

EOC ACTION PLAN

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): _____

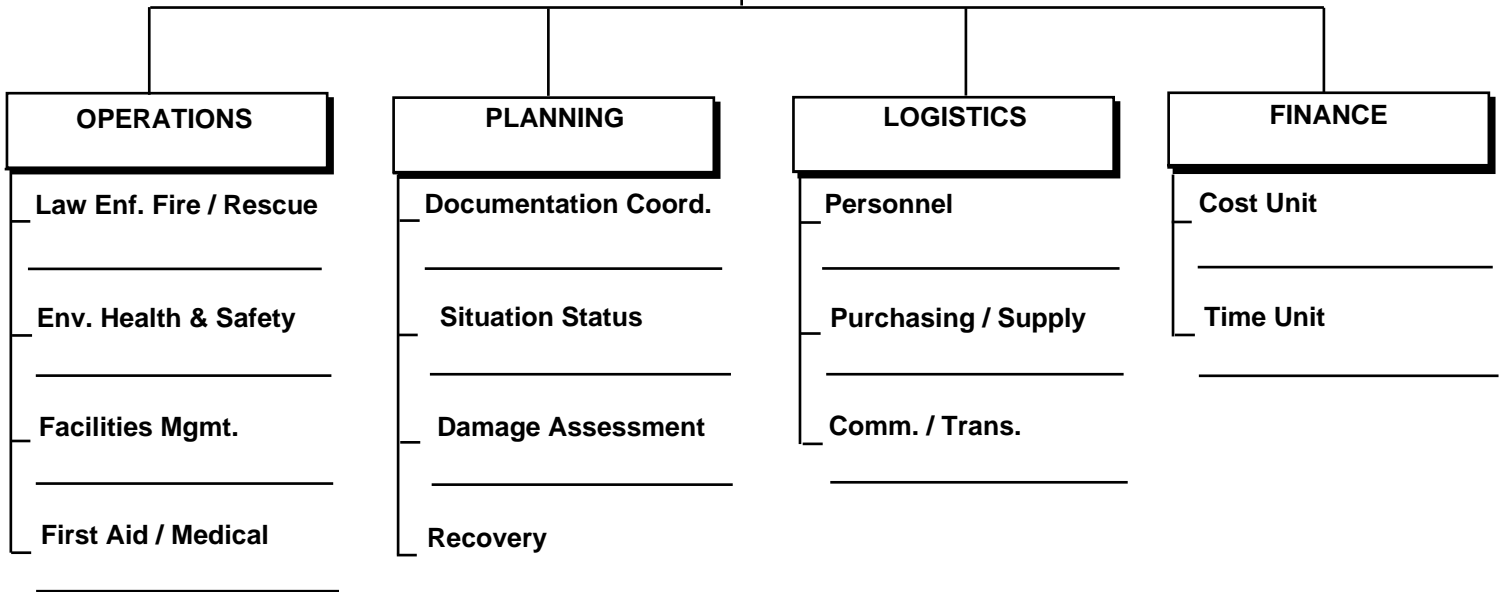
EOC STAFFING ORGANIZATION / LIST

EOC DIRECTOR

Public Information Officer

Emer. Mgmt. Coordinator

Liaison Officer



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.

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 # _____

ACTION PLAN WORKSHEET

From: _____ To: _____

FORM: EOCAPWorkpge

OBJECTIVES AND PRIORITIES	STRATEGY	RESOURCES & EOC MGR.
<p style="text-align: center;">LIFE SAFETY</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p style="text-align: center;">PROTECTION OF PROPERTY</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p style="text-align: center;">PROTECTION OF ENVIRONMENT</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p style="text-align: center;">OTHER ISSUES</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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.

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

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

Incident # _____

BE SURE TO COMPLETE ALL APPROPRIATE BLOCKS BELOW

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 and place Report on the left side of Section Log. 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.

- MANAGEMENT - OPERATIONS - PLANS - LOGISTICS - FINANCE

ACTION COMPLETE <input type="checkbox"/>
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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: _____

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: _____

PLANNING SECTION - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

FIRE / RESCUE - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

FACILITIES - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION

Operational Period # _____

ACTION PLAN WORKSHEET

From: _____ To: _____

FORM: EOCAPWorkpge

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

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

LAW ENFORCEMENT SITUATION REPORT [SITREP]

LAW ENFORCEMENT SITUATION REPORT		[POLICE DEPARTMENT]	
DATE: _____	TIME: _____	RPTG PERIOD	8 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/>
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 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/>
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	NUMBER EVACUATED	EVACUATED TO	EXPECTED RETURN
1.				
2.				
3.				

SEARCH AND RESCUE AREAS			
INCIDENT NAME	LOCATION	INCIDENT COMMANDER	STATUS
1.			
2.			
3.			
4.			

Estimated number of persons whose situation will not be satisfied by volunteer organizations (Contact local volunteer organizations) _____

Are shelters opened? Yes/No How many ? _____

Name, location, capacity, and current occupancy of shelters?

NOTE: All disaster related costs should be separated into the seven damage/work categories listed below:

Category	Subcategory	No. of Sites	Estimated Repair Costs \$	Anticipated Insurance * \$
Debris Clearance				
Emergency (EMS, Fire, Police)			\$	\$
Road & Bridge	Roads - Paved		\$	\$
	Roads- Unpaved		\$	\$
	Bridges - Destroyed		\$	\$
	Bridges - Closed & Repairable		\$	\$
	Bridges - Damaged & Serviceable		\$	\$
	Culverts - Totally washed away		\$	\$
	Culverts - Damaged & still in place		\$	\$
Water Control Facilities (Dams, levees, dikes)			\$	\$
Buildings & Equipment			\$	\$
Public Utility Systems (Gas, Electric, Sewer, Water)			\$	\$
Other (Recreational Facilities, Airports, etc.)			\$	\$
Totals			\$	\$

Anticipated insurance is normally calculated by subtracting any deductible, depreciation or uncovered loss from the estimated repair cost.

Total annual maintenance budget (i.e. Public Works, Roads & Bridges): \$ _____

Start of Fiscal Year: Month _____

Other (Contract non-profit or governmental, medical, utility, educational, custodial care facilities, etc.)

Organization / Facility	No of Sites	Estimated Repair Cost	Anticipated Insurance *
Totals			

This form is for damage assessment reporting purposes only. If the college/university determines that the situation is of such severity and magnitude that an effective response is beyond the affected institution's capability to recover, a letter outlining the disaster impact and the need for supplemental State and/or Federal assistance, and a local state of disaster proclamation must accompany this DSO.