tracking: _____

FINANCE SECTION COPY

EMC Inc. LogReqForm3 ©

PLANNING SECTION - INCIDENT CHART

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

PLANNING SECTION - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

PAGE _____ OF ____

LAW ENFORCEMENT - INCIDENT CHART

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

LAW ENFORCEMENT - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

FIRST AID / MEDICAL - INCIDENT CHART

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

FIRST AID / MEDICAL - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

DAMAGE ASSESSMENT

DEATHS AND INJURIES	NUMBER
NUMBER INJURED	

DAMAGE ASSESSMENT

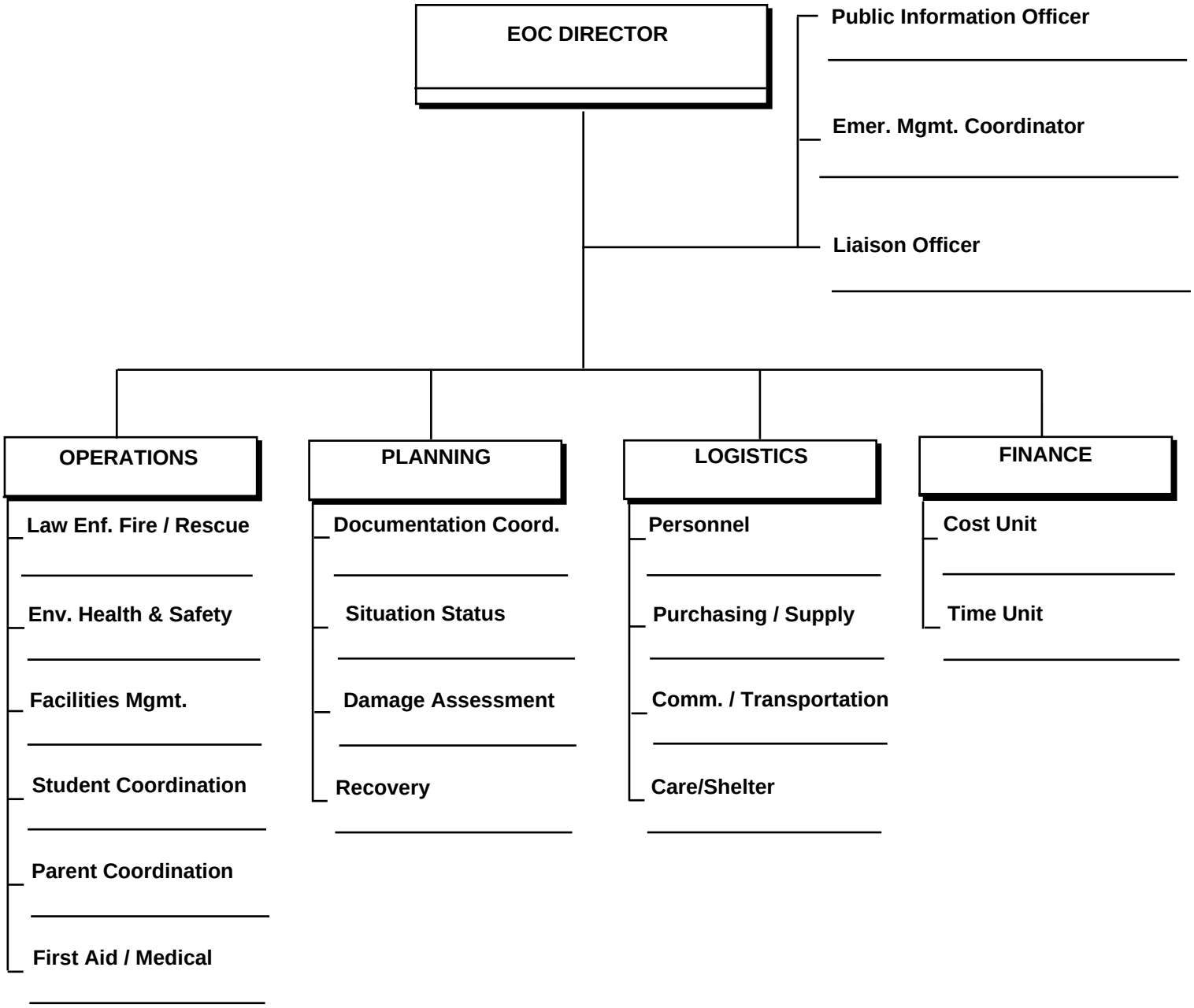
FEDERAL CATEGORY	EST. EMERGENCY COSTS	ESTIMATED COSTS	SOURCE OF INFO
A- DEBRIS CLEARANCE			

