

Position Log

Incident/
Event Name:

Section/
Function:

Position:

| Date | Time | To/From | Action/Decision/Enquiry | Follow-up Required |
|------|------|---------|-------------------------|-----------------------|
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Page

Working Notes

The main body of the page is a large rectangular area divided into 10 horizontal sections. Each section consists of a white top half and a light gray bottom half, creating a striped pattern for notes.

Incident Report

Original Report: **OR** Incident Update: Update #:

Date of Incident or Update: Time of Incident or Update: Tracking No.

Reported by: Name Dept/Agency Contact Number

Critical Information

| | | | |
|--|---|----------------------|--|
| Incident Type: | <input style="width: 95%;" type="text"/> | Location/ Site Name: | <input style="width: 95%;" type="text"/> |
| Incident Name: | <input style="width: 95%;" type="text"/> | Incident Status: | <input type="checkbox"/> Major Assistance Required <input type="checkbox"/> Assistance Required <input type="checkbox"/> Under Control <input type="checkbox"/> Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Closed |
| Incident Prognosis: | <input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Stable <input type="checkbox"/> Unknown | Severity: | <input type="checkbox"/> Major <input type="checkbox"/> Unknown <input type="checkbox"/> Moderate <input type="checkbox"/> Minor |
| Lead Agency: | <input style="width: 95%;" type="text"/> | | |
| Related Event: | <input style="width: 95%;" type="text"/> | | |
| Initial Situation Summary/ Nature of Update: | <input style="width: 95%;" type="text"/> | | |
| Anticipated Actions/ Support Required: | <input style="width: 95%;" type="text"/> | | |

Location

| | | | |
|------------------------|--|------------------------|--|
| Location/ Site Name: | <input style="width: 95%;" type="text"/> | | |
| Street Address: | <input style="width: 95%;" type="text"/> | City, Province: | <input style="width: 95%;" type="text"/> |
| Intersection Street 1: | <input style="width: 95%;" type="text"/> | Intersection Street 2: | <input style="width: 95%;" type="text"/> |

Casualties & Infrastructure

| | Confirmed | Estimated | | Heavy | Moderate | Light | None |
|------------|---|---|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Fatalities | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | Building Damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Injuries | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | Utilities Damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evacuees | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | Road Damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other

Supporting Agencies:

Other Responding Agencies and Contact Information:

ICP Established: Yes No ICP Location:

Completed by: Name Function/Title Date & Time Logged/ Entered:

Distribution: Operations Planning EOCD Other:

Resource Request

Date of Request: Time of Request: Request No. **A0001**

Priority: High (Emergency) Medium (Priority) Low (Routine) Tracking No.

Requested by: Name 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) Water Maintenance Lodging Power

Other:

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: Name Function/Title Date & Time Entered

Financial Approval

Spending Authority: Name Function/Title Signature

Distribution: Operations Planning Logistics Finance Other:

Status Report

| | | | |
|--------------------------|------------------------------|-------------------------------------|--|
| Incident/ Event Name: | <input type="text"/> | Section/Function Reporting: | <input type="text"/> |
| Date: | <input type="text"/> | Time: | <input type="text"/> |
| Tracking No. | <input type="text"/> | | |
| Prepared by: | Name <input type="text"/> | Dept/Agency <input type="text"/> | Contact Number <input type="text"/> |

Current Situation: What is currently occurring within the area of responsibility for the Section/Function?

Outstanding Issues/Challenges: What issues within the current operational period still need to be resolved?

Anticipated Priorities/Activities: What will the Section/Function priorities be during the next operational period?

Other Comments/Issues: Are there any public information (media), safety or other issues that need to be reviewed?

Distribution: Section/Function Personnel Planning EOCD Other: _____

Action Plan

| | | | |
|---|--|--------------------------|-------------------|
| Incident/ Event Name: | | Jurisdiction/ Agency: | |
| Date Prepared: | | Time Prepared: | Tracking No.: |
| Prepared for Operational Period No.: | | Start Date&Time: | End Date&Time: |

Objectives/Priorities: What high-level activities are necessary to complete during this next operational period?

| | | | |
|---------------|--|-------------|--|
| 1. | | | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| 2. | | | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| 3. | | | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| 4. | | | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| 5. | | | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| 6. | | | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |
| Related Tasks | | Responsible | |

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|-----------------|----------------|--------------|----------|--------------------|
| Recommended by: | Planning Chief | Approved by: | Director | Date/Time Approved |
|-----------------|----------------|--------------|----------|--------------------|

