

Alaska ISNAP Report [Form Instructions](#)

Msg #: {MsgSender}-{SeqNum}

1. Station Reporting:

2. Location / City & Zip code:

3. Date & Time: [Click for Date/Time](#)

4. POWER STATUS:

- Y - YES** . Fully functional commercial power in the county except for routine maintenance. (Green)
- R – Rolling Blackout. Planned outages with little warning intended to ease stress on the power grid.
- P – Partial Blackout. Unplanned interruption of commercial power only in parts of the county.
- B – Brownout. Reduction in voltage used as an emergency measure to prevent system failure.
- N – No. Blackout. Complete unplanned commercial power interruption in the county.

5. WATER STATUS:

- Y - YES**. Fully functional water service in the county except for routine maintenance. (Green)
- P – Partial. Unplanned interruption of water service only in parts of the county.
- C – Contaminated. Water service is available but contaminated and should not be used.
- N – No. Complete unplanned water service interruption.

6. SANITATION STATUS:

- Y - YES**. Fully functioning sanitation service in the county except for routine maintenance.
- P – Partial. Unplanned interruption of sanitation service only in part of the county.
- N – No. Complete unplanned sanitation service interruption.

7. MEDICAL FACILITY STATUS:

- Y - YES**. Fully functioning and staffed hospitals and clinics with spare capacity available.
- P – Partial. Unplanned decrease of capacity in the county due to loss of facilities.
- R – Partial due to personnel. Unplanned decrease in capacity due to loss of personnel.
- F – Full. Facilities are at maximum capacity and can't handle new patients.
- N – No. Not available. Medical facilities are unusable due to loss of personnel or infrastructure.

8. COMMUNICATIONS STATUS:

- Y - YES**. Fully functioning commercial and civil government local communications.
- P – Partial. Commercial communications out but local government communications operational.
- N – No. Complete loss of local commercial and government communications.

9. TRANSPORTATION STATUS:

- Y - YES**. Fully functioning mass transit, roads, and rail systems except for routine maintenance.
- P – Partial. Unplanned interruption in service or loss of roads/rail in parts of the county.
- N – No. Complete loss of mass transit systems. Road remain available except for those damaged.

10. SOURCE:

- C – Commercial Broadcast. This includes sources such as local radio and TV news.
- E – EAS. Government Broadcast. Information received from EAS/IPAWS over any media.
- G – Civil government or public officials other than EAS/IPAWS such as from an EOC.
- A – Amateur. Information originated by amateur radio operators and not validated or coordinated by public officials.
- R – Relay. Information originated by civil government that are subsequently relayed through amateur radio.

11. Remarks

Be Brief and Accurate

[Submit](#) [Reset Form](#)

Alaska ISNAP

Ver 4

No	Precedence Routine	HX	Org Station	Check	Org Location	Time	Date
<i>ALASKA State ARES</i> GENERAL MESSAGE ICS213 Vers 8							
1. Incident Name:							
2. To (Name/Position):							
3. From (Name/Position):							
4. Subject:				5. & 6. Date/Time:			
7. Message:							
8. Approved By:				Position/Title:			
Contact AG6SV for form information							

American Red Cross - GENERAL MESSAGE

Vers 16

DR #	Msg #	Incident Name
To (Name/Position)		
From (Name/Position)		
Subject	Date/Time	
Message		
Approved By	Positon/Title	

American Red Cross - Safe & Well Data Entry Form - **Single Client**

This template will create a text based message and send to "safe@redcross.org". Formatted as TAB separated data for copy and past into a spreadsheet. For multiple client entries, use the ARC Safe & Well Helper Tool. Data matches the ARC Web Site entry form, and the fields in the ARC Helper Tool 9-25-17

Date/Time

DR #

Disaster Event

Items in this area are added to the sent message subject line only.

Items in RED are Mandatory

Client Info

Click only if this entry is an organization!

First Name**Last Name** (Or Organization Name)

Email (Optional)

Birth Date (Optional mm/dd/yyyy)

Client Home

Home Country Select Home Country**Primary Phone** (+555 5555555555 or 555-555-5555) (Max 18 characters)

Work Phone (Optional)

Other Phone (Optional)

Home Address Line 1

Home Address Line 2

Home City**Home State** Select Home State**Home Zip/Postal Code**

Best Contact Information

Current Country Select Current Country

Current Address Line 1

Current Address Line 2

Current City

Current State Select Current State

Current Zip/Postal Code

Safe and Well Messages

Safe and Well Messages (Select at least ONE - Multiples OK)

- I am safe and well
- Family and I are safe and well
- Currently at shelter
- Currently at home
- Currently at friend/family member/neighbors house
- Currently at hotel
- Will make phone calls when able
- Will email when able
- Will mail letter/postcard when able
- I am safe and in the process of evacuating
- I have evacuated and I am safe
- I am evacuating to a shelter
- I am evacuating to the house of a family member/friend
- I am currently/remaining at home

What is the Condition of Your Residence (Optional)

- I do not know the condition of my residence
- My residence has no damage and has electricity
- My residence has no damage, and has no electricity
- My residence has been damaged but not destroyed
- My residence has been destroyed

Custom Message (If used - Max characters 255 - Be Brief)

Info about the [ARC Safe and Well Data Base](#). (if you have Internet)

Ver 1.4

NATIONAL TRAFFIC SYSTEM MONTHLY REPORT FSD125-2 Ver 8

For use by Section or Local NTS nets only

1. Net Name:

	JAN	2017
	FEB	2018
2. Net Abbreviation:	MAR	2019
3. Month:	APR	4. Year: 2020
	MAY	

5. Nr. of Sessions: 6. Nr. of Messages Handled:

7. Nr. of Check-ins: 8. Manager's Call:

9. NTS Liaison is Maintained With: Net:

10. Approving Name: Call:

Comments:

If not sent electronically you should:

Mail to: ARRL Section Traffic Manager or American Radio Relay League
Section Manager 225 Main Street Newington, Connecticut 06111

You may print or save this form from your Sent Items folder of Express

Amateur Radio Emergency Service - ARRL
PUBLIC SERVICE ACTIVITY REPORT FSD-157 1/04 VER 8

This is a modified ARES form for radio delivery by Express users. Text portion of message is formatted and easy to read for normal email.

Amateur Radio donates thousands of staff hours of supplementary public service communications in civil emergencies, official drills and events such as parades and marathons each year. Such events show Amateur Radio in its best light, and it is critically important that ARRL bring documentation of this public service work to the attention of the Congress, the FCC, and other public officials. Your information below is an important addition to the record. **Please complete and return this form to the Public Service Branch at ARRL Headquarters.**

Attach photos of amateurs in action, newspaper clippings, or other data if available

1. Nature of Activity (Select One) <input type="radio"/> Communications Emergency <input type="radio"/> Alert <input type="radio"/> Special Exercise <input checked="" type="radio"/> Test or Drill	Communications Emergency - Amateurs supplied communications to replace or supplement normal communications means. Alert - Amateurs were deployed for emergency communications, but emergency situation did not develop. Special exercise - Amateurs supplied communications for a parade, race, etc. Test or drill - A training activity in which amateurs participated.	
2. Brief Description of Activity:		
3. Places or Areas Involved:		
4. Number of Amateurs Participating:		
5. Event Start Date/Time:	6. Event End Date/Time:	
7. Duration of Event in Hours:	8. Total Person-Hours:	9. Number of Repeaters Used:
10. Estimated Staffing Cost: (19\$/Hr per Person)		
11. Estimated Cost of Equipment Used: (Ht's, Mobiles, Computers, Antennas, Etc.)		
12. Total Estimated Cost of Service: (Add lines 10 & 11)		
13. Nets and/or Frequencies Used : (Including Repeater Call Signs)		
14. Number of Messages Handled:		
15. Names of Agencies Receiving Communications Support:		
16. List Calls Signs of Amateurs Who Were Major Participants:		
17. Other Comments:		
Name of Amateur Radio Organization Providing Service:		
Location of Organization: (City)	State:	
Your Name:	Call Sign:	E-Mail:
Address:	ARRL Appointment: (If Any)	
Telephone: (Days)	Phone: (Evenings)	
I attest that the information provided above is true to the best of my knowledge, and that if my printed name is approval.		
Approving Name:	Date/Time:	

MONTHLY DEC - EC REPORT
Amateur Radio Emergency Service FSD 212 Ver 4

Jurisdiction		JAN	2017
		FEB	2018
		MAR	2019
	Month	APR	Year 2020
		MAY	

	NA
Total Number of ARES Members	Plus
Changes Since Last Month	Minus
	Same

Local Net Name	Total Sessions
----------------	----------------

NTS Liaison Maintained With *(net name)*

Number of Drills - Tests - Training this Month	Person Hours
Number of Public Service Events this Month	Person Hours
Number of Emergency Operations this Month	Person Hours

Total Number of ARES Operations this Month	Total Person Hours
--	--------------------

Comments:

Report by <i>(name)</i>	EC		
	DEC	Title	Other
	Other		Call

Send to your SEC or DEC as appropriate by 2nd of the month.

NATIONAL TRAFFIC SYSTEM AREA & REGION NET REPORT FSD-89 Ver 6

Net	Cycle	Net Session
Month		Traffic Handled
Managers		Average Per Session
Frequencies		Total Time in Session (Min)
Times		Rate (Traffic/Time)

Days

UTC	Net Control Stations by Session				Liaison Stations
	1	2	3	4	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Representation (Areas list Regions; Regions list Sections Represented)

Section/Region	Nr. of Times	Call Rep Section/Region
	-- 1 2 3 4	
	-- 1 2 3 4	
	-- 1 2 3 4	
	-- 1 2 3 4	
	--	

	--	
	1	
	2	
	3	
	4	
% of Section or Region Representation	Approving Name	
% of TCC Function Representation	Call	Date
Comments: (Be brief)		
You may print or save this form from your Sent Items folder of Express		

ARRL - the National Association for Amateur Radio
RADIOGRAM NTS - RRI Text Creator Vers 29

Has been replaced, read below.

The form has a new file name:

Amateur Radio **RADIOGRAM** Text Creator

It is located in its own folder:

RADIOGRAM_RRI_Forms

Go to that folder and click on: Radiogram_Initial.txt

If you had the previous form set as a "favorite" you will need to change it.

Many updates and changes to allow the form to be acceptable for NTS or RRI entry.

Contact Steve KB1TCE@winlink.org with comments and questions.