WEATHER

CONDITION	EXISTING SITUATION	FORECAST
TEMPERATURE		
WIND DIRECTION / SPEED		
RAINFALL		
HUMIDITY		
OTHER		

POSTING DATE _____ TIME _____

EOC STAFFING ORGANIZATION CHART



OTHER KEY RESPONSE PERSONNEL

ASSIGNMENT	NAME	ASSIGNMENT	NAME	ASSIGNMENT	NAME

Operational Period # ___

From:_____To:_____

ACTION PLAN WORKSHEET

FORM: EOCAPWorkpge

OBJECTIVES AND PRIORITIES	STRATEGY	RESOURCES & EOC MGR.
LIFE SAFETY		
PROTECTION OF PROPERTY		
PROTECTION OF ENVIRONMENT		
OTHER ISSUES		

MANAGEMENT SITUATION REPORT [SITREP]

EOC MANAGEMENT SECTION SITUATION REPORT [EOC DIRECTOR]

DATE: TIME: REPORT NO: REPORTING PERIOD (hrs): 8 ☐ 12 ☐ 24 ☐

PREPARED BY: INCIDENT:

DIRECTOR SHIFT 1: DIRECTOR SHIFT 2:

EOC ACTIVATION / DECLARATIONS / ORDINANCES

ACTIVATION / DECLARATION / ORDINANCES	SUBJECT MATTER	DATE / TIME
EOC ACTIVATION:		
CITY DECLARATION:		
GUBERNATORIAL DECLARATION:		
PRESIDENTIAL DECLARATION:		
RESOLUTION OR ORDINANCE NO.		

ACTION PLAN OBJECTIVES FOR NEXT OPERATIONAL PERIOD

1.
2.
3.
4.
5.
7.
8.

SCHEDULED MEETINGS

Type of Briefing	Date / Time	Location	Contact Person

MISC. INFORMATION / NOTES

LIAISON REPRESENTATIVES FROM OTHER AGENCIES			LIAISON OFFICER
ORGANIZATION/AGENY	NAME	EOC LOCATION	CONTACT NUMBERS

SCHEDULED PUBLIC INFORMATION BRIEFINGS			PUBLIC INFORMATION OFFICER
TYPE OF BRIEFING	DATE/TIME	LOCATION	CONTACT PERSON

MISCELLANEOUS INFORMATION

_____SITUATION REPORT [SITREP]

PLANNING SECTION SITUATION REPORT

PLANS CHIEF

DATE:	TIME:	REPORT NO.	RPTG PERIOD	8 ☐ 12 ☐ 24 ☐
PREPARED BY:		INCIDENT:		

