

## Annex D – Forms and Templates

### Numerical Listing:

EOC 400	Sample Declaration of State of Local Emergency
EOC 401	EOC Management Team Briefing Agenda
EOC 401A	EOC Briefing Format
EOC 407	Position Decision/Approval Log
EOC 410	Contact Log
EOC 412	Radiogram (Radio Message Form)
EOC 414	Position Log
EOC 415	Damage Assessment
EOC 416	EOC Internal Message Form (3 Part Form)
EOC 417	ESS Reception/Centre/Group Lodging Situation Report
EOC 418	ESS Situation Report
EOC 420	Evacuation Message (Sample)
EOC 421	Evacuation Instructions (Sample)
EOC 422	Spokesperson Media Statement (Sample)
EOC 423	Media Tracking Report (Sample)
EOC 424	Media Conference Attendance Record (Sample)
EOC 425	After the Disaster (Sample Release)
EOC 501	EOC Situation Report
EOC 502	EOC Action Plan
EOC 503	EOC Shift Schedule
EOC 507	Transportation Plan
EOC 508A	EOC Staff Food Plan
EOC 508B	EOC Staff Lodging Plan
EOC 509	Communications Log
EOC 511	Check-in, Check-out List
EOC 512	PEP Task Registration Form
EOC 514	Request for Resources or Assistance
EOC 515	Personnel Assignments and Resource Planning Worksheet
EOC 516	Resource Status (By Type)
EOC 517	Resource Status (By Location)
EOC 523	Facility/Equipment Inventory for EOC
EOC 530	EOC Expenditure Authorization Form
EOC 532	EOC Daily Expenditures
EOC 534	EOC Expenditures – Event Totals
EOC 550	EOC Major Incident Report

**Sample Declaration, State of Local Emergency EOC 400**

WHEREAS People Property the Environment or Local Economy are at risk from \_\_\_\_\_ in the portion of the (Name of Local Authority) circumscribed in the paragraphs following:

AND WHEREAS the threat posed by \_\_\_\_\_ continues to require early warning for and preparation by those potentially or actually effected, or protection of infrastructure, property, possessions or the environment, as well as prompt coordination of response and recovery actions, or special regulations of access, activities, persons, property of the environment, to protect the health, safety or welfare of people, or to limit damage to property or the following environment within the designated areas of (Local Authority) circumscribed in the paragraphs following;

I (we) HEREBY DECLARE, pursuant to Section 12(1) of Division 3 of the Emergency Program Act of British Columbia, RS Chapter III (1996) and Section \_\_\_\_\_ of the Local Authority Emergency Program Bylaw No. (\_\_\_\_\_) that a STATE OF LOCAL EMERGENCY NOW EXISTS and is so ORDERED, authorized and approved.

BE IT KNOWN THAT the geographic area affected and to which this DECLARATION applies is known as \_\_\_\_\_ all in (Name of Local Authority) and this area is bounded by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND BE IT ALSO KNOWN THAT (Name of Local Authority) hereby advises the Attorney General of the Province of British Columbia, and the population within the aforementioned circumscribed area, that a STATE OF LOCAL EMERGENCY exists and that (Name of Local Authority) may exercise some or all of the powers delegated to it in Section 13 of the Emergency Program Act.

AND BE IT ALSO KNOWN THAT this DELCARATION and STATE OF LOCAL EMERGENCY will remain in force from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Mayor of the (Local Authority) Time Date (Yr, Month, Day)

By ORDER of \_\_\_\_\_  
Acting Mayor of (Local Authority) Order Number

By ORDER of \_\_\_\_\_  
Members of Council of (Local Authority) (by resolution)



Event::	Date:	Meeting Time:	Function:
---------	-------	---------------	-----------

Objectives Accomplished:

Objectives for Next Operational Period:

Unmet Needs:

Issues the EOC Should Note:



Event::	Date:	Meeting Time:	Function:
---------	-------	---------------	-----------