7/9/18 Form Writer KG6SJT

BC ARES <i>Winlink Check In Form</i>				
<div style="background-color: #cccccc; display: inline-block; padding: 2px 5px;">Test Exercise</div> REAL EVENT				
Date/Time				
Net Control Form sent to	VE7PEP - VIR Other:			
Sender Call Sign				
Assigned Location				
We will keep active on these PREOC voice frequencies <table style="width: 100%; border: none;"> <tr> <td style="width: 45%; vertical-align: top;"> VIR VHF/UHF 147.570 Simplex 148.685 Simplex Island Trunk Repeater System Simplex 444.925 (+5MHz T100Hz) D-Star VE7VIC Other: </td> <td style="width: 5%; vertical-align: top; text-align: center;"> HF Off Air </td> <td style="width: 50%; vertical-align: top;"> 3.735 LSB (Night Time) 7.060 LSB (Day Time) We are shutting down all radios at this time </td> </tr> </table>		VIR VHF/UHF 147.570 Simplex 148.685 Simplex Island Trunk Repeater System Simplex 444.925 (+5MHz T100Hz) D-Star VE7VIC Other:	HF Off Air	3.735 LSB (Night Time) 7.060 LSB (Day Time) We are shutting down all radios at this time
VIR VHF/UHF 147.570 Simplex 148.685 Simplex Island Trunk Repeater System Simplex 444.925 (+5MHz T100Hz) D-Star VE7VIC Other:	HF Off Air	3.735 LSB (Night Time) 7.060 LSB (Day Time) We are shutting down all radios at this time		
We have access to a CMS Winlink Gateway	Yes No			
Comments				
<div style="float: right; font-size: small;">Version 1.0 VA7MPG</div>				

Health and Welfare Information

BC EDS Operations

NTS 212 TSA

Salvation Army
Emergency Disaster
Services
British Columbia

Health and Welfare Information Request Form

Use this form for inquiry. This inquiry will be sent to the disaster area, where SATERN personnel will attempt to locate the person or persons inquiring about.

Please provide as much information as possible.

Person making the inquiry

First Name	Last Name
Address	City
Province	Post Code
Email Address	Phone/Mobile

Person whom the inquiry is about

First Name	Last Name
Address	City
Province	Postal Code
Email Address	Tel. Number
	Cell Phone

Additional information about the person:

RADIO OPERATOR ONLY

Relay Operator:	Rcvd:	<i>All times are in 24 Hr format.</i>
Radio Operator:	Rcvd:	Sent:

Version 1.1 {var Contactname}

Health and Welfare Information

BC EDS Operations

Salvation Army
Emergency Disaster
Services
British Columbia

NTS 214 TSA

1. Incident Name:	2. Date Prepared:	3. Time Prepared:
4. Unit Name:	5. Unit Leader/Pos:	6. Operation Period:

7. Personnel Roster Assigned

Name	ICS Position	Home Base

8. Activity Log

Time	Major Events

9. Prepared by (Name and Position)

RADIO OPERATOR ONLY

Relay Operator:

Rcvd:

All times are in 24 Hr format.

Radio Operator:

Rcvd:

Sent:

Health and Welfare Information

BC EDS Operations

Salvation Army
 Emergency Disaster
 Services
 British Columbia

NTS 214 TSA

1. Incident Name:	2. Date Prepared:	3. Time Prepared:
4. Unit Name:	5. Unit Leader/Pos:	6. Operation Period:

7. Personnel Roster Assigned		
Name	ICS Position	Home Base

8. Activity Log	
Time	Major Events

9. Prepared by (Name and Position)

RADIO OPERATOR ONLY

Relay Operator:

Rcvd:

All times are in 24 Hr format.

Radio Operator:

Rcvd:

Sent:

Version 1.2 {var Contactname}

BC EOC Expenditure Authorization

Message #		Sending Station:	
Event:		Date:	EAF#:
EMBC Task #:		Time:	
Priority:	High (Emergency)	Medium (Priority)	Low (Routine)
Requesting Organization/Community:			
Authorized Representative:		Name:	Location:
Telephone :		FAX :	Email:
Description of Expenditure: (include nature of goods and/or services being acquired/provided, desired outcome, location, date/time planned...)			
Amount Requested:		Expenditure Not to Exceed:	
EOC Approvals	Approved for Processing by:		Expenditure Request Approved by:
	Position:		Position: EOC Director (or designate)
	Date/Time:		Date/Time:
PREOC Approvals	Approved for Processing by: Not Approved		Expenditure Request Approved by:
	Position: Operations Section Chief:		Position: PREOC Director (or designate):
	Date/Time:		Date/Time:
Distribution	EOC Director EOC Operations Section EOC Planning Section EOC Logistics Section EOC Finance & Admin Section Other:		PREOC Director PREOC Operations Section PREOC Planning Section PREOC Logistics Section PREOC Finance & Admin Section Other:
Comments:			
			Version 1.0 VA7MPG

BC RADIOGRAM

BC RADIOGRAM								
Number	Precedence	Handling Instructions (Help)	Station Of Origin	Check	Place of Origin	Time	Date	
	R EMERGENCY P W	--- HXA HXB HXC HXD						
							Change to Time/Date to UTC	

TO:

Name:

Position:

Organization:

Phone:

E-mail:

Op Note / Subject Line:

MESSAGE TEXT [\(ARL Message Numbering Help\)](#)

Name/Position;

Organization:

Operator Note:

Version 3 VA7MPG

BC Resource Request

Message #	Sending Station:		
Date of Request:	Time of Request:	Request No.	
Priority: High (Emergency)	Medium (Priority)	Low (Routine)	
Task No.:	Request No.		
Requested by:	Dept/Agency/Function:	Contact Number:	
What is being Requested?			
Resource Type/Kind:	Quantity:		
Units of Measure:	When Required:		
Mission (Purpose for Resource)			
Resource must come with:	Fuel	Meals	Operator(s)
Other:	Water	Maintenance	Lodging
			Power
Special Instructions (e.g. Safety message, ingress/egress routes...)			
Forward Request To: (Organization/Agency/Vendor who ultimately obtains resource – use required fields only)			
Contact Name/Position:	Organization/ Agency/Vendor::		
Contact No.:	Estimated Cost:		
Actions Taken:			
Delivery/Assigned Location (use required fields only)			
Location/ Site Name:	Street Address:		
City, Province:	Report To:	Contact Number:	
Intersection Street 1:	Intersection Street 2:		
Completed by:	Function/Title:	Date & Time:	Entered
Financial Approval			
Spending Authority:	Function/Title:	Signature:	
Distribution: Operations	Planning	Logistics	Finance
	Other:		
Sending Call/Tactical:			Version 1.0 VA7MPG

California Blood Bank Society Amateur Radio NET Roster Vers 9

Voice Net Frequencies - Summer 7245 (Daylight Savings Time) and Winter 3880 (Standard Time)

*This form is for Express to Express users for HTML viewing. The info is also in plain text within the sent message body.
This is to allow non Express users to read the info, such as delivered to a normal E-mail address.*

Date:

To Email or Radio Call:

Senders Call:

Operators(s) NCS:

Total Checkins:

Winlink Used On:

Telnet
VHF
UHF
80 mtrs
40 mtrs

NORTH STATE BLOOD BANKS

American Red Cross Blood Services - Oakland

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Mather - Alternates

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Merced Mobile

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Chico Relay - KA6GND

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Chico - KK6PAW

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Shasta - KK6ESM

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Health Services Richmond Alternate

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Northern California Community Blood Bank - Eureka

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					
Other			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
SOUTH STATE BLOOD BANKS					
Central California Blood Banks - Fresno			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
Houchin Community Blood Bank - Bakersfield			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
Life Stream - San Bernardino			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
San Diego Blood Bank - WB100D			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
Other			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
Relay Station:			Ck:	Their RS:	Our RS: Packet:
Relay Station:			Ck:	Their RS:	Our RS: Packet:
Relay Station:			Ck:	Their RS:	Our RS: Packet:
Packet / VHF Stations:					
Remarks (if needed):					

San Diego Blood Bank - Hospital Services Department 619 400-8250 Fax 619 725-3017 WB1OOD@winlink.org

This is a radio delivery form for Winlink Express to Winlink Express, info is also in message body as plain text. This template will auto add the TOTALS in the columns for you.

Requesting Hospital:

Hospital Technician Name:

Date/Time:

Leuko-Reduced Red Blood Cells (RBCL)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
O Positive			
O Negative			
A Positive			
A Negative			
B Positive			
B Negative			
AB Positive			
AB Negative			
TOTAL			

Leuko-Reduced Irradiated Red Blood Cells (RBCLI)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
O +, cmv-			
O -, cmv-			
A +, cmv-			
A -, cmv-			
TOTAL			

Leuko-Reduced Platelets (APLT)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
Platelets A/T			
Platelets Irr			
TOTAL			

Special Instructions:

Frozen Plasma (200-399ml)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
O			
A			
B			
AB			
TOTAL			

Single Cryo (CAF) Pooled Cryo (CAF PL)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
CAF A			
CAF AB			
CAF PL A			
TOTAL			

Additional Comments from Requesting Hospital

California Emergency Services Net Winlink Check In

OES CESN Ver 11

Sending To: *You can change or add prior to posting.*

Date/Time: Organization:

Express Base Callsign: Sending Callsign: Operator Name:

Session Type: **Winlink Packet**
Winlink Telnet
Winlink Winmor
Winlink Ardop
Winlink Vara
Gateway Used:HF Band if Used: **None**
80 Meters
40 Meters
30 Meters
20 Meters
VHF/UHF Frequency (if Used): Packet Digi/Node (if Used):

Message: (Be brief)

This message is in the SENT ITEMS folder for future archive and printing. Contact: Jim Price KO6GM with form questions.

