

# Situation Report – (Summary for Incoming Assets Page 1 only)

Jurisdiction/ Agency:  First Nation, 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 <input type="checkbox"/> No <input type="checkbox"/>	Location of EOC/ECC:	Hours of Operation:
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## General Incident/Event Information

Event Name:  Event type (flood, terror, fire):

- |   |  |  |
|---|--|--|
| <p>Overall Status:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Major Assistance Required</li> <li><input type="checkbox"/> Assistance Required</li> <li><input type="checkbox"/> Under Control</li> <li><input type="checkbox"/> Resolved</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Closed</li> </ul> | <p>Incident Prognosis:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Worsening</li> <li><input type="checkbox"/> Stable</li> <li><input type="checkbox"/> Improving</li> <li><input type="checkbox"/> Unknown</li> </ul> | <p>Overall Severity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Major</li> <li><input type="checkbox"/> Moderate</li> <li><input type="checkbox"/> Minor</li> <li><input type="checkbox"/> Unknown</li> </ul> |
|---|--|--|

## 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:	Name	EOC Director of	Date & Time

Distribution: Planning  EOCED  Other: \_\_\_\_\_

# Situation Report

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 <input type="checkbox"/> No <input type="checkbox"/>	Coverage Area(s):	<input style="width: 95%; height: 25px;" type="text"/>	# Persons Impacted:	<input style="width: 95%; height: 25px;" type="text"/>
Evacuation ALERTs:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Coverage Area(s):	<input style="width: 95%; height: 25px;" type="text"/>	# Persons Alerted:	<input style="width: 95%; height: 25px;" type="text"/>
Evacuation ORDERs:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Coverage Area(s):	<input style="width: 95%; height: 25px;" type="text"/>	# Persons Evacuated:	<input style="width: 95%; height: 25px;" type="text"/>

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

#	Facility Name	Address	Capacity	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: 95%; height: 25px;" type="text"/>	<input style="width: 95%; 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: 95%; height: 25px;" type="text"/>	<input style="width: 95%; 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: 95%; height: 25px;" type="text"/>	<input style="width: 95%; 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:	Confirmed	Under Alert	Evacuated	Homeless	Injured	Fatalities	Missing
		Unconfirmed <i>(In addition to confirmed)</i>					
<input type="checkbox"/> None		<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:	<input style="width: 95%; height: 40px;" type="text"/>						

### Transportation Impacts:

<input type="checkbox"/> 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:**

<input type="checkbox"/> None	# Without Service					
	% of Community Without Service					
Details/Comments:						

**Surplus/ Available Resources:**

None

Resource Type/Name	Location	Details/Comments

**Hazardous Materials:**

None

Resource Type/Name	Location	Details/Comments

**Other Comments**

Attachments  
(Description of files):

Distribution (By whom to whom):