<b>Agency:</b>	<b>Agency:</b>
Contact Name:	Contact Name:
Title:	Title:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Pager:	Pager:
After Hours Phone:	After Hours Phone:
Fax:	Fax:
Email:	Email:
Location:	Location:

<b>Agency:</b>	<b>Agency:</b>
Contact Name:	Contact Name:
Title:	Title:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Pager:	Pager:
After Hours Phone:	After Hours Phone:
Fax:	Fax:
Email:	Email:
Location:	Location:

<b>Agency:</b>	<b>Agency:</b>
Contact Name:	Contact Name:
Title:	Title:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Pager:	Pager:
After Hours Phone:	After Hours Phone:
Fax:	Fax:
Email:	Email:
Location:	Location:





**Building Description**

1. Property Owner Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Property ID Number: \_\_\_\_\_

4. Community: \_\_\_\_\_

5. Property Owner Contact/Phone: \_\_\_\_\_

6. Type of Construction

Wood frame                       Manufactured

Steel frame                         Masonry

Concrete frame                   Other: \_\_\_\_\_

7. Number of stories above ground: \_\_\_\_\_ below: \_\_\_\_\_

8. Building Type                      Footprint                      Damage Extent

Main structure footprint: \_\_\_\_\_ m x \_\_\_\_\_ m       Total     Major     Minor     None

Outbuilding footprint: \_\_\_\_\_ m x \_\_\_\_\_ m             Total     Major     Minor     None

Outbuilding footprint: \_\_\_\_\_ m x \_\_\_\_\_ m             Total     Major     Minor     None

Outbuilding footprint: \_\_\_\_\_ m x \_\_\_\_\_ m             Total     Major     Minor     None

Other footprint: \_\_\_\_\_ m x \_\_\_\_\_ m                     Total     Major     Minor     None

9. Occupancy Type

Primary Residence                   Seasonal Residence

Agricultural                             Industrial

Commercial                             Institutional

Government                             Utilities

Other \_\_\_\_\_

10. Other Losses

Personal Vehicle \_\_\_\_\_

RV \_\_\_\_\_

Boat \_\_\_\_\_

Equipment \_\_\_\_\_

Other \_\_\_\_\_

**Hazard Evaluation**

11. Observed Hazards

Chimney, parapet, or other falling hazard

Danger Trees

Ash pits

Open Wells or Septic Tanks

Propane tanks

Hazardous Materials

Downed Power Lines

Trip Hazards

Sharp Hazards

Rockfall or Landslide

**Other Hazards**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspection Time (24 hr): \_\_\_\_\_

Message From:	EOC Function:	Date:	Time:
To:	Subject:		
Message:			
Reply From:	EOC Function:	Date	Time:
Reply:			

Message From:	EOC Function:	Date:	Time:
To:	Subject:		
Message:			
Reply From:	EOC Function:	Date	Time:
Reply:			

(Obtain from ESS Director)

(Obtain from ESS Director)

Event:	Date:	Time:
--------	-------	-------

**This is** \_\_\_\_\_  
*(rank/title name)*

**From the** \_\_\_\_\_  
*(agency/department)*

**A** \_\_\_\_\_  
*(size/intensity of incident)*

**Incident has occurred/is occurring in/at** \_\_\_\_\_  
*(location)*

**Because of the potential danger to life and health** \_\_\_\_\_  
*(the authority)*

\_\_\_\_\_ **everyone within** \_\_\_\_\_  
*(has/have)* *(ordered/recommended)* *(# blocks/kilometres/metres)*

**of that area to** \_\_\_\_\_ *(evacuate/shelter-in-place)* \_\_\_\_\_ *(immediately/as soon as possible)*

**This message will be repeated. Specific instructions and locations for help will be given.**

**If you are in the following areas, you** \_\_\_\_\_ *(must/should)* \_\_\_\_\_ *(leave the area/get inside a building)*