No	Precedence Routine	HX ---	Org Station	Org Location	Check	Time	Date
----	--------------------	-----------	-------------	--------------	-------	------	------

Clay County ARES GENERAL MESSAGE ICS213 Vers 10

1. Incident Name:

2. To (Name / Position):

3. From (Name / Position):

4. Subject: 5. & 6. Date / Time:

Message (one word per cell)

8. Approved by: Position / Title:

Reply (one word per cell)

Date: Time: Signature:

For form use and information contact Ray, WD4SEN

No {var Number}	Precedence {var Priority}	HX {var HX}	Org Station {var OrgStation}	Org Location {var OrgLocation}	Check {var Check}	Time {var Time}	Date {var Date}
--------------------	------------------------------	----------------	---------------------------------	-----------------------------------	----------------------	--------------------	--------------------

Clay County ARES GENERAL MESSAGE ICS213 Vers 10

1. Incident Name: {var Incident_Name}

2. To (Name / Position): {var To_Name}

3. From (Name / Position): {var From_Name}

4. Subject: {var Subjectline} 5. & 6. Date / Time: {var DateTime}

{var t1}	{var t2}	{var t3}	{var t4}	{var t5}	{var t6}	{var t7}	{var t8}	{var t9}	{var t10}
{var t11}	{var t12}	{var t13}	{var t14}	{var t15}	{var t16}	{var t17}	{var t18}	{var t19}	{var t20}
{var t21}	{var t22}	{var T23}	{var t24}	{var t25}	{var t26}	{var t27}	{var t28}	{var t29}	{var t30}
{var t31}	{var t32}	{var t33}	{var t34}	{var t35}	{var t36}	{var t37}	{var t38}	{var t39}	{var t40}
{var t41}	{var t42}	{var t43}	{var t44}	{var t45}	{var t46}	{var t47}	{var t48}	{var t49}	{var t50}

8. Approved by: {var Approved_Name} Position / Title: {var Approved_PosTitle}

Reply Check

Date: Time: ; Signature:

For form use and information contact Ray, WD4SEN

No	Precedence Routine	HX ---	Org Station	Org Location	Check	Time	Date
----	-----------------------	-----------	-------------	--------------	-------	------	------

Clay County ARES Extended Shelter Report Vers 2

To:	Position:
From:	Position: Shelter Manager
Subject:	Date: Time:

Message (one word per cell)

Rpt Date		Rpt Time		Guests		Oxygen		Electric	
Staff		Volunteers		Caregivers		Sheriff		Fire	
Pets		Other A		Other B					

8. Approved by: Position / Title:

For form use and information contact Ray, WD4SEN

No	Precedence Routine	HX ---	Org Station	Org Location	Check	Time	Date
----	-----------------------	-----------	-------------	--------------	-------	------	------

Clay County ARES Shelter Report Vers 2

To:	Position:	
From:	Position: Shelter Manager	
Subject:	Date:	Time:

Message Hourly Report one word per cell

RPT DATE		RPT TIME		GUESTS		STAFF		VOLUNTEERS	
OTHER A		OTHER B							

8. Approved by: _____ Position / Title: _____

For form use and information contact Ray, WD4SEN

DAILY SHELTER REPORT Ver 11

[Form Info](#)*This form also sends the information as plain text formatted in the message body, for non-Express users.*

Date Incident/DR # Shelter Name/County

SHELTER INFORMATION

Shelter Address

Shelter Phone Number (s)

SHELTERING STAFF

POSITION	NAME	PHONE
Shelter Manager		
Day Shift Supervisor		
2nd Shift Supervisor		
Night Shift Supervisor		

Total Number of Sheltering Workers	Day Shift	2nd Shift	Night Shift
------------------------------------	-----------	-----------	-------------

OTHER FUNCTIONS OR ACTIVITIES STAFF

# Disaster Health Services	# Casework and Recover Planning
# Disaster Mental Health	# Feeding
# Disaster Spiritual Care	Other #

SHELTER POPULATION

Age Groups (years)	0-3	4-7	8-12	13-18	19-65	65 +
Nighttime Population Submitted Last Night						
Daytime Population Today						
Total NEW Shelter Dormitory Registrations Since Last Night:						

OPERATIONAL REPORTING

	Breakfast	Lunch	Dinner	Snacks/Drinks	Cots	Blankets	Comfort Kits	Clean-up Kits	Other Bulk Items	Signage Kits		
# Used Today												
# Available Tomorrow												
# Needed Tomorrow												

NOTES:

Preparer Name: (for radio delivery full name equals signature)

[Adapted from National Mass Care Strategy](#)

Initial Damage Assessment / Windshield Survey Ver 9

Jurisdiction Mission or Incident #

Exercise
REAL EVENT

Event Hurricane
Event Tropical Storm
Event Tornado/Winds Selected Other? Describe
Event Flood

Survey Area Survey Team

Date of the Event Date of this Survey

	Affected 10 %	Minor 25 %	Major 50 %	Totaled 100 %	Total Number	\$ Loss
CATEGORY	#	#	#	#	COUNT	\$ Estimate
HOUSES						
APARTMENT COMPLEX						
MOBILE HOMES						
RESIDENTIAL HIGH RISE BUILDING						
COMMERCIAL HIGH RISE BUILDING						
PUBLIC BUILDINGS						
SMALL BUSINESS						
FACTORIES / INDUSTRIAL COMPLEX						
ROADS						
BRIDGES						
ELECTRICAL DISTRIBUTION						
SCHOOLS						
Total Dollar Amount:						

Comments (if needed-be brief)

Use your jurisdictions guidelines or these generic suggestions on habitable buildings. On other facilities get direction as needed

AFFECTED: Structure currently habitable. Cosmetic damage e.g. missing shingles. Generally less than \$100 in damage. 0 to 6 inches of water in single-family dwelling. MINOR: Structure currently uninhabitable. Will require minor repairs to be made habitable. 7 to 24 inches of water in structure and 0 to 6 inches of water in a mobile home. MAJOR: Structure currently uninhabitable. Will require major repairs to be made habitable. 25 to 47 inches of water in a single-family dwelling or apartment. 7 to 23 inches of water in a mobile home. TOTALED: Structure permanently uninhabitable. Cannot be repaired. 48 or more inches of water in a single-family dwelling or apartment. 24 or more inches of water in a mobile home

[If Needed - Download Attached Field Work Sheet to Print.](#) (rtf format)

**STATE OF WASHINGTON
EMERGENCY WORKER DAILY ACTIVITY REPORT Ver 3**

County in Which Mission Took Place

Mission #

Mission Name

Date From

Date To

Unit Name

Address

Indicate Actual Incident Check In and Out Times			Date		Date		Date		Page	Of
#	Emergency Worker Name	Card #	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Hours	Round Trip Miles
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Total Personnel Total Hours Total Miles

Name and Title Of Verifying Authority

Phone #

THIS FORM NEEDS TO INDICATE FULL NAME & TITLE OF LOCAL EMERGENCY MANAGEMENT DIRECTOR / COORDINATOR OR SHERIFF'S DEPUTY

Comments

EMD-078 (Rev. 08/2017-Winlink)

EYEWARN Situation Report (SITREP) vers 5
Clark County Washington

<input type="checkbox"/> Routine	<input type="checkbox"/> YES
<input type="checkbox"/> Welfare	<input type="checkbox"/> NO
<input type="checkbox"/> Priority	
<input type="checkbox"/> EMERGENCY	

Msg. # **Precedence** Is This An Exercise Message?

TO EOC Situation Unit

LOCATION CRESA

NCS

LOCATION

1. Date/Time	2. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final	3. Activation Type <input type="checkbox"/> Self-Activation <input type="checkbox"/> CRESA Activation	4. Mission Number
--------------	---	---	-------------------

5. Type of Incident

6. Total Number of Zip Codes Reporting

7. Total Check-ins

8. Question(s)

9. INFRASTRUCTURE DAMAGE

B = Bridges

C = Cell Towers

H = Hospitals

P = Power Lines/Towers

R = Roads

S = Schools

10 Other Local Damage

Note If relaying this report by voice radio, only say the line numbers and not their title.

Relay Operator

Rcvd

Sent

(24 Hr format)

Radio Operator

Rcvd

(24 Hr format)

Contact K7GJT for form info

www.eyewarn.net

DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
 MISSION ASSIGNMENT (MA)

O.M.B. No. 1660-0002

I. TRACKING INFORMATION (FEMA Use Only)

State	Resource Request Number
Program Code/Event Number	Date/Time Received

II. REQUESTING ASSISTANCE (To be completed by Requestor)

See Attached

Assistance Requested

Delivery Location	Internal Control Number	Date/Time Required	
Initiator/Requestor Name	24 Hour Phone Number	Email Address	Date
Site POC Name	24 Hour Phone Number	Email Address	Date

III. INITIAL FEDERAL COORDINATION (Operations Section)

Action to:	ESF/OFA:	Date/Time	Priority	
	RSF/OFA:		Lifesaving	Life Sustaining
	Other:		High	Normal

IV. DESCRIPTION (Assigned Agency Action Officer)

Statement of Work		
Assigned Agency	Projected Start Date	Estimated Projected End Date
New or Amendment to MA #:	Total Cost Estimated	Total Required this Obligation Cycle
ESF/OFA/RSF Action Officer	Phone Number	Email

V. COORDINATION (FEMA Use Only)

Type of MA: Direct Federal Assistance State Cost Share (0%, 10%, 25%)		Federal Operations State Share (0%)
State Cost Share Percent	%	State Cost Share Amount: \$
Fund Citation: 20 -06- -6- XXXX-250 -D		Appropriation code: 70X0702
Mission Assignment Manager (Preparer)		Date
**FEMA Project Manager/Branch Director (Program Approval)		Date
**Comptroller/Funds Control (Funds Review)		Date

VI. APPROVAL

*State Approving Official (Required for DFA)	Date
**Federal Approving Official (Required for all)	Date

VII. OBLIGATION (FEMA Use Only)

Mission Assignment Number	Amount This Action \$	Date/Time Obligated
Amendment Number	Cumulative Amount \$	Initials

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name	2. Title	3. Phone No.
4. Requestor's Organization	5. Fax No.	6. E-Mail

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance:

2. Quantity	3. Priority Lifesaving Life Sustaining High Normal	4. Date and Time Needed	
5. Delivery Site Location		6. Site Point of Contact (POC)	
		7. 24 Hour Phone No	8. Fax No.
9. State Approving Official Signature		10. Date and Time	

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1.Reviews OPS Review by: LOG Review by: Other Coordination: Other Coordination: Other Coordination:	2. Source: Donations Requisitions Procurement Interagency Agreement Mission Assignment Other (Explain)	3. Assigned to: ESF/OFA: RSF/OFA: Other: Date/Time
4. Immediate Action Required: YES NO		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work		
8. Estimated Completion Date	9. Estimated Cost	

V. ACTION TAKEN (Operations Section Only)			
Accepted	Rejected	Requestor Notified	
Reason / Disposition			
TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	Originated as verbal
Received by (Name)	State		
FEMA FORM 010-0-7			Ver 1.8 KE4LWT

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Evento RNE F1 Ver 8

	Simulacro	----
	Moderada	VHF
	Urgente	UHF
Tipo	EMERGENCIA	Winlink Banda 80 40

Nombre

Indicativo

Descripcion del Evento

Lugar

Requerimientos

Mensaje

Sugerir solicitar una confirmación de lectura

www.fmre.mx

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Anuncio RNE F2 Ver 6

Para (Nombre o Grupo)

De (Nombre o Grupo)

Indicativo

Asunto

Informacion

Leer En Breve

LEER AHORA

Importancia

Anuncio

www.fmre.mx

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Temblor RNE F3 Ver 6

Simularco
TEMBLOR

Tipo

Indicativo

Nombre

AREA AFECTADA

Estado

Ciudad/Poblacion

Colonia/Delegacion

Otra

Su calle

(opcional)

CONDICIONES DEL EVENTO OBSERVADO O SENTIDO

Escala de Intensidad Mercalli Modificada

INTENSIDAD DEL TEMBLOR

II Muy Debil

III Debil

IV Ligero

V Moderada

VI Fuerte

En su Area?

