



# EOC STAFFING ORGANIZATION / LIST

**EOC DIRECTOR**

Public Information Officer

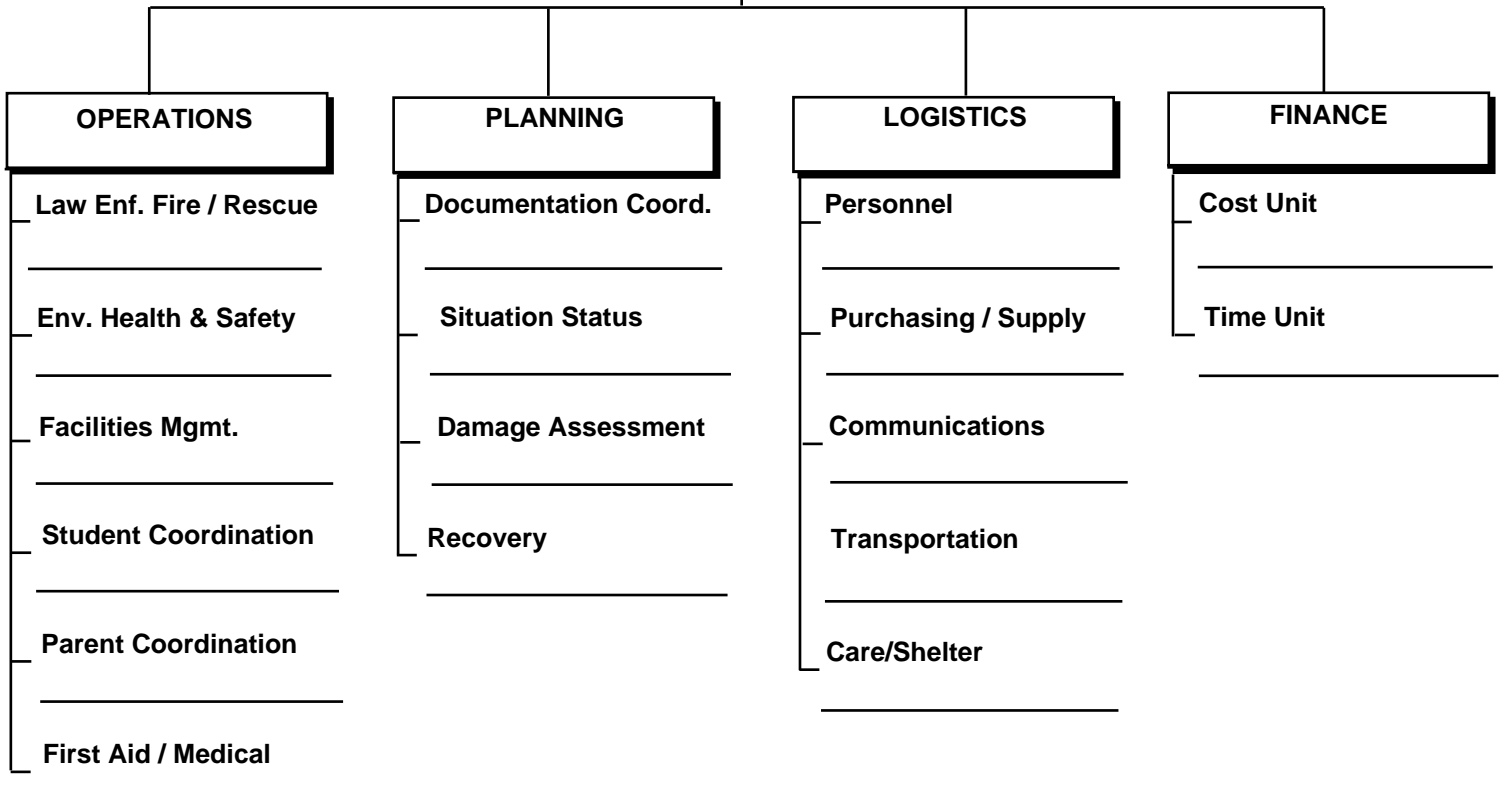
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Emer. Mgmt. Coordinator

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Liaison Officer

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**OTHER KEY RESPONSE PERSONNEL**

ASSIGNMENT	NAME	ASSIGNMENT	NAME	ASSIGNMENT	NAME

**INSTRUCTIONS**

Fill in names of EOC Staff and Other Key Response Personnel for this operational period.