Distribution: Mgmt Team Planning EOCD EOC Personnel Other: _____

Situation Report – Part 1: Summary

Jurisdiction/ Agency: City, Province:

Date of Report: Time of Report: Report Number:

Primary Contact Information

Final Report:

Name: Function/Title:
 Phone: Satellite/Other Phone:
 Email: Frequency/Call Sign:

Site-Support Facility

EOC/ECC Activated: Yes No Activation Level: Level 1 Level 2 Level 3 Hours of Operation:

General Incident/Event Information

Event Name: Tracking No.:

Overall Status: Major Assistance Required
 Assistance Required
 Under Control
 Resolved
 Unknown
 Closed

Incident Prognosis: Worsening
 Stable
 Improving
 Unknown

Overall Severity: Major
 Moderate
 Minor
 Unknown

Initial Situation Summary *(What has happened and/or changed since the last Situation Report? **Bold** new information.)*

Current Objectives/Priorities:

Future Objectives/Priorities:

Concerns/Problems:

Prepared by: Name Function/Title Date & Time

Approved by: Planning Chief EOC Director Date & Time

Distribution: Planning EOCD Other: _____

Situation Report – Part 2: Details (Local Authority)

Jurisdiction/ Agency: City, Province:

Date of Report: Time of Report: Report Number:

Site-Support Activities

Declaration Issued: Yes No Effective Date: Anticipated Cancellation Date:

Protective Measures in EFFECT:

Shelter-in-Place: Yes No Coverage Area(s): # Persons Impacted:

Evacuation ALERTs: Yes No Coverage Area(s): # Persons Alerted:

Evacuation ORDERS: Yes No Coverage Area(s): # Persons Evacuated:

Reception Centre(s)/Group Lodging Facilities ACTIVATED: Yes No

| # | Facility Name | Address | Capacity | Total Registered | Comments <i>(Hours of Operations)</i> |
|---|--|--|--|--|--|
| 1 | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 50%; height: 25px;" type="text"/> | <input style="width: 50%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| 2 | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 50%; height: 25px;" type="text"/> | <input style="width: 50%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| 3 | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 50%; height: 25px;" type="text"/> | <input style="width: 50%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |

Disaster Response Routes ACTIVATED: Yes No

Details/Routes Activated:

Major Impacts

People Impacts: None

| | Under Alert | Evacuated | Homeless | Injured | Fatalities | Missing |
|--|--|--|--|--|--|--|
| Confirmed | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| Unconfirmed <i>(In addition to confirmed)</i> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |

Details/Comments:

Livestock/Animal Impacts: None

| Animal Type | Under Alert | Evacuated | Homeless | Injured | Fatalities | Disposed |
|--|--|--|--|--|--|--|
| <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
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Details/Comments:

Transportation Impacts: None

| Area(s)/Location(s) of Impact | Nature of Impact <i>(closure, shutdown, blockage, reduced service...)</i> | Details/Comments: <i>(length of closure, anticipated opening...)</i> |
|-------------------------------|---|--|
| Roads/Highways | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| Bridges/Tunnels | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| Railways | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| Waterways | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| Public Transit | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |

Utility Impacts:

| | Water | Sewer | Electricity | Gas | Telephone | Cellular |
|---|-------|-------|-------------|-----|-----------|----------|
| <input type="checkbox"/> None # Without Service | | | | | | |
| % of Community Without Service | | | | | | |
| Details/Comments: | | | | | | |

Structure Impacts:

| | % Minor Damage | % Moderate Damage (Limited Use) | % Severe Damage (Unusable) | Details/Comments: |
|-------------------------------|----------------|---------------------------------|----------------------------|-------------------|
| <input type="checkbox"/> None | | | | |
| Residential | | | | |
| Commercial | | | | |
| Industrial | | | | |
| Institutional | | | | |

Rapid Damage Assessment CONDUCTED:

Yes Not Planned To be Implemented

| # of Buildings Inspected/Tagged | Red (Unsafe) | Yellow (Restricted Use) | Green (Inspected) | Details/Comments: |
|---------------------------------|--------------|-------------------------|-------------------|-------------------|
| | | | | |

Resource Information

| Surplus/ Available | Resource Type/Name | Location | Details/Comments |
|-------------------------------|--------------------|----------|------------------|
| Resources: | | | |
| <input type="checkbox"/> None | | | |
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Critical Resources DESIGNATED:

Yes No

Name of Critical Resource(s)/Details:

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Public Information and Media Issues

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Other Comments

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Attachments:

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Distribution:

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