

**Santa Clara OA Shelter Status**

WebEOC: 20130814

PDF: 190407

Radio Operator Only:

Origin Msg #:

Destination Msg #:

**This Section to be Completed by Shelter Management Personnel:**

(Underlined=Required)

**Date:** **Time** (24hr): **Handling:** ☐ Immediate (ASAP) ☐ Priority (<1 hr) ☐ Routine (<2 hr)

T O	<b>ICS Position:</b>	F R O M	<b>ICS Position:</b>
	<b>Location:</b>		<b>Location:</b>
	<b>Name</b>		<b>Name</b>
	<b>Contact Info:</b>		<b>Contact Info:</b>

**Report Type:** ☐ Update ☐ Complete  
*Important: See Instructions!***Shelter Name:****Shelter**

(If Report Type=Complete, then Underline=Required)

**Shelter Type:** (Pick One) ☐ Type 1 ☐ Type 2 ☐ Type 3 ☐ Type 4**Status:** (Pick One) ☐ Open (Green) ☐ Closed (Red) ☐ Full (Yellow)**Address:****City:****State:****Zip:****Latitude** (d.ddd):**Longitude** (d.ddd):**Shelter Information**

(If Report Type=Complete, then Underline=Required)

**Capacity:****Occupancy:****Meals Served (Last 24 hours):****NSS Number:****Pet Friendly:** ☐ Yes ☐ No**Basic Safety Inspection:** ☐ Yes ☐ No**ATC-20 Inspection:** ☐ Yes ☐ No**Available Services:****MOU (where/how sent):****Floorplan (where/how sent):**

<b>Contact Information</b>			
(If Report Type=Complete, then <u>Underline</u> =Required)			
<b>Managed By:</b> (Pick One)	<input type="radio"/> American Red Cross <input type="radio"/> Government	<input type="radio"/> Private <input type="radio"/> Other	<input type="radio"/> Community
<b>Managed By Detail:</b>			
<b>Primary Contact:</b>			
<b>Primary Contact Phone:</b>			
<b>Secondary Contact:</b>			
<b>Secondary Contact Phone:</b>			
<b>Amateur Radio Information</b>			
(If Report Type=Complete, then <u>Underline</u> =Required)			
<b>Tactical Call Sign:</b>			
<b>Repeater Call Sign:</b>			
<b>Repeater Input:</b>	<b>Frequency (or "+" / "-" for standard offset):</b>	<b>Tone:</b>	
<b>Repeater Output:</b>	<b>Frequency:</b>	<b>Tone:</b>	
<b>Comments</b>			
(If Report Type=Complete, then <u>Underline</u> =Required)			
<b>Comments:</b>			
<b>Remove from List:</b> <input type="radio"/> Yes <input type="radio"/> No			

<b>Radio Operator Only:</b>			
<b>Relay From:</b>		<b>Relay To:</b>	
<b>Name:</b>	<b>Call Sign:</b>	<b>Date:</b>	<b>Time (24hr):</b>

## Santa Clara OA Shelter Status

**Purpose:** This Santa Clara OA Shelter Status form is used to send WebEOC Shelter Status board information via alternative means (radio, fax, e-mail, ...) 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. 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. Recipient should only replace fields in WebEOC that are entered here. Other fields should retain their current values. To tell the recipient to clear a text field in WebEOC, write "{CLEAR}" in the field. To append to existing data in a WebEOC text field, write "{APPEND}", followed by the text to be appended.</li><li>• <b>Complete:</b> <u>Use with caution</u>. An empty field here tells the recipient to clear the field in WebEOC. Use this to ADD a new shelter, or to replace 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, then <u>Underlined fields are Required</u> . Otherwise, optional.
Shelter Info	If Report Type = Complete, then <u>Underlined fields are Required</u> . Otherwise, optional.
Contact Info	If Report Type = Complete, then <u>Underlined fields are Required</u> . Otherwise, optional.
Amateur Radio Info	If Report Type = Complete, then <u>Underlined fields are Required</u> . Otherwise, optional.
Comments	If Report Type = Complete, then <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.