

| Santa Clara OA Shelter Status (Radio/Fax)  |                     |  |  |   |                    | WebEOC: 20130814<br>PDF: 190329 |  |
|--|---------------------|--|--|---|--------------------|---------------------------------|--|
| Radio Operator Only:   |                     | Origin Msg #:  |  |   | Destination Msg #: |                                 |  |
| This Section to be Completed by Shelter Management Personnel: <span style="float: right;">(Underlined=Required)</span>                       |                     |  |  |   |                    |                                 |  |
| Date:  |                     | Time (24hr):   |  | Handling: <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> Routine (<2 hr) |                    |                                 |  |
| T<br>O   | ICS Position:       |  |  | F<br>R<br>O<br>M  | ICS Position:      |                                 |  |
|  | Location:           |  |  |   | Location:          |                                 |  |
|  | Name                |  |  |   | Name               |                                 |  |
|  | Contact Info:       |  |  |   | Contact Info:      |                                 |  |
| Report Type: <input type="radio"/> Update <input type="radio"/> Complete<br><i>Important: See Instructions!</i>                              |                     |  |  | Shelter Name:   |                    |                                 |  |
| Shelter <span style="float: right;">(If Report Type=Complete, then Underline=Required)</span>  |                     |  |  |   |                    |                                 |  |
| Shelter Type: (Pick One) <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> Type 3 <input type="radio"/> Type 4 |                     |  |  |   |                    |                                 |  |
| Status: (Pick One) <input type="radio"/> Open (Green) <input type="radio"/> Closed (Red) <input type="radio"/> Full (Yellow)                 |                     |  |  |   |                    |                                 |  |
| Address:   |                     |  |  |   |                    |                                 |  |
| City:  |                     |  |  |   |                    |                                 |  |
| State:   |                     |  |  | Zip:  |                    |                                 |  |
| Latitude (d.ddd):  |                     |  |  | Longitude (d.ddd):  |                    |                                 |  |
| Shelter Information <span style="float: right;">(If Report Type=Complete, then Underline=Required)</span>                                    |                     |  |  |   |                    |                                 |  |
| Capacity:  |                     |  |  | Occupancy:  |                    |                                 |  |
| Meals Served (Last 24 hours):  |                     |  |  | NSS Number:   |                    |                                 |  |
| Pet Friendly: <input type="radio"/> Yes <input type="radio"/> No   |                     | Basic Safety Inspection: <input type="radio"/> Yes <input type="radio"/> No  |  | ATC-20 Inspection: <input type="radio"/> Yes <input type="radio"/> No   |                    |                                 |  |
| Contact Information <span style="float: right;">(If Report Type=Complete, then Underline=Required)</span>                                    |                     |  |  |   |                    |                                 |  |
| Managed By: (Pick One)   |                     | <input type="radio"/> American Red Cross<br><input type="radio"/> Government |  | <input type="radio"/> Private<br><input type="radio"/> Other  |                    | <input type="radio"/> Community |  |
| Managed By Detail:   |                     |  |  |   |                    |                                 |  |
| Primary Contact:   |                     |  |  | Phone:  |                    |                                 |  |
| Secondary Contact:   |                     |  |  | Phone:  |                    |                                 |  |
| Amateur<br>Radio   | Tactical Call Sign: |  |  | Repeater Call Sign:   |                    |                                 |  |
|  | Repeater Input:     | Frequency:   |  | Offset:   | Tone:              |                                 |  |
|  | Repeater Output:    | Frequency:   |  | Offset:   | Tone:              |                                 |  |
| Comments   |                     |  |  |   |                    |                                 |  |
| Comments:  |                     |  |  |   |                    |                                 |  |
| <input type="checkbox"/> Remove from List  |                     |  |  |   |                    |                                 |  |
| Radio Operator Only:   |                     |  |  |   |                    |                                 |  |
| Relay From:  |                     |  |  | Relay To:   |                    |                                 |  |
| Name:  |                     | Call Sign:   |  | Date:   |                    | Time (24hr):                    |  |

## Santa Clara OA Shelter Status (Radio/Fax)

**Purpose:** The Santa Clara OA Shelter Status (Radio/Fax) form is used to send an update to the WebEOC Shelter Status board via radio or fax when direct access to WebEOC is not available.

### Instructions for Shelters:

| Field        | Instructions   |
|--------------|--|
| Date         | <u>Required</u> . Enter the date created.  |
| Time         | <u>Required</u> . Enter the time created. Use 24-hour time.  |
| Handling     | <u>Required</u> . Select one.<br>Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.   |
| TO / FROM    |  |
| ICS Position | <u>Required</u> . Enter the ICS position name.   |
| Location     | <u>Required</u> . Enter the location.  |
| Name         | Optional. Enter only if the message is to a specific individual.   |
| Contact Info | Optional. Enter a phone number, frequency or other info that may help reach the sender/recipient.  |
| Report Type  | <u>Required</u> . <ul style="list-style-type: none"> <li><b>Update:</b> Normal mode. Only replace fields in WebEOC that are entered here. Other fields will retain their current values. To clear a text field in WebEOC, write "{CLEAR}" in the field. To append to a field in WebEOC, write "{APPEND}" in the field, followed by the text to be appended.</li> <li><b>Complete:</b> <u>Use with caution</u>. An empty field here will clear the field in WebEOC. Use this to ADD a new shelter, or to submit an update that replaces all fields in WebEOC with the data provided here, or to report on the current status of all WebEOC fields.</li> </ul> |
| Shelter Name | <u>Required</u> .  |
| Shelter      | If Report Type = Complete: <u>Underlined fields are Required</u> . Otherwise, optional.  |
| Shelter Info | If Report Type = Complete: <u>Underlined fields are Required</u> . Otherwise, optional.  |
| Contact Info | If Report Type = Complete: <u>Underlined fields are Required</u> . Otherwise, optional.  |
| Comments     | If Report Type = Complete: <u>Underlined fields are Required</u> . Otherwise, optional.  |

### Instructions for Radio Operators:

| Field             | Instructions  |
|-------------------|---|
| Origin Msg #      | <u>Required</u> . Enter the message number of the original sending station.                             |
| Destination Msg # | <u>Required</u> . Enter the message number of the ultimate destination station.                         |
| Relay From        | When relaying: Enter the call sign of the station that relayed the message to you                       |
| Relay To          | When relaying: Enter the call sign of the station that you relayed the message to                       |
| Name              | <u>Required</u> . Enter the first initial and last name of the radio operator that handled the message. |
| Call Sign         | <u>Required</u> . Enter the call sign of the radio operator that handled the message.                   |
| Date              | <u>Required</u> . Enter the date the message was sent/received.   |
| Time              | <u>Required</u> . Enter the time the message was sent/received. Use 24-hour time.                       |