\_\_\_\_\_ **The areas involved are as follows:**  
*(immediately/as soon as possible)*

\_\_\_\_\_ *(Northern Boundary: street, highway or other significant geographical point)*

\_\_\_\_\_ *(Eastern Boundary: street, highway or other significant geographical point)*

\_\_\_\_\_ *(Southern Boundary: street, highway or other significant geographical point)*

\_\_\_\_\_ *(Western Boundary: street, highway or other significant geographical point)*

**Listen to your local radio stations for further information.**

Prepared by (Information Officer):	Approved by (EOC Director):
Time Approved:	Date Approved:

Event:	Date:	Time:
--------	-------	-------

The (Local Authority) Emergency Program or Emergency Operations Centre is urging residents affected by the recent (disaster – whatever it is) to be prepared to evacuate if ordered to do so by emergency officials in your area.

If you have to evacuate:

- Take an emergency survival kit with you.
- Make sure you take prescription medicine and identification for the entire family.
- Listen to the radio and follow instructions from local emergency officials.
- If you are instructed to do so, shut off water, gas and electricity.
- Make arrangements for pets. Local emergency officials will advise you.
- Wear clothes and shoes appropriate to conditions.
- Lock up your home.
- Follow the routes specified by emergency officials. Don't take shortcuts. A shortcut could take you to a blocked or dangerous area.
- If you have time, leave a note telling others when you left and where you went. If you have a mailbox, you can leave the note there.
- If you are evacuated, register with the local ESS emergency reception centre (as advised by emergency officials) so you can be contacted or reunited with your family and loved ones.

Media Contact:	Name:	Phone:
Local Authority	Web Address:	

Event:	Date:	Time:
--------	-------	-------

**My name is:** \_\_\_\_\_ **My position is:** \_\_\_\_\_

**This is the information I can give you so far:**

**At** \_\_\_\_\_ **on** \_\_\_\_\_ **a(n)**  
(time: am/pm) (day of the week and date)

\_\_\_\_\_ **occurred at**  
(fire, flood, explosion, earthquake, chemical spill, etc)

\_\_\_\_\_ **in** \_\_\_\_\_  
(location) (local authority/jurisdiction)

**Information on number injured and fatalities is (not) known at this time.**

**Emergency response procedures to protect the public, responders and the environment is underway. The** \_\_\_\_\_ **has been** \_\_\_\_\_  
(facility or location) (shut down/cordoned off/evacuated).

**The cause of the** \_\_\_\_\_ **is currently under investigation.**  
(fire, explosion, chemical spill)

**No estimate of damage is available at this time. As information becomes available, the**  
 \_\_\_\_\_ **Emergency Operations Centre will issue additional reports.**  
(local authority)

**Any further inquiries should be directed to** \_\_\_\_\_  
(name and title)

**at** \_\_\_\_\_ **and telephone number** \_\_\_\_\_.  
(location) (telephone number)

Prepared by (Information Officer):	Approved by (EOC Director):
Time Approved:	Date Approved:





Event:	Date:	Time:
--------	-------	-------

Having just experienced the shock and pain of a disaster, you will be very busy for the next few days or weeks. Caring for your immediate needs, perhaps finding a new place to stay, planning for clean-up and repairs, and filing claim forms may occupy the majority of your time. As the immediate shock wears off, you will start to rebuild and put your life back together. There are some normal reactions we may all experience as a result of a disaster. Generally, these feelings don't last long, but it is common to feel let down and resentful many months after the event. Some feelings or responses may not appear until weeks or even months after the disaster. Some common responses are:

- Irritability/Anger
- Sadness
- Fatigue
- Headaches or nausea
- Loss of appetite
- Hyperactivity
- Inability to sleep
- Lack of concentration
- Nightmares
- Increase in alcohol or drug consumption
- Fear of storms

Many victims of disaster will have at least one of these responses. Acknowledging your feelings and stress is the first step in feeling better. Other helpful things to do include:

- Talk about your disaster experiences. Sharing your feelings rather than holding them in will help you feel better about what happened.
- Take time off from cares, worries and home repairs. Take time for recreation, relaxation or a favourite hobby. Getting away from home for a day or a few hours with close friends can help.
- Pay attention to your health, to good diet and adequate sleep. Relaxation exercises may help if you have difficulty sleeping.
- Prepare for possible future emergencies to lessen feelings of helplessness and bring peace of mind.
- Rebuild personal relationships in addition to repairing other aspects of your life. Couples should make time to be alone together, both to talk and to have fun.
- If stress, anxiety, depression, or physical problems continue, you may wish to contact the post-disaster services provided by the local mental health contact.

Please take this sheet with you today and reread it periodically over the next few weeks and months. Being aware of your feelings and sharing them with others is an important part of recovery.

Media Contact:	Name:	Phone:
Local Authority	Web Address:	

## EOC SITUATION REPORT

(Items in **BOLD** must be completed: **NO RED INK**)

From (Local Authority): \_\_\_\_\_

<b>1. FORM PREPARED:</b>  MM/DD/YY      HH:MM		<b>2. FOR OPERATIONAL PERIOD</b> FROM: MM/DD/YY      HH:MM TO: MM/DD/YY      HH:MM		<b>3. THIS REPORT:</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> UPDATE <input type="checkbox"/> FINAL		<b>4. EVENT NAME:</b>  EOC EVENT NUMBER:	
<b>5. EOC DIRECTOR NAME:</b>		<b>6.</b>	<b>7.</b>	<b>8. EVENT TYPE:</b>		<b>9. EVENT GENERAL LOCATION:</b>	
<b>10. EVENT STARTED:</b> DATE _____MM/DD/YY  TIME _____ 24 HR		<b>11. CAUSE:</b>		<b>12. AREA(S) INVOLVED:</b>		<b>13. PEP TASK NUMBER:</b>	
<b>14. LOCAL EMERGENCY DECLARED?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANTICIPATED <input type="checkbox"/> CANCELLED		<b>15.</b>	<b>16.</b>		<b>17. CURRENT THREAT(S):</b>		
<b>18. CONTROL PROBLEMS:</b>		<b>19. ESTIMATED LOSSES:</b> RESIDENTIAL: \$ BUSINESS: \$ INFRASTRUCTURE: \$ TOTAL: \$		<b>20. ESTIMATED SAVINGS:</b> \$  COMMENTS:		<b>21. NUMBER OF SERIOUS INJURIES:</b>  <b>FATALITIES:</b>	
<b>22. EVACUATION:</b> <input type="checkbox"/> ALERT <input type="checkbox"/> ORDERED <input type="checkbox"/> ALL CLEAR  RECEPTION CENTRES CURRENTLY OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO  HOW MANY? _____		<b>23. NUMBER EVACUATED:</b> _____  KINDS OF EVACUEES (E.G., RESIDENTS, HOSPITALS, ANIMALS, ETC.):		<b>24. CURRENT WEATHER:</b> MAX WIND SPEED _____ KPH  WIND DIRECTION, FROM: _____ (E.G., NW)  MAX TEMP : _____ C.  MIN HUMIDITY: _____ %		<b>25. FORECAST WEATHER (24 HR):</b> MAX WIND SPEED _____ KPH  WIND DIRECTION, FROM: _____ (E.G., NW)  MAX TEMP : _____ C.  MIN HUMIDITY: _____ %	
<b>26. EOC EXPENDITURES THIS OPERATIONAL PERIOD:</b> \$		<b>27. ESTIMATED TOTAL EXPENDITURES:</b> \$  COMMENTS:		<b>28. PROGNOSIS:</b> <input type="checkbox"/> NO CHANGE <input type="checkbox"/> WORSENING <input type="checkbox"/> IMPROVING  COMMENTS:			
<b>29. MUTUAL AID NEEDED NEXT OPERATIONAL PERIOD?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  FROM WHAT SOURCE:  NEXT OPERATIONAL PERIOD FROM: MM/DD/YY      HH:MM TO: MM/DD/YY      HH:MM  KIND(S) (E.G., EOC PERSONNEL, RADIOS - SPECIFY NEEDS):		<b>30. ADDITIONAL PROVINCIAL RESOURCES NEEDED NEXT OPERATIONAL PERIOD?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  KIND(S) (E.G., TEAMS, RECEPTION CENTRES):  RESOURCE REQUEST FORM SENT TO PREOC <input type="checkbox"/> YES <input type="checkbox"/> NO					