?

SI

?

SI

Hay Lesionados?

Hay Fallecidos?

Informacion Adicional

II.MUY DEBIL.- Es sentido bastante notable por las personas en interiores, especialmente en los pisos superiores de los edificios Mucha gente no lo reconoce como un temblor. Automoviles detenidos pueden oscilar ligeramente. La vibracion es similar al paso de un Camion.

III. DEBIL.- Sentido adentro por muchos, al aire libre por pocos durante el día. Por la noche, algunos son despertados por platos, ventanas, puertas perturbadas; Las paredes hacen sonidos al agrietarse . Sensación como si un camion pesado golpeará el edificio. Automóviles detenidos oscilan notablemente.

IV. LIGERO.- Sentido por casi todo el mundo; Muchos son despertados. Algunos platos y ventanas rotas. Objetos inestables volcados. Sentidos por todos, muchos asustados. Algunos muebles pesados movidos; Algunos pedazos de yeso caído. Daño leve.

V. MODERADO.- Daños insignificantes en edificios bien diseñados y construidos; Daño leve a moderado en estructuras comunes bien construidas; Considerable daño en estructuras mal construidas o mal diseñadas; Algunas chimeneas rotas.

VI. FUERTE.- Daño ligero en estructuras especialmente diseñadas; Daños considerables en edificaciones comunes con colapso parcial. Daño grande en estructuras mal construidas. Caída de chimeneas, apilados de fábricas, columnas, monumentos, paredes. Muebles pesados volcados.

VII. MUY FUERTE.- Daños considerables en estructuras especialmente diseñadas; Estructuras de bastidor bien diseñadas tiradas de plomada. Daños grandes en edificios sustanciales, con colapso parcial. Los edificios se desplazaron de las cimentaciones.

VIII. SEVERO.- Algunas estructuras de madera bien construidas, destruidas; La mayoría de las estructuras de mampostería y armazón con cimientos, destruidas. Rieles doblados.

IX. VIOLENTO.- Pocas estructuras de albañilería, si es que ninguna, permanecen de pie. Puentes destruidos. Los rieles se doblaron mucho..

X. **EXTREMO.**- Daño total. Las líneas de vista y nivel están distorsionadas. Objetos arrojados al aire.

www.fmre.mx

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Huracan RNE F4 Ver 7

Si es posible, registre un reporte final después del paso del Huracan, para reportar cualquier novedad relevante de su reporte inicial y/o comentarios finales.

		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Simulacro</div> Reporte Inicial ACTUALIZACION
Hora Local:	Fecha:	Reporte:

Radioaficionado: Nombre:

Ciudad: Municipio/Delegacion:

Estado: Pais:

SU COORDENADAS GEOGRAFICAS

Latitud: (si la sabe) Longitud: (si la sabe)

Grid Localizador: (si lo sabe)

SU SERVICIOS AFECTADOS

Funcionando Bien

 Sin Servicio
 Intermitente

¿Su Servicio de Corriente Electrica?

Sin Servicio

 Fijo y Celular
 Solo Fijo
 Solo Celular

¿Su Servicio Telefonico? Su Numero:

EN SU AREA

<div style="border: 1px solid black; padding: 2px; display: inline-block;">?</div> SI	<div style="border: 1px solid black; padding: 2px; display: inline-block;">?</div> SI
¿Hay Lesionados?	¿ Hay Fallecidos?

 KM/h
 MP/h
 Nudos

Velocidad de Viento:

Saffir-Simpson Escala de Huracanes - Categoria

C1 - Minimo

 C2 - Moderado
 C3 - Extensivo
 C4 - Extremo
 C5 - Catastrofico

	---	---
	Norte	Debil
	NorEste	Moderada
Direccion del Viento:	Este	Intensidad de la Lluvia: Fuerte
	Sureste	Muy Fuerte

Llene lo mas que pueda y utilice el area de COMENTARIOS para informacion adicional.

COMENTARIOS

Categoria	Velocidad del Viento	Mareas de Tempestad Altura	Danos
1	119 - 153 kph	1.2 - 1.5 m	Minimo Elementos normalmente no estructurales
2	154 - 177 kph	1.8 - 2.4 m	Moderado Techos de materiales ligeros, danos en ventanas y puertas, algunos arboles caidos
3	178 - 209 kph	2.7 - 3.7 m	Extensivo Danos estructurales menores en residencias, en bodegas, algunas fallas en nueros, danos en puertas y ventanas
4	210 - 249 kph	3.9 - 5.5 m	Extremo Danos estructurales, desprendimiento de techos ligeros, explosion de ventanas y puertas
5	> 249 kph	> 5.5 m	Catastrofico Danos estructurales severos, destruccion total casas moviles, evacuacion masiva de areas residenciales entre 8 y 16 km de las csota podria ser requerida

www.fmre.mx

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Reporte RNE F5 Ver 8

INCIDENTE o EVENTO POSTERIOR AL REPORTE DE ACCION

Su retroalimentacion ayuda a realizar mejoras.

Envie a quien sea responsable de recabar esta informacion dentro de su organizacion.

Fecha/Hora Reporte :

Fecha de Evento - Incidente:

Nombre del incidente - evento:

Ubicacion:

Su nombre:

Indicativo:

Su correo electronico:

Telefono(opcional):

Cual fue su asignacion o rol en este incidente -evento?

Haga un resumen del evento - incidente y; describa algunas actividades en las que estuvo involucrado.

RETROALIMENTACION - Recomendaciones (Sea breve y profesional)

www.fmre.mx

COMPILED HOSPITAL BED REPORT

As of Time:

Date:

Jurisdiction/Group:

[Form Info](#)

Please Report Immediately

Name of Reporting Facility:

Contact Person:

Contact Phone Number:

Contact Email Address:

TYPE	Available Beds	Notes
Critical Care		
Pediatrics		
Medical / Surgery		
Psychiatry		
Burn		
TOTAL:		
<i>DEFINITION: Physical Available Beds = Staffed + Un-staffed Beds</i>		

Additional Comments:

1. Incident Name:	2. Date / Time Prepared:	3. Operational Period: Date From: Date To: Time From: Time To:
-------------------	--------------------------	--

4. System/Type	Channel	Function	Frequency/Tone	Assignment	Remarks

5. PREPARED BY (Communications unit)	SIGNATURE
--------------------------------------	-----------



Hawaii ARES/RACES Winlink Check In Form Ver 6

Test Exercise
REAL EVENT

Date/Time

Net Control Form Sent To

You can add or change address's prior to posting.

Express Base Call Sign

Call Sign/Tactical Sending

Assigned Location

	Winlink Telnet	None	
	Winlink WebMail	80 Mtrs	
	Winlink Packet	60 Mtrs	
Session Type	Winlink WINMOR	Band Used 40 Mtrs	OTHER
	Winlink ARDOP	30 Mtrs	

	None	
	NH6NN (HF Kaneohe Bay, Oahu)	
	NH6NN-10 (VHF Packet Kaneohe Bay, Oahu)	
	KH6HPZ-10 (VHF Packet Diamondhead, Oahu)	
Gateway	Used	OTHER
	KH6SP (HF Whitmore Village, Oahu)	
	KH6UL (HF Whitmore Village, Oahu)	

Comments
(Please be brief)

HICS205A - COMMUNICATIONS LIST Vers 7
HICS - Hospital Incident Command System

1. Incident Name

Page Of Facility

2. Operational Period (#):

Date From To

Time From To

3. Select Type of Contact List !
 All Contacts
 Internal Contacts Only
 External Contacts Only

Default is ALL Contacts. You may can create a seperate list for Internal and External Contacts if desired and Submit

Agency/Assignment/Name	Radio Ch # Frequency	Radio Call	Fax	Email	Cell Phone	Phone	ID # of Device Issued & Comments
------------------------	-------------------------	------------	-----	-------	------------	-------	-------------------------------------

4. Special Instructions

5. Prepared by (CUL)

Date

Time

HICS214 - ACTIVITY LOG Vers 6
HICS - Hospital Incident Command System

1. Incident Name

2. Operational Period (#):

Page Of

Date From To

Time From To

3. Name

4. HIMT Position

5. Activity Log

Date / Time	Notable Activities

6. Prepared by

Date/Time

Facility

HICS254 - DISASTER VICTIM / PATIENT TRACKING
 HICS - Hospital Incident Command System

Vers 5

1. Incident Name

Page Of

2. Operational Period (#):

Date From

To

Time From

To

3. Area (Triage or Specific Treatment Area)

Field Tag Number	Medical Record #	Name (Last Name, First Name)	Sex	DOB - Age (Use numbers only)	Triage Category	Location of Procedures (CT, X-ray, Etc)	Time of Procedures	Disposition	Disposition Time
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	

			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	

4. Prepared By: _____ Date: _____ Time: _____ Facility: _____

Hillsborough County AVAILABLE HOSPITAL BEDS

Hospital Name:	Filing Date/Time:
----------------	-------------------

Total Licensed:	Adult ICU:	Burn:	Operating Room:	Med/Surg/Tele:	Pediatric ICU:	Pediatric Med/Surg:	OB/Gyn:	NICU Level 2:

NICU Level 3:	Neg Flow Isolation:	Adult Psychiatric:	Adult Substance Abuse:	Child Psychiatric:	Child Substance Abuse:	Comp Med Rehab:	Long Term:	Skilled Nursing Unit:

Electricity Problem: Yes No	Water Available: Yes No	Physical Damage: Yes No
-----------------------------------	-------------------------------	-------------------------------

Comments

Notice for Winlink Express Users

7/16/18

This form has been moved to the GENERAL_Forms folder.

