

**REPORTING AGENCY**

REPORTING JURISDICTION: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_  
 DATE OF THIS REPORT SUBMISSION: \_\_\_\_\_ TYPE OF INCIDENT: \_\_\_\_\_  
 TIME OF THIS REPORT SUBMISSION: \_\_\_\_\_ SUBMISSION #: (UPDATE EACH TIME THIS  
 FORM IS SUBMITTED) \_\_\_\_\_  
 INCIDENT NAME: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

**EOC OVERVIEW SECTION**

IS YOUR EOC ACTIVATED: \_\_\_\_\_ ACTIVATION LEVEL: \_\_\_\_\_  
 EOC MANAGER (OR EQUIVALENT): \_\_\_\_\_ EOC MANAGER CELL #: \_\_\_\_\_  
 EOC MANAGER EMAIL: \_\_\_\_\_ EOC MAIN #: \_\_\_\_\_  
 EOC MAIN FAX #: \_\_\_\_\_ EOC SATELLITE PHONE #: \_\_\_\_\_  
 HAVE YOU DECLARED A LOCAL EMERGENCY: \_\_\_\_\_ IF YES, HAVE COPIES BEEN PROVIDED TO THE OA: \_\_\_\_\_  
 WHAT ARE YOUR OPERATIONAL PERIODS: \_\_\_\_\_

**COMMUNICATIONS SECTION**NOTHING TO REPORT AT THIS TIME FOR THIS SECTION: ☐

TELEPHONE  
 COMMUNICATIONS: \_\_\_\_\_ DISASTER NET: \_\_\_\_\_  
 RIV. CO. OA WEBEOC: \_\_\_\_\_ AMATEUR RADIO: \_\_\_\_\_  
 PUBLIC INFORMATION OFFICER: \_\_\_\_\_ PIO CELL #: \_\_\_\_\_  
 EARLY WARNING NOTIFICATION SYSTEM: \_\_\_\_\_

**UTILITIES SECTION**NOTHING TO REPORT AT THIS TIME FOR THIS SECTION: ☐

GAS STATUS: \_\_\_\_\_ ESTIMATED GAS OUTAGE DURATION: \_\_\_\_\_  
 NUMBER OF GAS CUSTOMERS AFFECTED: \_\_\_\_\_  
 ELECTRICITY/POWER STATUS: \_\_\_\_\_ ESTIMATED POWER OUTAGE DURATION: \_\_\_\_\_  
 NUMBER OF POWER CUSTOMERS AFFECTED: \_\_\_\_\_  
 WATER STATUS: \_\_\_\_\_ ESTIMATED WATER OUTAGE DURATION: \_\_\_\_\_  
 NUMBER OF WATER CUSTOMERS AFFECTED: \_\_\_\_\_

**ROAD CLOSURES SECTION**NOTHING TO REPORT AT THIS TIME FOR THIS SECTION: ☐

DOES YOUR JURISDICTION HAVE ANY  
 ROAD CLOSURES: \_\_\_\_\_ APPROPRIATE DISPATCH CTR. NOTIFIED OF CLOSURE(S): \_\_\_\_\_  
 CLOSURE LOCATION (1): IF APPLICABLE \_\_\_\_\_  
 CLOSURE LOCATION (2): IF APPLICABLE \_\_\_\_\_

**HIGHWAY CLOSURES**NOTHING TO REPORT AT THIS TIME FOR THIS SECTION: ☐

DOES YOUR JURISDICTION HAVE ANY HIGHWAY  
 CLOSURES: \_\_\_\_\_ APPROPRIATE DISPATCH CTR. NOTIFIED OF CLOSURE(S): \_\_\_\_\_  
 CLOSURE LOCATION (1): IF APPLICABLE \_\_\_\_\_  
 CLOSURE LOCATION (2): IF APPLICABLE \_\_\_\_\_

**EVACUATION CENTERS**NOTHING TO REPORT AT THIS TIME FOR THIS SECTION: ☐

HAS YOUR JURISDICTION ESTABLISHED  
EVACUATION SITE(S):

NO. OF SITES ESTABLISHED (IF APPLICABLE):

EVACUATION CENTER LOCATION Site 1:  
EVACUATION CENTER Site 1 – MAXIMUM  
CAPACITY:  
EVACUATION CENTER SITE 1 – ACCEPTING  
ANIMALS:  
ESTIMATED DURATION OF EVACUATION  
CENTER SITE 1:

CURRENT POPULATION SITE 1:  
EVACUATION CENTER SITE 1  
CURRENTLY OPERATED BY:

EVACUATION CENTER LOCATION Site 2:  
EVACUATION CENTER SITE 2 – MAXIMUM  
CAPACITY:  
EVACUATION CENTER SITE 2 – ACCEPTING  
ANIMALS:  
ESTIMATED DURATION OF EVACUATION  
CENTER SITE 2:

CURRENT POPULATION @ SITE 2:  
EVACUATION CENTER SITE 2 CURRENTLY  
OPERATED BY:

IF YOU HAVE ADDITIONAL EVACUATION SITES TO LIST, PLEASE INCLUDE UNDER THE COMMENTS SECTION.

### **SHELTER LOCATIONS**

NOTHING TO REPORT AT THIS TIME FOR THIS SECTION: ☐

HAS YOUR JURISDICTION ESTABLISHED  
SHELTER SITE(S):

NO. OF SITES ESTABLISHED (IF APPLICABLE):

SHELTER LOCATION Site 1:  
SHELTER LOCATION Site 1 – MAXIMUM  
CAPACITY:  
SHELTER LOCATION Site 1 – ACCEPTING  
ANIMALS:  
ESTIMATED DURATION OF SHELTER  
LOCATION Site 1:

CURRENT POPULATION Site 1:  
EVACUATION CENTER Site 1  
CURRENTLY OPERATED BY:

SHELTER LOCATION Site 2:  
SHELTER LOCATION Site 2 – MAXIMUM  
CAPACITY:  
SHELTER LOCATION Site 2 – ACCEPTING  
ANIMALS:  
ESTIMATED DURATION OF SHELTER  
LOCATION Site 2:

CURRENT POPULATION Site 2:  
EVACUATION CENTER Site 2  
CURRENTLY OPERATED BY:

IF YOU HAVE ADDITIONAL SHELTER LOCATIONS TO LIST, PLEASE INCLUDE UNDER THE COMMENTS SECTION.

### **CASUALTY SECTION**

NOTHING TO REPORT AT THIS TIME FOR THIS SECTION: ☐

NUMBER OF ESTIMATED CASUALTIES:

### **COMMENTS SECTION**