**SEE REVERSE FOR INSTRUCTIONS ON COMPLETING THIS FORM**

**31. EOC RESPONSE / RECOVERY ACTION PLAN**

(LIST GOALS, OBJECTIVES AND THE ACTIONS TO BE TAKEN):

**32. REMARKS:**

**33. FORM PREPARED BY**

\_\_\_\_\_  
(PRINT YOUR NAME)

**34. APPROVED BY EOC DIRECTOR:**

DATE: \_\_\_\_\_ TIME \_\_\_\_\_  
MM/DD/YY HH:MM

\_\_\_\_\_  
(SIGNATURE OF EOC DIRECTOR)

**35. SIT REP SENT:**

DATE: \_\_\_\_\_ TIME \_\_\_\_\_  
MM/DD/YY HH:MM

TO PREOC AT FAX: 952-4972

TO POLICY GROUP AT FAX:  
\_\_\_\_\_

TO OTHER \_\_\_\_\_  
AT FAX: \_\_\_\_\_

**Additional Sheets Attached?    NO    YES   (Number of pages attached = \_\_\_\_\_ )**

**GENERAL INSTRUCTIONS FOR FORM EOC 501**

Completion of the EOC Situation Report will be as directed by the Provincial Regional Emergency Coordination Centre (PREOC). EOCs must send the EOC Situation Report at least every 24 hours, or more often to match your operational periods. Status Reports should be sent by facsimile. The first Report should be from the start of the operation up to 20:00 hrs. (or earlier) of the first day of operations. An additional EOC Situation Report may be sent if there are significant changes in the situation.

1. Enter date and time report completed.
2. Indicate the Operational Period covered by the report. Use 24 hour clock
3. Check appropriate space.
4. Provide event name and event number given to incident by EOC.
5. Enter first initial and last name of EOC Director.
6. Reserved.
7. Reserved.
8. Enter type of incident e.g., wildland fire (fuel type), structure fire, hazardous spill, flood, etc.
9. Enter general location of incident/event. Use remarks for additional data if necessary.
10. Enter date (month/day/year) and 24 HR local time incident started (maximum of 8 characters).
11. Enter cause or "under investigation."
12. Enter area(s) involved, e.g. between Main Street and Alder Avenue (Map Grid A4).
13. Enter PEP Task Number if assigned (optional).
14. Enter whether a State of Local Emergency Declaration has been issued OR is anticipated.
15. Reserved.
16. Reserved.
17. Report significant threat to value resources, e.g. structures, watershed, timber, wildlife, etc..
18. Enter control problems, e.g., accessibility, fuels, terrain, weather, tides, structures.
19. Enter estimated dollar value of total damage to date. Include breakdown of damage to residential and business property and other significant infrastructure damage.
20. Enter estimate of values saved (optional).
21. Enter number of deaths or serious injuries that have occurred since the last report.
22. Check appropriate space for evacuation status and reception centre/shelter status.
23. Report estimated number of people evacuated since the last report and kinds of evacuations.
24. Indicate current weather conditions at the incident location.
25. Indicate predicted weather conditions for the next operational period.
26. Provide total EOC incident (operational) expenditures to date.
27. Provide estimated total EOC expenditures for entire incident.
28. Enter general prognosis of incident.
29. Indicate whether mutual aid will be required for next operational period. If so, list where mutual aid will be needed, for what operational period, and kinds and types of resources that will be required.
30. Indicate whether Provincial Resources will be required for next operational period. If so, define next operational period, list what kinds and types of resources will be required.
31. Summarize your EOC's current Action Plan; briefly listing priority Goals/Objectives and your response organization's Actions required to meet those Goals/Objectives.
32. The Remarks space can be used to (1) list additional resources not covered in Section 29; (2) provide more information on location in Section 9; (3) enter additional information regarding threat control problems, anticipated release or demobilization, etc.
33. This will normally be the Planning Section Chief. Print full name clearly.
34. This must be signed and dated by the EOC Director.
35. Indicate where Situation Report shall be sent. Print clearly.