Moved as it has great utility and use in other jurisdictions, and will be easier to locate.

e2/n6kzb
Mike, Forms Manager WDT

HOSPITAL STATUS REPORT		Vers 7
<i>This is a radio delivery form for Express to Express users. However the information is in plain text in the message body and easily read by those that do not have the HTML template to view, such as a normal Internet email address.</i>		
Report Time:	Report Date:	Event Occurrence Date/Time:
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Do You Need Assistance?	Exercise?	Report # of (change if needed)
Hospital: Address:		
Event Name: County:		
Person Submitting Report: Phone(s):		
Submitting Persons Email:		
<i>Briefly Describe Emergency as it Relates to Your Facility - Include any Expected Needs or Challenges?</i>		
Hospital Command Center Activated?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Level of Activation: Normal Monitoring Partial FULL
Current Conditions:	Stable Unknown Worsening Improving	Conditions Expected to: Unknown Worsen Improve Stabilize CONCLUDE
Are You on Generator Power?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Estimated Hours of Fuel?
Evacuating Now or Will Evacuate in Next 12 Hours?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Structural Damage or Imminent Danger?
<p>Detailed Facility Report</p> <p><i>Complete the following best you can - Do not delay on reporting - If information is unknown indicate so</i></p>		

<p>Emergency Department</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>ICU</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Operating</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Ambulance Access</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Nursery/NICU</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Medical/Surgical</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Diagnostic Imaging</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Labs</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Pharmacy</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Dialysis</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Admin/Business</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Behavioral Health</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Respiratory Therapy</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Medical Practices</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Physical Therapy</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Morgue</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>

<p>HVAC</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Heliport</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Water</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Parking/Access</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Linens</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Medical Supplies</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>General Supplies</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Sewage</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Generators/Fuel</p> <p>Functional N/A DEGRADED !DESTROYED! Unknown</p>	<p>Medical Gases</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Communications</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Info Tech (IT)</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Housekeeping</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Electrical</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Structural</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Receiving</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Facilities Management</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Staffing</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Medical Records</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Food Services</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>----- Functional</p>	<p>----- Functional</p>	<p>----- Functional</p>	<p>----- Functional</p>

----	----	----	----
Functional	Functional	Functional	Functional
DEGRADED	DEGRADED	DEGRADED	DEGRADED
DISABLED	*DISABLED*	*DISABLED*	*DISABLED*
!DESTROYED!	!DESTROYED!	!DESTROYED!	!DESTROYED!
<i>Briefly Explain any DEGRADED, *DISABLED*, or !DESTROYED! Functions</i>			

This form Removed from Auto Update Template Library 6-10-2018

HOSPITAL TRANSPORT REPORT Vers 6
Hamilton County, OH ARES

Forms that have seen very little use or are localized for a specific group may have been removed.

This is only from the Library of Standard Forms that are auto updated via the Internet.

Reason is the auto update forms template library is getting too big, and needs to be made smaller to accommodate new wide use forms.

WDT will still update and modify this form upon request.

The form is still available for your use by downloading from the Web site and installing into your Global > Templates folder.

[Click on this link to obtain this form if you have internet.](#)

All that wish to use the form must download and install.

If you feel a form warrants being back into the Standards Template Library, contact KG6SJT@winlink.org to discuss.

HALIFAX

MESSAGE FORM

Ver 9

Routine
Priority
IMMEDIATE

None
Routine
Priority
IMMEDIATE

ACTION Precedence

INFO Precedence

Date-Time-Group

FROM

TO

INFO

Number

MESSAGE

ORIGINATING NAME

Track #

HURRICANE REPORT

Ver 11

Fill in as much information as possible. This form sends the message in plain text and easy to read.

Report Time in UTC UTC Date Report Status

First Report
Update Report
Final Report

Radio Station Sending Are you the Reporting Party? YES
NO

NO, means you are sending the report for another

Reporting Party Email

Reporting Party Phone Number

Geographic Area of Observed Event

City County

State Country

Latitude (if known) Longitude (if known)

Estimated
Measured

Measurements Weather Instruments Used

Wind Speed Unk Unk
MPH/h MPH/h
KM/h KM/h
Knots Gust Speed Knots

Wind Direction Unk Unk
N Inches
NE Millibars
E Degrees Barometric Pressure
SE

Comments, damage seen, any thing of use to quantify the intensity of this event.

IARU RADIOGRAM

Number	Priority	Station of Origin	Word Count	Place of Origin	Filing Date/Time
	Routine				{DateTime}

Use the template "Amatuer Radio RADIOGRAM Text Creator" if you want to send traffic into the NTS or RRI networks.

Name

Phone

Email

Street Address

City, State, Province, Country

Special Delivery Instructions



Express Ver 39 (Credits to OE3VRW)

INCIDENT RADIO COMMUNICATIONS PLAN

ICS205 Ver 10

[Form Info](#)

1. Incident Name:

2. Date / Time Prepared:

3. Operational Period:

Date From:

Date To:

Time From:

Time To:

4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name / Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone / NAC	TX Freq N or W	TX Tone / NAC	Mode (A, D, or M)	Remarks
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	

5. Special Instructions: (Be Brief)

6. Approved by (CUL) Name:

IAP Page:

Date/Time:

COMMUNICATIONS LIST

ICS205A Ver 8

[Form Info](#)

1. Incident or Event Name

2. Operational Period

DATE *From* *To*

TIME *From* *To*

3. Basic Local Communication Information

Assignment	Name	Method(s) of contact: radio frequency, phone, cell #, etc.

4. Approved by (CUL)

Date/Time

1. Incident Name:

2./3. Date/Time Prepared:

4. Operational Period:

5. Incident Medical Aid Stations

Medical Aid Stations	Location	Paramedics
		YES NO --
		YES NO --
		YES NO --
		YES NO --
		YES NO --

6. Transportation

A. Ambulance Services

Name	Address and Phone	Paramedics
		YES NO --
		YES NO --
		YES NO --
		YES NO --
		YES NO --

B. Incident Ambulances

Name	Location	Paramedics
		YES NO --
		YES NO --

		YES NO --
		YES NO --
		YES NO --

7. Hospitals

Name	Address	Travel	Phone	Helipad	Burn Center
		AIR GND --		YES NO --	YES NO --
		AIR GND --		YES NO --	YES NO --
		AIR GND --		YES NO --	YES NO --
		AIR GND --		YES NO --	YES NO --
		AIR GND --		YES NO --	YES NO --

8. Medical Emergency Procedures (Be brief)

9. Prepared by (MUL):

10: Reviewed by (Safety Officer):

RESOURCE STATUS CHANGE						ICS210 Ver 5	Form Info
1. Incident Name			2. Operational Period				
			DATE From To				
			TIME From To				
If additional pages are needed, use another ICS210 and paginate as needed. Page of							
3. Resource #	4. New Status	5. From (Assignment & Status)		6. To (Assignment & Status)		7. Time & Date of Change	
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						

	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				
	<p>----- Available Assigned OUT OF SERVICE</p>				

8. Comments

9. Prepared By

Date/Time

RESOURCE REQUEST MESSAGE

ICS 213 RR Ver 9

[Form Info](#)

1. Incident Name 2. Date/Time

3. Resource Request Number Page Of

REQUESTER

4. Order *Use additional forms when requesting from a different source or vendor to fill request (s)*

Detailed Item Description; Vital characteristics, brand, specs, experience, size, etc.				Needed Date/Time (local 24 hr)		
Qty	Kind	Type	Item Description	Requested	Estimated	Cost

5. Delivery/Reporting Location

6. Substitutes and/or Suggested Sources

7. Requested by Name/Position

8. Priority

- Low
- Routine
- URGENT

9. Section Chief Name for Approval

LOGISTICS

10. Logistics Order Number

11. Supplier Phone/Fax/Email

12. Name of Supplier 12A Point of Contact

13. Notes

14. Name of Auth Logistics Rep 15. Date/Time

16. Order Was Requested By *Indicate Unit / Section or Person who is to get this order.*

FINANCE

17. Reply/Comments from Finance

18. Finance Section Chief Name 19. Date/Time

WASHINGTON STATE RESOURCE REQUEST MESSAGE (ICS 213RR WA) Vers 6

Grayed Areas to be Filled in by Logistics Section Only

1. Mission # & Incident Name

2. Requesting Agency

3. Date & Time (mm/dd/yy - 0000)

4. Requester Tracking #

5. Order (Detailed Item Description. Vital characteristics, brand, specs, experience, size, etc.)

Needed Date/Time

a. Qty	b. Kind	c. Type	d. Item Description	e. Requested	f. Estimated	g. Cost

6. Personnel/Support Needed

7. Duration Needed

8. Requested Delivery/Report Location

9. Delivery/Reporting Location POC (Name and Contact Info)

10. Suitable Substitutes &/or Suggested Sources

Life Saving	NO
Incident Stabilization	YES
Property Preservation	

11. Priority

12. Requester Provides Funding?

13. If Requester not providing funds (full or partial) Why?

14. Requested by Name/Position

a. Phone/ Email

15. Request Authorized by

16. EOC/ECC Logistics Section Tracking #

17. Name of Supplier/POC (Phone/Fax/Email)

18. Notes (Be Brief)

19. Typed Name of Authorized Logistics Rep		20. Date/Time (mm/dd/yy - 0000)	
21. Order Placed by	Ordering Unit Procurement Unit Other -----	a. Other	
22. Elevate to State?	NO YES -----	23. State Tracking #	24. Mutual Aid Tracking #
25. Reply/Comments from Finance			
26. Finance Section Typed Name		27. Date/Time (mm/dd/yy - 0000)	
Original to Documentation Unit Copies to Logistics Section, originating ESF/Agency, & Finance & Administration Section.			

ACTIVITY LOG

ICS 214

Ver 13

[Form Info](#)

1. Incident Name:

2. Operational Period (Date/Time) From:

To:

3. Name:

4. ICS Position:

5. Home Agency and Unit:

6. Resources Assigned:

Name	ICS Position	Home Agency and Unit

7. Activity Log:

Date & Time (local 24 hr)
Click box to auto add Date/Time

Notable Activities

Activities may include notable occurrences/events such as task assignments, task completions, injuries, or difficulties encountered.

4. Prepared By		Date/Time	

INDIVIDUAL ACTIVITY LOG ICS 214A Ver 10 [Form Info](#)

1. Incident Name

2. Operational Period (Date/Time) From To

3. Individual Name 4. ICS Section

5. Assignment / Location

6. Activity Log PAGE OF

Time	Major Events

7. Prepared by	Date/Time

COMMUNICATIONS RESOURCE AVAILABILITY WORKSHEET ICS217A Vers 10

[Form Info](#)

Frequency Band
800
OTHER
--

Description

Work sheet Incident or Event Name

Date/Time (optional)

#	Channel Configuration	Channel Name/Trunked Radio System Talkgroup	Eligible Users	RX Freq N/W	RX Tone/NAC	TX Freq N/W	TX Tone/NAC	Mode A, D or M	Remarks
1								-	
2								-	
3								-	
4								-	
5								-	
6								-	
7								-	
8								-	
9								-	
10								-	
11								-	
12								-	
13								-	
14								-	
15								-	
16								-	
17								-	
18								-	
19								-	
20								-	

The convention calls for frequency lists to show 4 digits after the decimal place, followed by either an N or a W, depending on whether the frequency is narrow or wide band. Mode A or D indicates analog or digital, M indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

<p style="text-align: center;">COMMUNICATIONS LOG ICS 309 Ver 9</p> <p style="text-align: center;"><i>General Purpose Use</i></p> <p style="text-align: center;">Form Info</p>	<p style="text-align: center;">Task #</p> <p style="text-align: center;">PAGE OF</p>	<p style="text-align: center;">Date/Time Prepared</p>
<p style="text-align: center;">For Operational Period #</p>	<p style="text-align: center;">Task Name</p>	
<p style="text-align: center;">Radio Operator Name</p>	<p style="text-align: center;">Station ID</p>	<p style="text-align: center;">Express Sender</p>

DATE/TIME	STATION ID	TO	FROM	SUBJECT

ICS309 Communications Log

--

To Email or Radio Call

(Can be changed prior to posting)

From Team Name

Date/Time {DateTime} (Local Time or UTC)

Patient Name

Patient Age

Patient Gender

Male
Female

Patient Village

Other

Patient Complaint / Problem

Care Already Given

Meds Already Given

Type of Care Requested

Caregiver Contact

Additional Information

This form if sent to a normal internet address, will have plain text properly formatted in message body.

