

Santa Clara OA Shelter Status

WebEOC: 20130814

PDF: 190619

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	ICS Position:	F R O M	ICS Position:
	Location:		Location:
	Name:		Name:
	Contact Info:		Contact Info:

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):

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

Radio Operator Only:			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time (24hr):