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CPOD Site Information Form		Veoci: 20250715 PDF: 20250803
Radio Operator Only:	Origin Msg #:	Destination Msg #:

Th	This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)									
<u>Da</u>	te:		Time: (24hr):		Handlin	<u>ıg</u> : (Oin	nmediate (ASAP)	OPriority	(<1 hr) ORoutine (<2 hr)
	ICS Position	<u>ı</u> :					F	ICS Position:		
T <u>Location</u> :					R	Location:				
0	Name:						0	Name:		
Contact Info:						M	Contact Info:			
Ge	eneral Site	Infor	mation							
<u>Jur</u>	risdiction:									
Pre	epared Date:						Prepared Time:			
Sit	e Name:									
<u>CP</u>	OD Type:	О тур О тур		_	ype III SA (Logis	tics §	Stag	ing Area)		POD Distribution Point er than a Type III CPOD)
Sta	atus:	O Act	ivated		O Pe	ndin	ng D	emobilization	O Not A	ctivated
		O Per	nding Activation	n	O De		oiliz	ation		T .
_	dress:				City	<u>′:</u>				ZIP code:
			Division/Regi							
			diction and Div	/ision/R	egion:					
Ad	ditional Info	rmation	า:							
Contact Information										
Pa	Partner Point of Contact: Site Point of Contact:									
Site Details										
Dir	Dimensions of Site in Feet: Size of Site in Acres:									
Ro	ad/Walkway	Type:	☐ Concrete		Gravel Hai	r d-St	and	I Pa	ved	☐ Other
Ac	cessible at Al	ll Times	s: O Y	es C) No					
Ac	cess Controll	ed by G	Gate: O Y	es C) No		Sit	e Contact if Gate	e is Closed:	
Location of Driveway(s)										
Spi	Spike Strips at any of the driveways: O Yes O No									
	te Safety									
Sit	e Safety Deta									
☐ Has perimeter fencing ☐ Has public address system installed										
	\square Has fixed lighting throughout the site (outside) \square Has covered areas \square Has fixed lighting throughout the site (inside) \square Has fixed or non-fixed equipment located on									
										• •
☐ Site monitored by closed-circuit TV cameras the site that may be difficult to move Perimeter Fencing Details:										
Ci+	a Accessibilit		☐ There are	. cidowa	lks loadir	og to	the	sita haya whaal	lchair acces	<u> </u>
Site Accessibility: \square There are sidewalks leading to the site have wheelchair access \square There are uneven surfaces leading up to the site										
	There is a ramp from the staff parking location leading up to the POD location									

Time Opened / Time Closed						
Date Op	ened:	Time Opened:				
Date Clo	Date Closed: Time Closed:					
Comm	odities					
Item 1	Type of Commodity:					
·	Starting Quantity:	Qty Distributed:	Qty Available:			
Item 2	Type of Commodity:					
	Starting Quantity:	Qty Distributed:	Qty Available:			
Item 3	Type of Commodity:					
	Starting Quantity:	Qty Distributed:	Qty Available:			
Item 4	Type of Commodity:					
	Starting Quantity:	Qty Distributed:	Qty Available:			
Item 5	Type of Commodity:					
	Starting Quantity:	Qty Distributed:	Qty Available:			
Item 6	Type of Commodity:					
	Starting Quantity:	Qty Distributed:	Qty Available:			
Item 7	Type of Commodity:					
	Starting Quantity:	Qty Distributed:	Qty Available:			
Item 8	Type of Commodity:					
	Starting Quantity:	Qty Distributed:	Qty Available:			

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

SCCo ARES/RACES

Instructions: CPOD Site Information Form (Commodity Point of Distribution)

Purpose: This CPOD form identifies the location of a CPOD and initial list of commodities with beginning quantities on hand. Although the site details are optional, filling in with the best information at hand is beneficial to all. They are valuable to assist in understanding the physical properties of the site, security requirements, and such.

Instructions for Jurisdictions:

Field	Instructions				
Date	Required. Enter the date created.				
Time	Required. Enter the time created. Use 24-hour time.				
Handling				ent in priority order and as soon as possible. Indicated	
TO / FROM				times if radio net is busy. most appropriate TO position and location.	
-					
ICS Position	Required. Enter the l		name	2.	
Location	Required. Enter the le	ocation.			
Name	Optional. Enter only i	f the messag	ge is	to a specific individual.	
Contact Info	Optional. Enter a phoposition.	ne number,	frec	juency or other info that may help reach the person or	
Jurisdiction	Required. Enter the r	ame of the	mun	icipality/jurisdiction.	
Prepared Date/Time	Required. Enter the date and time of this form creation. Use 24-hour time.				
Site Name	Required. Enter a nar	ne for this si	ite (s	such as: Vasona Lake Park, or Fairgrounds)	
CPOD Type	Required.				
	Type I C-POD	250 ft. x	•	Requires a staff of 78 per day	
	Туретс-РОД	500 ft.		Type I PODs are only used in large metro areas	
		300 11.		Twelve loading points and four vehicle lanes are used	
	Type II C-POD	250 ft. x	•	Requires a staff of 34 per day	
	'',pee.' 	300 ft.	•	Six loading points and two vehicle lanes are used	
	Type III C-POD	150 ft. x	•	Requires a staff of 19 per day	
		300 ft.	•	Three loading points and one vehicle lane are used	
	LSA (Logistics		•	As a general guideline, between 40 and 172 personnel	
	Staging Area)			should be assigned. In extreme circumstances, this	
	may be scaled down to 20, or scaled up to 183 personnel.				
	Non-CPOD • A non-planned distribution point for smaller				
	Distribution Point operations, smaller than a Type III CPOD.				
Status	Required. Select one. Please select the status that best matches the current status of this CPOD.				
Address, City, ZIP	The Address and City	fields are re	quire	ed: Please specify the correct address for this site. It is	
Code	best to use addresses and not cross streets to ensure the public and logistics can locate this				
	site.				
Police and Fire	Enter the law enforcement and fire agency having authority over this site.				
Jurisdiction					
Additional	Enter any additional in	nformation t	that	would be relevant to the operation of this site.	
Information					
Partner and Site	Please fill in the partner agency managing this site as well as the site supervisor. Contact				
Point of Contact	information for each	would be be	nefi	cial.	

Site Details	It would be appreciated if this was filled out to the best of your abilities. This shares		
	information on the facility size, accessibility, and description of the site.		
Site Safety	It would be appreciated if this was filled out to the best of your abilities. It contains additional		
	details focused on safety items.		
Date/Time Opened	This is where you fill in the date and time when the site is expected to be open.		
Date/Time Closed	This is where you fill in the date and time when the site is expected to close.		
Commodities	Required. Please fill in a list of all commodities with the start of day quantity on hand, quantity		
	distributed, and resulting quantity on hand as of the time this form was filled out.		
	If more than 8 commodities are being distributed, please fill out an additional form and mark		
	the bottom of each form page as page number of number (such as "1 of 2").		

Instructions for Radio Operators:

Field	Instructions		
Origin Msg #	Required. Enter the message number of the original sending station.		
Destination Msg #	Required. Enter the message number of the ultimate destination station.		
Relay	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.		
Name	Required. Enter the first initial and last name of the radio operator that handled the message.		
Call Sign	Required. Enter the call sign of the radio operator that handled the message.		
Date	Required. Enter the date the message was sent/received.		
Time	Required. Enter the time the message was sent/received. Use 24-hour time.		