CONSOLIDATED INCIDENT ACTION PLAN (IMS1001) Emergency Management Ontario Vers 3			
1. Incident Name	2. Operational Period: Date From Date To Time From Time To		
Site Level IAP <input type="checkbox"/> NO <input type="checkbox"/> YES Incident Command <i>Additional Details</i>	3. Type of Incident Action Plan EOC-Level IAP <input type="checkbox"/> NO <input type="checkbox"/> Incident Support <input type="checkbox"/> Area Command <input type="checkbox"/> Incident Command <i>Additional Details</i>		
4. Current Situation [From IMS 201]			
5. Mission [From IMS 202]			
6. Objectives for this Operational Period [From IMS 202]			
7. Strategies to Achieve Objectives [From IMS 215G]			
8. Tactics (Optional) [From IMS 215G]			
9. Weather Forecast for Operational Period [From IMS 202]			
10. General Safety Message [From IMS 215A or 202]			
11. Key Media Messages [From IMS 202]			
12. Future Outlook			
13. Briefing / Planning Cycle			
14. Organization Assignment [From IMS 203] Incident or EOC Commander			Command Model <input type="checkbox"/> Single Command <input type="checkbox"/> Unified Command
Safety Officer		Information Officer	
Operations Section Chief		Planning Section Chief	

Liason Officer (s)			
Logistics Section Chief		Legal Advisor	
Fin / Admin Section Chief		Other	

15. Detailed Forms (are attached as necessary)

<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Incident Objectives [IMS 202]	Organization Assigment List [IMS 203]	Resources Assignment List [IMS 204]
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Incident Telecommunications Plan [IMS 205]	Medical Plan [IMS 206]	Incident Map
<input type="checkbox"/> NO <input type="checkbox"/> YES		
Traffic Plan	Other Attachments	

16. Prepared By (Planning Section Chief) Name

17. Approved By (Incident or EOC Commander) Name Date /Time

INCIDENT or EVENT AFTER ACTION REPORT

Ver 6

Your feedback can assist in making improvements.

Send to whomever is responsible for gathering such information within your organization.

Report Date/Time:

Incident - Event Date:

Incident - Event Name:

Location:

Your Name:

Call Sign:

Your Normal Internet Email:

Telephone (optional):

What was your assignment or role on this incident - event?

Give a brief re-cap of the incident - event & describe any major occurrences that you were involved with.

FEEDBACK - Recommendations (Be Brief and Professional)

INFORMATION FORM Ver 6

Event or Use Name

Form Creation Date/Time

Description or Form Information

[Form Info](#)

Create whatever column name you need for each category

#			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Senders Comments or Additional Information

ISNAP - Incident Snapshot for Counties / Tribal Nations Ver 4			
1. Date:	Time:	2. ISNAP Version: <div style="text-align: center; font-size: small; margin-top: 5px;"> Initial Update FINAL </div>	3. Incident Type:
5. Affected Jurisdictions:			4. State Mission Number:
7. Point of Contact:			6. Reporting Jurisdiction:
8. EOC Status:		9. County Status:	
10. Briefly describe the situation:			

*Overall Incident Impact to Municipality, Department, District, or Agency: (see page below for rating guidelines)

Select one of these statuses (Red, Yellow, Green, or Black) in the 'Status' column box(es), as appropriate with guidelines.

Red - Critical	Yellow - Significant	Green - Limited	Black - Unknown
-----------------------	-----------------------------	------------------------	------------------------

11. Impacts	12. Status	13. Comments
14. Government	15. <div style="text-align: center; font-size: small; margin-top: 5px;"> Black Green Yellow RED </div>	16.
17. Transportation	18. <div style="text-align: center; font-size: small; margin-top: 5px;"> Black Green Yellow RED </div>	19.
20. Utilities	<div style="text-align: center; font-size: small; margin-top: 5px;"> Black Green Yellow </div>	

	21.	Black Green Yellow RED	22.
23. Medical	24.	Black Green Yellow RED	25.
26. Communications	27.	Black Green Yellow RED	28.
29. Public Safety	30.	Black Green Yellow RED	31.
32. Environment	33.	Black Green Yellow RED	34.

Guidelines for Status Ratings - ISNAP Form

(The following is not transmitted nor copied to the form submitted.)

Category	Issue	Check all that are Impacted.	Suggested Threshold for "Red"
Government	Intact line of succession.	Elected Officials unavailable.	Red = Box Checked.
Transportation	Damage or shutdown to major transportation system(s) <i>with overlapping system impacts.</i>	Freeway/Highway Mass Transit Ferry Airport Seaport Freight Rail Passenger Rail Arterials Fuel Pipeline	Red = One or more boxes are checked, causing an imminent life safety issue or escalation to the event.

Utilities	Breadth of damage/outage to utilities.	Natural Gas Water Sewer Electric	Red = Any one box checked.
Medical	Capacity overwhelmed and/or critical medical infrastructure destroyed.	EMS Hospital Fatality Management	Red = Any one box checked.
Communications	Capacity overwhelmed and/or critical communications infrastructure damage and/or System shutdown.	Landline Cell Internet TV Commercial Radio Ham Radio	Red = Any TWO boxes checked.
Public Safety	Capacity overwhelmed.	Fire Police Public Safety Communications Public Safety Radio 911 System	Red = Any one box checked.
Environment	Overwhelming damage or imminent life safety issue.	Air Quality Water Quality Landslide/Avalanche HAZMAT Flood/Dam Failure	Red = Any one box checked.

[Back up to the TOP of page.](#)

OREGON *Activation - Deactivation Report* Vers 6

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

EXERCISE
REAL EVENT

ACTIVATION
DEACTIVATION

Report Status

Report Type

TO

CC

If known, enter call or email of your DEC, EC, and Emergency Manager above. Separate with semicolon ;

1. Requesting Parties Name
2. Requesting Parties Position
3. Jurisdiction
4. Date & Time of Activation or Deactivation
5. Reason for ARES Participation
6. Agency Requesting Assistance
7. Incident Number
8. Expected Duration of Activity
9. Call Sign Used at EOC/OES for Traffic VOICE DATA
10. FM Frequencies in use HF Frequencies in use
11. Number of Operators Activated
12. Other Information <i>(be brief)</i>
13. Name & Call Sign of EC or Rep
14. County of EC or Rep
15. Date and Time Template Filled in

A copy is in your Express Sent Items folder.

Winlink Express Senders Call Sign

EXERCISE
REAL EVENT

OREGON Declaration of Emergency Vers 6

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

To: Governor, State of Oregon
Through: Director, Office Oregon Emergency Management

From:

TO

CC

If known, enter call or email of your DEC in CC.

1. Name of County

2. Type of Incident

3. Beginning Date and Time of Incident

CONTINUING
ENDED

4. Incident is ? If Incident has Ended - Enter End Date/Time

5. Brief Description of Problem and Type of Assistance Needed

6. Brief Initial Assessment of Damage, Number of Injuries - Deaths (No Victim Names)

7. Brief List of Actions Pending or Taken by County and/or other Local Governments

8. Request Date and Time - Form Filled Out

9. Name of Authorizing Official (s)

Note: Send an initial SITREP Report, seperate from this form as soon as possible.

Winlink Express Senders Call Sign

Exercise
REAL EVENT

OREGON *GENERAL MESSAGE* ICS213 Vers 7

Important be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

1. Incident Name

2. To (Name / Position)

3. From (Name / Position)

4. Subject

5./6. Date & Time

7. Message

8. Approved By

Position/Title

EXERCISE
REAL EVENT

OREGON *Public Event* Vers 7

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

TO

CC

If known, enter call or email of your DEC

1. Agency/Group Requesting Assistance

2. Person Requesting Services

3. Position of Requester

4. Name & Description of Event

5. Location of Event

6. Start Date and Time of Event

7. Expected Event Duration

8. Brief Description of Support Services Provided

9. Number of Operators

10. Other Information or Comments

11. Name and Call Sign of Person Submitting Report

Call Sign

12. Position of Person Submitting Report

Winlink Express Senders Call Sign

Report Filled in Date/Time

EXERCISE
REAL EVENT

OREGON *Request for Assistance* Vers 6

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

TO

CC

If known, enter call or email of your DEC

1. Date and Time of Request

2. County/Tribe

3. Requesting Agency

4. OERS Event Name

5. OERS Number

6. Brief Situation Description

7. Brief Description of Materials - Equipment - Personnel - Resources Needed

8. Report To

9. Phone

10. Delivery Location

11. Delivery Time

12. Requester

13. Phone

14. Authorizing Official Name

15. Authorizing Official Position

Winlink Express Senders Call Sign

EXERCISE
REAL EVENT

OREGON *Situation Report SITREP* Vers 6

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

TO

CC

If known, enter call or email of your DEC

1. To
Agency Name and Office Routing

2. SITREP

3. Categories with Brief Description

4. Event Name

Initial Report
Sequential Number
Final Report
5 . If Report is "Sequential Number" then increment # here

6. Brief Situation Summary

7. Past 24 Hours Brief Summary

8. Next 24 Hours Planned Actions

9. Efforts by Other Agencies or Organizations

10. Date and Time Approved

11. Authorizing Officials Name

12. Authorizing Officials Position

*Note: In a real event content is prepared by Emergency Management, not ARES.
SITREP's can be done hourly, or every 2 to 4 hours, event dependent.*

Winlink Express Senders Call Sign

Report Filled in Date/Time

OREGON *Winlink Check In Notice* Vers 5

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

Test Exercise
REAL EVENT

Date/Time

Status

Send To EOC Call

Winlink Base Call Sign

Sending Call

Assigned Location

Session Type
 Winlink Packet
 Winlink Telnat
 Winlink Winmor
 Winlink Ardop
 Winlink Vara

Winlink Gateway Call *If Used*

Band Used
 None
 VHF
 220
 UHF
 80 Mtrs

Comments

POINT OF DISPENSE GENERAL MESSAGE FORM (Medical) Vers 6

1. Incident Name

2. To (Name / Position)

3. From (Name / Position)

4. Subject

5. Date

6. Time

7. Message Priority
 LOW
 MEDIUM
 HIGH

7A. This concerns a Vaccine
 NO UPDATE REQUEST

Vaccine Name	Doses Remaining	Time

8. Message (Be brief and accurate)

9. Approved By

Position

Quick IAP (Incident or Event Action Plan) Ver 4

Incident Name:

Date/Time:	Prepared by:	Title:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Initial</div> Update Final
Report Type:			

1	Type of Incident And give a geographical location and start DATE of occurrence	
2	Area of Operations And indicate the limits of Commands responsibility?	
3	Objectives What does Command want to achieve?	
4	Current Status What is currently happening? Updates from last report?	
5	Upcoming Tactics What is the plan to accomplish the objectives?	
6	Assignments Who is filling what positions? Who is doing what tasks?	
7	Safety Issues Are there any hazards and if so, what is being done about them?	
8	Resources Assigned, available and still needed	
9	Communications Describe the communications links or methods	

Quick Health & Welfare - Status or Information Message

Vers 15

This form is used to send information or a status report to family members or friends.