SITUATION DESCRIPTION

RESPONSE EFFORTS UNDERWAY

CRITICAL NEEDS - SHORTFALLS

EOC ACTIVATION / DECLARATION

ACTIVATION / DECLARATION	DATE / TIME	BY
EOC ACTIVATED		
LOCAL EMERGENCY DECLARATION		

DEATH AND INJURIES

ITEM	SOURCE OF INFORMATION	NUMBER

DAMAGE ASSESSMENT SUMMARY

FEMA CATEGORY	ESTIMATED COSTS	CONFIRMED COSTS	SOURCE OF INFORMATION

OTHER SIGNIFICANT INFORMATION

DAMAGE ASSESSMENT SUMMARY DATE/TIME OF SUMMARY: _____

			CASUALTIES		HOMES DAMAGED		HOMES DESTROYED		BUSINESSES DAMAGED		BUSINESSES DESTROYED	
REPORTING AREA	CONTACT	DATE/TIME	DEAD	INJURED	NUMBER	$ LOSS	NUMBER	$ LOSS	NUMBER	$ LOSS	NUMBER	$ LOSS
TOTALS:												

LAW ENFORCEMENT SITUATION REPORT [SITREP]

LAW ENFORCEMENT SITUATION REPORT	[POLICE DEPARTMENT]
DATE: _____ **TIME:** _____	**RPTG PERIOD** 8☐ 12☐ 24☐
PREPARED BY:	**INCIDENT:**
SECTION CHF SHIFT 1:	**SECTION CHF SHIFT 2:**

RESOURCE STATUS SUMMARY

Resources	PERSONNEL	VEHICLES	EQUIPMENT
LOSSES			
COMMITTED			
AVAILABLE NOW			
AVAILABLE IN TWO HOURS			
MUTUAL AID REQUESTED			

STAGING AREA LOCATION:

REMARKS/SPECIAL EQUIPMENT NEEDS:

PRIORITY PROBLEMS

PROBLEM/LOCATION (BY PRIORITY)

1

2

3

4

ROAD CONDITIONS (ATTACH MAP ON BACK)

ROAD/LOCATION	CLOSED	LIMITED TRAFFIC	EXPECTED OPENING
1.			
2.			
3.			
4.			

BEST NORTH/SOUTH ROUTE:

BEST EAST/WEST ROUTE:

PIO INFORMATION	[Curfew/access restrictions; etc.]

MUTUAL AID UTILIZATION

AGENCY/STRIKE TEAM #	ETA OR ON SCENE DATE/TIME	TYPE EQUIPMENT	COMMANDER	ASSIGNED TO	STATUS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SPECIAL NOTES/REMARKS

PIO INFORMATION

FIRE/RESCUE SITUATION REPORT [SITREP]

FIRE/RESCUE SITUATION REPORT

|FIRE DEPARTMENT|

DATE:	**TIME:**	**REPORT NO.**	**RPTG PERIOD**	8 ☐ 12 ☐ 24 ☐
PREPARED BY:		**INCIDENT .**		
SECTION CHF SHIFT:		**SECTION CHF SHIFT 2:**		

RESOURCE STATUS

RESOURCES	**PERSONNEL**	**VEHICLES**	**OTHER**
FIRE RESOURCE LOSSES			
RESOURCES COMMITTED			
S/T AVAILABLE NOW			
S/T AVAILABLE IN 2 HOURS			
MUTUAL AID REQUESTED			

REMARKS:

PRIORITY PROBLEMS

PROBLEM LOCATION (BY PRIORITY)	INCIDENT COMMANDER	CP LOCATION	RESOURCES ON SCENE	DEAD INJURED	HOMES DMGD/DEST
1.				_____ / _____	_____ / _____
2.				_____ / _____	_____ / _____
3.				_____ / _____	_____ / _____

REMARKS:

AREAS EVACUATED

AREA	CAUSE OF EVACUATION	N UMBER EVACUATED	EVACUATED TO	EXPECTED RETURN
1.				
2.				
3.				

SEARCH AND RESCUE AREAS

INCIDENT NAME	LOCATION	INCIDENT COMMANDER	**STATUS**
1.			
2.			
3.			
4.			

MUTUAL AID UTILIZATION

AGENCY/STRIKE TEAM #	ETA OR ON SCENE DATE/TIME	TYPE EQUIPMENT	COMMANDER	ASSIGNED TO	STATUS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SPECIAL NOTES/REMARKS

PIO INFORMATION