Operational Period # \_\_\_\_\_

# ACTION PLAN WORKSHEET

From: \_\_\_\_\_ To: \_\_\_\_\_

FORM: EOCAPWorkpge

OBJECTIVES AND PRIORITIES	STRATEGY	RESOURCES & EOC MGR.
<b>LIFE SAFETY</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>PROTECTION OF PROPERTY</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>PROTECTION OF ENVIRONMENT</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>OTHER ISSUES</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>







































































Operational Period # \_\_\_\_\_

# ACTION PLAN WORKSHEET

From: \_\_\_\_\_ To: \_\_\_\_\_

FORM: EOCAPWorkpge

OBJECTIVES AND PRIORITIES	STRATEGY	RESOURCES & EOC MGR.
<b>LIFE SAFETY</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>PROTECTION OF PROPERTY</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>PROTECTION OF ENVIRONMENT</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>OTHER ISSUES</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>











# LAW ENFORCEMENT SITUATION REPORT [SITREP]

LAW ENFORCEMENT SITUATION REPORT		[POLICE DEPARTMENT]	
DATE: _____	TIME: _____	RPTG PERIOD	8 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/>
PREPARED BY: _____		INCIDENT: _____	
SECTION CHF SHIFT 1: _____		SECTION CHF SHIFT 2: _____	

RESOURCE STATUS SUMMARY			
Resources	PERSONNEL	VEHICLES	EQUIPMENT
<b>LOSSES</b>			
<b>COMMITTED</b>			
<b>AVAILABLE NOW</b>			
<b>AVAILABLE IN TWO HOURS</b>			
<b>MUTUAL AID REQUESTED</b>			
<b>STAGING AREA LOCATION:</b>			
<b>REMARKS/SPECIAL EQUIPMENT NEEDS:</b>			

PRIORITY PROBLEMS	PROBLEM/LOCATION (BY PRIORITY)
1	
2	
3	
4	

ROAD CONDITIONS (ATTACH MAP ON BACK)			
ROAD/LOCATION	CLOSED	LIMITED TRAFFIC	EXPECTED OPENING
1.			
2.			
3.			
4.			
<b>BEST NORTH/SOUTH ROUTE:</b>			
<b>BEST EAST/WEST ROUTE:</b>			

<b>PIO INFORMATION</b>	[Curfew/access restrictions; etc.]



# FIRE/RESCUE SITUATION REPORT [SITREP]

<b>FIRE/RESCUE SITUATION REPORT</b>			<b>[FIRE DEPARTMENT]</b>	
DATE:	TIME:	REPORT NO.	RPTG PERIOD	8 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/>
PREPARED BY:		INCIDENT .		
SECTION CHF SHIFT:		SECTION CHF SHIFT 2:		

RESOURCE STATUS			
RESOURCES	PERSONNEL	VEHICLES	OTHER
FIRE RESOURCE LOSSES			
RESOURCES COMMITTED			
S/T AVAILABLE NOW			
S/T AVAILABLE IN 2 HOURS			
MUTUAL AID REQUESTED			
REMARKS:			

PRIORITY PROBLEMS					
PROBLEM LOCATION (BY PRIORITY)	INCIDENT COMMANDER	CP LOCATION	RESOURCES ON SCENE	DEAD INJURED	HOMES DMGD/DEST
1.				___ / ___	___ / ___
2.				___ / ___	___ / ___
3.				___ / ___	___ / ___
REMARKS:					

AREAS EVACUATED				
AREA	CAUSE OF EVACUATION	NUMBER EVACUATED	EVACUATED TO	EXPECTED RETURN
1.				
2.				
3.				

SEARCH AND RESCUE AREAS			
INCIDENT NAME	LOCATION	INCIDENT COMMANDER	STATUS
1.			
2.			
3.			
4.			







