

| Santa Clara OA Shelter Status (Radio/Fax)  |                            |                     |  |  |                      | WebEOC: 20130814<br>PDF: 190328 |  |
|--|----------------------------|---------------------|--|--|----------------------|---------------------------------|--|
| Radio Operator Only:   |                            | Origin Msg #:       |  |  | Destination Msg #:   |                                 |  |
| <b>This Section to be Completed by Shelter Management Personnel: (Underlined=Required)</b>   |                            |                     |  |  |                      |                                 |  |
| <u>Date:</u>   |                            | <u>Time</u> (24hr): |  | <u>Handling:</u> <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> Routine (<2 hr) |                      |                                 |  |
| T<br>O   | <u>ICS Position:</u>       |                     |  | F<br>R<br>O<br>M   | <u>ICS Position:</u> |                                 |  |
|  | <u>Location:</u>           |                     |  |  | <u>Location:</u>     |                                 |  |
|  | Name                       |                     |  |  | Name                 |                                 |  |
|  | <u>Contact Info:</u>       |                     |  |  | <u>Contact Info:</u> |                                 |  |
| <u>Report Type:</u> <input type="radio"/> Complete <input type="radio"/> Update<br><i>Important: See Instructions!</i>   |                            |                     |  | <u>Shelter Name:</u>   |                      |                                 |  |
| <b>Shelter</b>   |                            |                     |  |  |                      |                                 |  |
| <u>Shelter Type:</u> (Pick One) <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> Type 3 <input type="radio"/> Type 4  |                            |                     |  |  |                      |                                 |  |
| <u>Status:</u> (Pick One) <input type="radio"/> Closed <input type="radio"/> Full <input type="radio"/> Open   |                            |                     |  |  |                      |                                 |  |
| <u>Address:</u>  |                            |                     |  |  |                      |                                 |  |
| <u>City:</u>   |                            |                     |  |  |                      |                                 |  |
| <u>State:</u>  |                            |                     |  | <u>Zip:</u>  |                      |                                 |  |
| <u>Latitude</u> (d.ddd):   |                            |                     |  | <u>Longitude</u> (d.ddd):  |                      |                                 |  |
| <b>Shelter Information</b>   |                            |                     |  |  |                      |                                 |  |
| <u>Capacity:</u>   |                            |                     |  | <u>Occupancy:</u>  |                      |                                 |  |
| Meals Served (Last 24 hours):  |                            |                     |  | NSS Number:  |                      |                                 |  |
| <u>Check all that apply:</u> <input type="checkbox"/> Pet Friendly <input type="checkbox"/> Basic Safety Inspection <input type="checkbox"/> ATC-20 Inspection                                       |                            |                     |  |  |                      |                                 |  |
| <b>Contact Information</b>   |                            |                     |  |  |                      |                                 |  |
| <u>Managed By:</u> (Pick One) <input type="radio"/> American Red Cross <input type="radio"/> Private <input type="radio"/> Community<br><input type="radio"/> Government <input type="radio"/> Other |                            |                     |  |  |                      |                                 |  |
| <u>Managed By Detail:</u>  |                            |                     |  |  |                      |                                 |  |
| <u>Primary Contact:</u>  |                            |                     |  | <u>Phone:</u>  |                      |                                 |  |
| <u>Secondary Contact:</u>  |                            |                     |  | <u>Phone:</u>  |                      |                                 |  |
| Amateur<br>Radio   | <u>Tactical Call Sign:</u> |                     |  | <u>Repeater Call Sign:</u>   |                      |                                 |  |
|  | <u>Repeater Input:</u>     | <u>Frequency:</u>   |  | <u>Offset:</u>   | <u>Tone:</u>         |                                 |  |
|  | <u>Repeater Output:</u>    | <u>Frequency:</u>   |  | <u>Offset:</u>   | <u>Tone:</u>         |                                 |  |
| <b>Comments</b>  |                            |                     |  |  |                      |                                 |  |
| <u>Comments:</u>   |                            |                     |  |  |                      |                                 |  |
| <input type="checkbox"/> Remove from List  |                            |                     |  |  |                      |                                 |  |
| <b>Radio Operator Only:</b>  |                            |                     |  |  |                      |                                 |  |
| <u>Relay From:</u>   |                            |                     |  | <u>Relay To:</u>   |                      |                                 |  |
| <u>Name:</u>   |                            | <u>Call Sign:</u>   |  | <u>Date:</u>   |                      | <u>Time</u> (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>Complete: Replace all fields in WebEOC with the data provided here. An empty field here will clear the field in WebEOC.</li><li>Update: 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></ul> |
| Shelter Name | <u>Required</u> .  |
| Shelter      | If Report Type = Complete: <u>Underlined fields are Required</u> .   |
| Shelter Info | If Report Type = Complete: <u>Underlined fields are Required</u> .   |
| Contact Info | If Report Type = Complete: <u>Underlined fields are Required</u> .   |
| Comments     | If Report Type = Complete: <u>Underlined fields are Required</u> .   |

### 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.                       |