Suggest more than one email address to increase the chances that someone will get this message.

>> NO REPLY is expected. The requester needs to be informed this is a ONE WAY outbound message. <<

[Operator Info - Read Please](#)

From Name

Date / Time (Local)

To Email (s)

Incident / Event Location or Region / Area Name

Message

The message is formatted as plain text in the body of the sent email and easy to read by the recipient (s).

WA Region 4 - EOC SITREP Report

Vers 4

Select Origination EOC: **Region 4**
 Clark
 Cowlitz
 Skamania
 Wahkiakum

To: _____ Date: _____

Incident Name: _____ Mission #: _____

Report #: _____ Time: _____

Reporting Period: _____ EOC Email: _____

EOC Manager: _____ EOC Phone: _____

Situation Overview (Be brief)

Community Impacts

Missing: _____ # Confirmed Dead: _____

Injured: _____ # Homeless: _____

Impacted Area/Damage Assessment:

Transportation Status:

Utility Status:

Secondary Incidents:

Weather:

Damage/Disaster Costs Summary:

Other:

Response Operations

Incident Management:

Evacuation Status:
Shelter Status:
Hospital Status:
Resource Status:
Emergency Ops Center Status:
Business Continuity Activities:
Future Outlook/Planned Actions:
Other:
Public Information
Public Information:
Issued Advisories & Guidance:
Reference Information:
Other:
Prepared By: Approved By (EOC Manager):

Amateur Radio RADIOGRAM Text Creator [Read Help and Instructions](#)

Number	Precedence	Handling Instructions <small>Select</small>	Station Of Origin	Check	Place of Origin	Time	Date
SVC	R EMERGENCY P W TEST P <small>Emergency not in use at this time.</small>	NONE HXA HXB HXC HXD	Change if not you.				Change to Local Time / Date Default is UTC

TO:

Name:

Call Sign:

Address:

City / Town:

State or Province:

[2 Letter Codes](#)

Zip:

Country:

Phone:

Extension:

E-mail:

Op Note about this Radiogram:

MESSAGE TEXT Check:

[ARL Message Numbering Help.](#)

Signature (name) of person for whom message originated:

Operator Note:

>>> [NOW CLICK HERE and select a Liaison Station](#) <<<

Contact KB1TCE about this form: Ver 7.2

WASHINGTON STATE RESOURCE REQUEST (WebEOC Format) Vers 1

Request For Assistance or Resources

Blue boxes are required fields

Date (mm/dd/yyyy):

Time (hh:mm):

Creator:

Requesting Agency:

County:

City / Tribe:

Requester Tracking #

State Tracking #

Generated by State

Priority: Incident Stabilization

Set by Logistics or Operations Only

Overall Status: Unassigned

Requestor Name:

Phone:

(XXX-XXX-XXXX)

FAX:

(XXX-XXX-XXXX)

Email:

(email@xxx.xxx)

Resource Requested:

Enter a one or two word description (ie: Generator or Debris Removal)

Detailed Description:

Detailed description of Capability Needed (What do you want to accomplish?)

Request Specific Resources

Description/Kind:

Size/Type:

Quantity:

Delivery Location Name:

On-site Point of Contact POC:

POC Phone Number:

(XXX-XXX-XXXX)

POC Email:

format example: 08/05/2015 / 1500

Required delivery (Date and Time):

(Enter date and time needed. ASAP is not an answer.)

Duration Needed:

Delivery Needed: Yes No

Address:

(Street, City, Zip)

Description using landmark or
LAT/LON:

Yes	No	Have all local resources been exhausted or predicted to be exhausted in the near future?
Yes	No	Has mutual aid been exhausted or predicted to be exhausted in the near future?
Yes	No	Have all commercial resources been exhausted or predicted to be exhausted in the near future?
Yes	No	Is the originating jurisdiction/agency willing to pay for the assistance?

Precedence Routine	Org Station	Org Location	Time	Date
<i>Salvation Army Team Emergency Radio Network</i>				
SATERN General Message ICS213				
1. Incident Name:				
2. To:				
Phone:	Email:	Town, State, Country:		
3. From:				
Phone:	Email:	Town, State, Country:		
4. Subject:		5. & 6. Date/Time:		
7. Message:				
8. Sent By:		Operator Name :		
Version 1 WA5EEZ				

CASUALTY REPORT FORM
San Diego County ARES - ACS Vers 10

Exercise
REAL EVENT

Select Incident-Event Location

Report Form Tracking # Report Time Date Verified By

Destination Hospital

Casualty Tracking Number

Minor
Delayed
IMMEDIATE
Extent of Injury Describe

Ambulance

Additional Comments on this Casualty if Any

Casualty Tracking Number

Minor
Delayed
IMMEDIATE
Extent of Injury Describe

Ambulance

Additional Comments on this Casualty if Any

Casualty Tracking Number

Minor
Delayed
IMMEDIATE
Extent of Injury Describe

Ambulance

Additional Comments on this Casualty if Any

Senders comments if any

Auto CC to:

SDG ARES - ACS Operator Check In		Vers 33
Operators Read This First!		
Date/Time	Senders Base Call	Call or Tactical Sending
Pre-set TO: address(s) <i>You may add additional addresses after you submit this form, prior to posting to out box if desired.</i>		
Assigned Location		Phone
Auto GPS Coordinates	Click for more GPS Information	
Comments if Needed (max characters 400)		
<i>Contact Rob K6RJF about this form.</i>		

SAN DIEGO HOSPITAL STATUS REPORT FORM - Essential Elements

San Diego County Health Care Disaster Coalition

Send this form to San Diego County EMS DOC via WebEOC; or fax to Public Health Preparedness & Response Branch (PHPR) at 619-285-6531; or phone at 619-285-6433; or via ARES-ACS, or messenger.

BLOCK 0 ACTUAL INCIDENT OR THIS IS A DRILL				[0A] Operational Period: Date From: Time From:	
Message #				Date To: Time To:	
BLOCK 1 FACILITY ID					
[1A] Facility Name		[1B] Facility City or Neighborhood			
[1C] Facility Street Address					
[1D] IC Name		[1E] IC Phone			
[1F] Other Contact Name		[1G] Other Contact Phone			
[1H] Communications WebEOC Commercial Radio Phone ARES-ACS Other:					
[1I] Remarks					
BLOCK 2 - CURRENT OPERATIONAL STATUS (<i>Select One</i>)			BLOCK 3 NEXT OPERATIONAL PERIOD (<i>Select One</i>)		
[2A] Current Operational Status Fully Functional Partially Functional NOT Functional			[3A] Next Operational Period Fully Functional Deteriorating Operations Considering Evacuation		
[2B] Remarks					
BLOCK 4 - DAMAGE ASSESSMENT (<i>NO or YES</i>)			BLOCK 5 SERVICES- (<i>YES or NO</i>)		
[4A] No damage Structural damage Partial collapse Total collapse			[5A] All services are available		YES NO
[4B] Evacuating hospital		NO YES	[5B] Emergency Department functioning		YES NO
[4C] Internal disaster		NO YES	[5C] Laboratory functioning		YES NO
[4D] Flooding		NO YES	[5D] Operation Rooms functioning		YES NO
			[5E] Pharmacy functioning		YES NO
			[5F] Radiology functioning		YES NO
			[5G] Nutrition/Environmental functioning		YES NO
[4E] Remarks			[5H] Behavioral Health Unit functioning		YES NO
			[5I] Remarks		

BLOCK 6 UTILITY STATUS (YES or NO)				BLOCK 7 SUPPLY LEVELS ADEQUATE	
[6A] All utilities normal	YES	NO		[7A] Food / Water	YES NO
[6B] Elevator	YES	NO		[7B] Linen / Laundry	YES NO
[6C] HVAC	YES	NO		[7C] Medical / Surgical Supplies	YES NO
[6D] Information services (IT)	YES	NO		[7D] Pharmaceuticals	YES NO
[6E] Natural gas	YES	NO		[7E] Staffing	YES NO
[6F] Phone	YES	NO		[7F] Remarks and Supplies Needed	
[6G] Water	YES	NO			
[6H] Waste water/sewer	YES	NO			
[6I] Electrical	Commercial	Generator			
[6J] Electrical generator tested	YES	NO		BLOCK 8 HOW LONG WITHOUT ASSISTANCE	
[6k] Gen fuel status	>48 hours	<48 hours	<12 hours	[8A] Longer then 48 hours	Up to 48 hours Up to 12 hours
[6L] Remarks				[8B] Remarks	

BLOCK 9 - DAMAGE ASSESSMENT		BLOCK 10 SURGE		COUNT
Evacuation ("TRAIN" Categories)	TOTAL COUNT	[10A] Casualty Information (in last 12 hours)		
[9A] Ambulatory to Evacuate (blue)		[10B] Patients Not Yet Seen		
[9B] Basic Life Support (BLS) to Evacuate (green)		[10C] Patients Treated and Released		
[9C] Advanced Life Support (ALS) to Evacuate (yellow)		[10D] Patients Admitted (in last 12 hours)		
[9D] Critical Care Transport (CCT) (orange)		[10E] Remarks		
[9E] Specialized (red)				
[9F] Remarks				

BLOCK 11 OTHER REMARKS

BLOCK 12

SEVERE WEATHER REPORT

Ver 11

First Report
Update Report
Final Report

Report Date/Time (local)

Report Status

Message Sender

Fill in what you can. This form sends data as plain text and is easy to read by recipient (s).