Event:		This Schedule is for:							
		Sun	M	T	W	Th	F	Sat	Date:
<b>Activated EOC Function</b>	00:00 to 08:00	08:00 to 16:00				16:00 to 24:00			
<b>EOC Director</b>									
Deputy Director									
Risk Management Officer									
Liaison Officer									
Information Officer									
<b>Operations Section Chief</b>									
Fire Branch									
Police Branch									
Ambulance Branch									
ESS Branch									
Environmental Branch									
Engineering Branch									
Utilities Branch									
<b>Planning Section Chief</b>									
Situation Unit									
Resource Unit									
Documentation Unit									
Advance Planning Unit									
Demobilization Unit									
Recovery Unit									
Technical Specialists									
<b>Logistics Section Chief</b>									
Information Technology									
EOC Support									
Supply									
Personnel									
Transportation									
<b>Finance/Admin Section Chief</b>									
Time									
Procurement									
Compensation & Claims									
Cost Accounting									
Prepared by (Logistics Chief):					Approved by (EOC Director):				

Event:	Date:
PEP Task No.:	Time:

Entry No.							
Time of Request							
Agency Requesting							
Number of People /Equip							
Pick-up Point							
Drop-off Point							
Depart Time							
Return Time							
Estimated Travel Time							
Call Sign							
Travel Methods (foot, private vehicle, rental vehicle, bus taxi, helicopter, fixed wing, rail, ferry, boat, other)							
Page ___ of ___							

Prepared by (EOC Transportation Unit Leader)	Approved by (Logistics Section Chief):
--	--

Event:	This EOC Food Plan is for: Sun M T W Th F Sat Date:
--------	--

Meal No.	Meal Type (B/L/D/S)	Meal Date	Meal Time	Menu	Qty	Supplier	Meal Prepared By	Delivered or Pick-Up
1								
2								
3								
4								
5								

B = Breakfast  
 L = Lunch  
 D = Dinner  
 S = Snack

Prepared by (EOC Support Unit Leader):	Approved by (Logistics Section Chief):
Time Approved:	Date Approved:

Event:	Date:	Function:	Name:
--------	-------	-----------	-------

#	Location	Shift 1			Shift 2			Shift 3		
		From	To	#	From	To	#	From	To	#

Comments:

Prepared by (EOC Support Unit Leader):	Approved by (Logistics Section Chief):
Time Approved:	Date Approved:







Event:	Date:	Request No.:
PEP Task No.:	Time:	
Precedence Level: <input type="checkbox"/> Emergency <input type="checkbox"/> Priority <input type="checkbox"/> Routine		

Staff/Agency Requesting:	
Contact Person's Name and Position:	
Telephone or Contact #:	
Brief description of problem or task to be accomplished:	
Specific Resource Requested and Number Required:	
Potential Substitute:	
Capacity (Size, Voltage, etc.):	
Supporting Equipment, Fuel, Water, Etc.:	
Personnel Required to Operate/Support:	
Transportation Required:	
How Long is Resource Needed:	
Where to Deliver or Report:	
Report to Whom (Name, Title, Agency):	

