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The forms provided here are to support and document the activities outlined in the checklists. Recognizing that the needs of each municipality differ, the use of these particular forms is not mandatory. But it is strongly recommended.

As Pennsylvania moved toward totally integrating the Incident Command System and the national Incident Management System, a large part of the standardization that is a hallmark for these systems will be reflected in the use of standardized forms. As standardized forms are developed and implemented, they will be distributed for the use of all emergency responders.

A first step in this process is the Unit Log (ICS 214) that is included as a form of Action Log. This form is designed for each unit, branch, section or even individual, in that it leaves space for a list of those persons who contribute to the efforts it describes, and their position in the organization. It provides space to record major activities, and serves the role of an EOC log. For that reason the second (and subsequent) page(s) are completely devoted to activity log. You will note that the ICS 214 has a place for the Operational Period, indicating that a new unit log should be started every shift.

BLANK FORMS

EOC Incident Message Form

Incident No: _____

Message No: _____

Time: _____

FROM: Name _____ Address _____

Municipality _____ Telephone _____ Date _____

MESSAGE: _____

SECTION CHIEF AND ESF ROUTING INFORMATION:

☐ Action ☐ Info

COMMAND

A	I	Elected Official
A	I	EMC
A	I	Public Information (15)
A	I	County Dept Head
A	I	Liaison Officer

☐ Action ☐ Info

OPERATIONS

A	I	Communication/Warning (2)
A	I	Firefighting (4)___
A	I	Public Health and Medical Services (8)
A	I	Search & Rescue (9)
A	I	Hazardous Materials (10)
A	I	Public Safety and Security(13)

☐ Action ☐ Info

LOGISTICS

A	I	Transportation(1)
A	I	Public Works & Engineering (3)
A	I	Mass Care, Evac & Human Services (6)
A	I	Resource Support (7)
A	I	Agriculture and Natural Resources (11)
A	I	Energy (12)

☐ Action ☐ Info

PLANNING

A	I	Emergency Management (5)
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☐ Action ☐ Info

FINANCE/ADMINISTRATION

A	I	Finance
A	I	Administration
A	I	Long Term Recovery & Mitigation(14)

ACTION TAKEN: _____

☐ **OPEN** ☐ **CLOSED (Time: _____ Initials: _____)** A = Action I = Information

LOG Copy ____ **EOC Mgr Copy** ____ **Section Chief Copy** ____ **ESF Copy** ____ **Close Out Copy** ____

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ICS 214

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ICS 214 (Page 2)

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SECURITY SIGN-IN/OUT LOG

_____ Emergency Operations Center

Visitors and Staff – Please sign in and out

[illegible]

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RESOURCE REQUEST FORM

RESOURCE REQUEST NUMBER _____

FROM: _____

DATE: _____

AUTHORITY: _____

TIME: _____

DESCRIBE RESOURCE BEING REQUESTED: _____

HOW MANY ARE NEEDED: _____

PURPOSE (How will resource be used?) _____

LOCATION WHERE RESOURCES TO BE PICKED UP _____

RESOURCE USE LOCATION (if different from delivery location): _____

CONTACT PERSON: (Name) _____ (Phone) _____

HOW LONG WILL IT BE NEEDED? _____

Agency Tasked _____ Date & Time _____

AVAILABLE FROM _____

E.T.A. _____ **TIME DELIVERED** _____

BLANK FORMS

RESOURCE REQUEST STATUS LOG <u>(name of municipality)</u>								
Resource Request #	Resource	Date/Time of Request	Date/Time Forwarded to County	Approved/ Disapproved	Date/Time notified of (dis)approval	Comments	Date Delivered	Date Returned
						1		

Initial Damage Report Worksheet

Name of Event: _____ Date: _____

County: _____ Municipality: _____ Time of Report: _____

Disaster Declared: Yes/No Date & Time: _____ EOC Activated: Full/Partial/None Time: _____

Person Completing This Report: _____ Phone No: _____

<u>Casualties</u>	<u>Damages</u>					
	<u>IA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>	<u>Affected</u>	<u>Inaccessible</u>
Fatalities _____	Single Family _____	_____	_____	_____	_____	_____
Major Injuries _____	Multi-Family _____	_____	_____	_____	_____	_____
Minor Injuries _____	Mobile Homes _____	_____	_____	_____	_____	_____
Missing _____	Businesses _____	_____	_____	_____	_____	_____

<u>Human Impact</u>	<u>PA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>
Hospitals _____	Bridges & Culverts _____	_____	_____	_____
No. Evacuated _____	Debris Removal _____	_____	_____	_____
No. Sheltered _____	Emergency Protective Measures _____	_____	_____	_____
No. Hospitalized _____	Fire/EMS Facility _____	_____	_____	_____
	Hospital _____	_____	_____	_____
	Nursing Home _____	_____	_____	_____
Comments: _____	Other _____	_____	_____	_____
_____	Park _____	_____	_____	_____
_____	Power Supply _____	_____	_____	_____
_____	Public Building _____	_____	_____	_____
_____	Roads _____	_____	_____	_____
_____	Sanitary Sewer _____	_____	_____	_____
_____	School _____	_____	_____	_____
_____	Sewer treatment _____	_____	_____	_____
_____	Storm Sewer _____	_____	_____	_____
_____	Water Control Facility _____	_____	_____	_____
_____	Water Supply _____	_____	_____	_____
_____	Water Treatment _____	_____	_____	_____

(Map attached – or Addresses or GIS Coordinates)