Reporting Party Name

Reporting Party Phone Number

Reporting Party Email Address

EVENT AREA

State/Province/Region

County

City

Other

GPS Coordinates if available

OBSERVED EVENT CONDITIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	YES	YES
Tornado	Funnel Cloud	Wall Cloud
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	0.25 (pea) 0.50	
Hail	Size	
	0.75 (penny) 0.88 (nickel)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MPH	Estimated	North
KM/h	Measured	North East
Wind Speed		East
		South East
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	YES	.25
Area Flooding	Flash Flooding	Estimated 1 Hour Rainfall Inches
		.50
		.75
		1.0
<input type="checkbox"/>	<input type="checkbox"/>	Unk
YES		F
Snow Storm or Winter Weather	Temperature	C
Other Conditions (not listed above)		
<input type="checkbox"/>	<input type="checkbox"/>	
UNK	UNK	
YES	YES	
Any Known Damages?	Any Known Injuries?	(No injured party names in comments)

Additional Information or Damage Descriptions

NCC SHARES RADIO INTERFERENCE REPORT Ver 3

Send to NCCSHARES@DHS.GOV If you need assistance call 1-703-235-5329

1. Information Concerning SOURCE of Interference

a. Call Sign, Bearing or Other Identification

b. Measured Frequency in kHz

To be completed by SPO: Assigned Freq. in kHz

RFA SER.

c. Class of Emission and Nature of Traffic Transmitted

d. Measured Bandwidth of Interfering Signal

e. Signal Strength

f. Date and Time Interference Started (indicate which time zone, e.g. EST or EDT)

Date Interference Started

Time

Time Zone (e.g. EST, EDT...)

Duration in Minutes or Hours

2. Information Concerning Station RECEIVING Interference

a. Call Sign, Bearing or Other Identification

b. Measured Frequency in kHz

c. Class of Emission and Nature of Traffic Transmitted

d. Authorized Bandwidth and Measured Bandwidth

e. Geographical Location (street address or city and state; format for lat/lon: ddmmsN dddmssW - degrees, minutes, seconds, no decimals; North or South, East or West)

REMARKS

3. Information Concerning Person or Office Submitting Report

POC INFO

Name	Address
Phone	Email
This template generates a formatted text message for email sending	

SHARES HF RADIO PROGRAM MESSAGE FORM

Ver 8

Message Sent To:

(seperate multiple address with semicolon;)

Originating Station:

Operator Name:

Optional Msg #:

TIME / MONTH / YEAR: *(Zulu)**(can be overwritten)*

FROM: Name:

Agency:

City:

Telephone:

State:

TO: Name:

Agency:

City:

Telephone:

State:

Routine Message
Exercise
ACTUAL EVENT

Para 1: This is a SHARES:

Para 2: Message Follows:

End Of Message
Over

Message Status:

Originating Station Remarks:

For form use/info contact: Dan Midyett/NNB4DW/NCS361

For Non-Express recipients, this form is also sent as plain text in the message body, properly formatted.

R

FM

TO

INFO

Calls or E-mails entered into the TO or INFO fields above, can be multiples separated by a semicolon; You can modify or add prior to posting.

1. City/State/Territory:

YES
NO

2. LandLine works?

Comments

YES
NO

3. Cell Phone Works?

Comments

4. AM/FM Broadcast Stations Status

5. TV Stations Status

6. Public Water Works Status

7. Commercial Power Status

YES
NO

8. Internet Working?

Comments

Additional Comments

Brief summary of how situation is - expected outage times,etc.

POC

For form use/info contact: Dan Midyett/NNB4DW/NCS361

General Log
Manager Log

SHELTER LOG Vers 7

[Form Info](#)

This form sends plain text only in the message body and easy to read. Most recipients will not be using Winlink Express.

Date Incident/DR # Shelter Name/Location

Date & Time	Name	Log Entry <i>(Be brief and concise)</i>	Follow-Up Action
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed

Page of

Adapted from National Mass Care Strategy - DCS Shelter Log for Winlink System Delivery.

BULLETIN Ver 12	
For (Name/Group)	Bulletin Nr.
From (Name/Group)	Date/Time
Subject	<div style="text-align: right;">Information Read Soon READ NOW</div> <i>Select</i>
Bulletin	
Information will also be in plain text within message body, for those recipients not using Winlink Express.	

Mensaje Simple

SIMPLE MESSAGE Ver 20 ES

Este formato ya no está en uso por problemas con los acentos "Umlauts".

Form removed due to problems with umlauts.

[Si tienes internet- Click!](#)

SIMPLE MESSAGE		Vers 7	
Attn			
From Name	Date/Time	{DateTime}	(Local or UTC)
Subject			
Message			

SIMPLE REQUEST FORM Ver 9

This is a simple **SINGLE** request for materials or services. Information is also sent in plain text format for non-Express users.
This will also help you to maintain a record of outgoing requests. A copy is in your Sent Items folder.

Date/Time:

Event Name:

Message #:

Requester:

Title:

Organization:

Phone (s):

Material or Service Request:

Delivery Location:

Requested Delivery Date/Time:

Delivery Point of Contact:

Other Notes:

EXAMPLE:

Requester: Juan Smith
Title: Mayor
Organization: City of San Juan
Phone: 555-555-5555 OR none
Material or Service Request: 500 bottles of water
Delivery Location: 30.0808 -81.7195 OR 1256 Boddy Road, Paso PR
Requested Delivery Time: 1200 OCT 4

If the request is for service, such as transportation, please list the specifics in "Material or Service Request." Include the location for pick up with that information, such as, "Transportation for individual to Hope Medical Center located at 123 Main Street, Bolder City." *Please identify the pick up location in the Delivery Location.*

If there is no normal way to identify the "Delivery Location", such as landmarks, street signs, address, or buildings due to the disaster, then use GPS coordinates. If needed provide additional travel/location instructions in "Other Notes".

OR by 1200 hrs local
Delivery Point of Contact: Scott
Roberts Area Manager
Other Notes: Scott can be found at the
rear of the building

Suggest sending a Read Receipt Request

SITUATION REPORT King County Washington Vers 4

Forms that have seen very little use or are localized for a specific group may have been removed.

This is only from the Library of Standard Forms that are auto updated via the Internet.

Reason is the auto update forms template library is getting too big, and needs to be made smaller to accommodate new wide use forms.

WDT will still update and modify this form upon request.

The form is still available for your use by downloading from the Web site and installing into your Global > Templates folder.

[Click on this to obtain this form if you have internet.](#)

All that wish to use the form must download and install.

If you feel a form warrants being back into the Standards Template Library, contact KG6SJT@winlink.org to discuss.

STATE OF TEXAS ASSISTANCE REQUEST (STAR) Vers 8

Incident Name	Initial Request Date/Time {UDateTime}
Requesting County	Request #
<input type="checkbox"/> NO <input type="checkbox"/> YES	Other Tracking Numbers

Requested Item Description

Qty	Unit	Item Name	Item Description	Cost	Demob?
					NO

Justification - Purpose for Request?

When is this Resource Needed?

Estimated Needed Time Frame of Item?

Delivery Information - Way Point Information

Point of Contact Name	Phone # (s)	Facility Name	Zip
Facility Address	City	State	
Additional Instructions			

Final Destination

Point of Contact Name	Phone # (s)	Facility Name	Zip
Facility Address	City	State	
Additional Instructions			

Requester Information

Requested by Position / Name	Email	Phone # (s)

If the person receiving does not have Winlink Express, the info is formatted and readable in the message body text.

Virginia Local Situation Report

VA SitRep Ver 7

If sending this message via Peer-to-Peer, only one recipient is permitted in the "TO:" field, and no recipients are permitted in the "CC:" field.

Items in RED are required

TO:

CC:

If known, enter call sign or E-mail of your DEC

00. Incident:

Use same Incident Name throughout event

AGENCY OVERVIEW

01. Sitrep Status: Initial
 Update
 Final

02. Sitrep #: (Note: Sitrep number must be manually incremented when using this form)

03. Political Subdivision: Accomack County
 Albemarle County
 Alexandria City
 Alleghany County

04. As of:

04a: Report Prepared Date/Time:

05. Emergency Type: Civil Disturbance/Riots
 Dam - Slowly Developing
 Dam - Rapidly Developing
 Dam - Failure Imminent

06. Provide Brief Description of Emergency:

LOCALITY STATUS

07. Current Emergency Declaration Status: None
 Declared
 Terminated
 Rescinded

07a. Date/Time Emergency Declared:

07b. Date/Time Emergency Terminated:

07c. Date/Time Declaration Rescinded:

08. Current EOC Status: Closed
 Open - Monitoring
 Open - Virtual
 Open - Partial

08a. Date/Time EOC Opened:

08b. Date/Time EOC Closed:

09. Government Offices Status: Open
 Closed
 Delay
 Early Release

10. School System Status (K-12):

Open
Closed
Delay
Early Release

11. Current Shelter Status:

Closed
Full
Open

12. Evacuation Status:
None
Voluntary
Mandatory

13. Additional Status Information:

14. Estimated Number Evacuated:

15. Areas Evacuated:

16. Amateur Radio Status:

Inactive
Active

17. Number of People in Impacted Area:

CASUALTY REPORT

18. Injured:

19. Missing:

20. Dead:

SIGNIFICANT ISSUES

21. Impact Summary:

22. Provide a synopsis of significant issues being faced by the locality:

23. Anticipated Issues:

EMERGENCY SUPPORT FUNCTIONS

24. ESF 1 - Transportation:
Please include rail, bus, airports, non-state maintained roads, waterways, and major road closings.

25. ESF 2 - Communications:

26. ESF 3 - Public Works and Engineering:

27. ESF 4 - Firefighting:

28. ESF 5 - Emergency Management:

29. ESF 6 - Mass Care, Housing, and Human Services:

30. ESF 7 - Logistics:

31. ESF 8 - Health and Human Services:

32. ESF 9 - Search and Rescue:

33. ESF 10 - Hazardous Materials Response:

34. ESF 11 - Agriculture and Natural Resources:

35. ESF 12 - Energy:

36. ESF 13 - Public Safety and Security:

37. ESF 14 - Recovery:

38. ESF 15 - External Affairs:

39. ESF 16 - Military Affairs:

40. ESF 17 - Volunteers and Donations:

GENERAL

41. Additional Comments:

42. Prepared By:

43. Job Title:

44. Call Back Number:

45. Fax Number:

46. Email:

In a real event, content is to be authored by Emergency Management, not ARES. SITREPs can be done hourly, or 2 to 4 hours, event dependent.

Contact KW6GB for form use and information

Winlink Quick Check In [generic] Ver 12

This is for a quick initial check in via Winlink Express. For nets, drills, or active events.

Net Check In	None	Telnet
Exercise	VHF	WebMail
REAL EVENT	220	Packet
	UHF	Winmor
	80 Mtrs	Ardop

Date/Time

Status

Band

Session

Send To:

Call Sign or Tactical Sending

Callsigns of Initially Assigned Radio Operators

Location

Comments (be brief)