Resource Request completed by (Name and Position):	
--	--

Resource Request Approved by EOC Operations Chief:	Resource Request Approved by EOC Director:
_____	_____
<i>Name and Signature</i>	<i>Name and Signature</i>
_____	_____
<i>Time and Date</i>	<i>Time and Date</i>

Distribution List:
<input type="checkbox"/> EOC Director <input type="checkbox"/> Logistics Section <input type="checkbox"/> Operations Section <input type="checkbox"/> Finance and Administration Section <input type="checkbox"/> Planning Section <input type="checkbox"/> PREOC <input type="checkbox"/> Other _____

Response to Resource Request (Completed by Logistics – Supply Unit)			
Resource Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Resources Deployed:	
Request filled by:	_____	Time of Deployment	
	<i>(Name and Signature)</i>		
		Estimated Time of Arrival	

# Personnel Assignments Resource Planning Worksheet

EOC 515

Event:	Date:
PEP Task No.:	Time:

Request #							
Precedence Level							
Critical Resource Status (Y/N)							
Agency / Location Requesting Resource							
Type of Resource							
# of Resources Requested							
# of Resources Available							
# of Resources Approved							
Time of Deployment							
Location Deployed To							
Arrival Time at Site							
Estimated Time of Use							
Completion Time							
Page ___ of ___							

<p>Distribution List:</p> <p> <input type="checkbox"/> EOC Director                      <input type="checkbox"/> Logistics Section  <input type="checkbox"/> Operations Section                  <input type="checkbox"/> Finance and Administration Section  <input type="checkbox"/> Planning Section (Resource Unit)                 </p>
---





Control / Inventory No.	Number of Items	Item Description	Owner	Issued To	Status	Qty	Time	Comments
					Issued			
					Returned			
					Issued			
					Returned			
					Issued			
					Returned			
					Issued			
					Returned			
					Issued			
					Returned			
					Issued			
					Returned			
					Issued			
					Returned			
					Issued			
					Returned			

Page \_\_\_ of \_\_\_

Form completed by (Name and Position):

Event:	Date:	
PEP Task No.:	Time:	

Requesting Authorized Person / Agency:	
Location:	
Incident Description: (include date, time, location and nature of response activity or service being provided)	
Amount Requested:	
Expenditure Authorized "Not to Exceed"	

Expenditure Request Approved by Finance / Admin Section Chief:	Expenditure Request Approved by EOC Director:
_____	_____
<i>Name and Signature</i>	<i>Name and Signature</i>
_____	_____
<i>Time and Date</i>	<i>Time and Date</i>

<p>Distribution List:</p> <p><input type="checkbox"/> EOC Director</p> <p><input type="checkbox"/> Operations Section</p> <p><input type="checkbox"/> Planning Section</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Logistics Section</p> <p><input type="checkbox"/> Finance and Administration Section</p> <p><input type="checkbox"/> Originator of Request</p>
---





Event:	Date:	Reported By: (name, position, agency)
PEP Task No.:	Time:	

Type of Incident:
Location of Incident:
Description of Incident:
Responding Agencies:

Deaths:	Injuries:
Damage or Potential Damage:	
Situation Forecast:	
Regional/Provincial Support Provided or Required:	
Public Information/Media Requirements:	

Prepared by:	Approved by EOC Director:
_____	_____
<i>Name and Signature</i>	<i>Name and Signature</i>
_____	_____
<i>Time and Date</i>	<i>Time and Date</i>

Distribution List:	
<input type="checkbox"/> EOC Director	<input type="checkbox"/> Deputy Director
<input type="checkbox"/> Operations Section	<input type="checkbox"/> Risk Management Officer
<input type="checkbox"/> Planning Section	<input type="checkbox"/> Liaison Officer
<input type="checkbox"/> Logistics Section	<input type="checkbox"/> Information Officer
<input type="checkbox"/> Finance/Admin Section	<input type="checkbox"/> PREOC
<input type="checkbox"/> Other _____	