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CPOD Site Information Form		Veoci: 20250715 PDF: 20250812
Radio Operator Only:	Origin Msg #:	Destination Msg #:

Th	This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)								
<u>Da</u>	ite:		Time: (24hr):	<u> </u>	landling:	Olmmediate (ASAP) OPriority (<1 hr) ORoutine (<2 hr)			
	ICS Position	<u>ı</u> :	<del></del>			F	ICS Position:		
T Location:				R	Location:				
O Name:				0	Name:				
	Contact Info	o:				M	Contact Info:		
Ge	eneral Site	Info	rmation						
Jur	risdiction:								
Pre	epared Date:					Pro	epared Time:		
Sit	e Name:								
<u>CP</u>	OD Type:	О ту О ту	•	O Typ O LSA	e III (Logistics	Stag	ging Area)		POD Distribution Point er than a Type III CPOD)
Sta	atus:	_	tivated nding Activation			ng D	emobilization	O Not Ac	ctivated
Ad	ldress:		114.11.6		City:		u		ZIP code:
		ion and	d Division/Region	J:					l
			diction and Divisi		ion:	-			
Ad	Iditional Info	rmatio	n:						
Co	ontact Info	rmat	ion						
Pa	Partner Point of Contact: Site Point of Contact:								
Sit	te Details								
Diı	Dimensions of Site in Feet: Size of Site in Acres:								
Ro	ad/Walkway	/ Type:	☐ Concrete	☐ Gra	vel Hard-S	tanc	l 🗆 Pav	/ed	☐ Other
Ac	cessible at Al	ll Time	s: O Yes	O N	No				
	cess Controll			Ои	lo	Sit	e Contact if Gate	is Closed:	
Lo	Location of Driveway(s)								
Sp	Spike Strips at any of the driveways: O Yes O No								
	Site Safety								
	Site Safety Details:  Has perimeter fencing Has fixed lighting throughout the site (outside) Has fixed lighting throughout the site (inside) Site monitored by closed-circuit TV cameras  Has public address system installed Has covered areas Has fixed or non-fixed equipment located on the site that may be difficult to move								
Perimeter Fencing Details:									
Sit	Site Accessibility:  There are sidewalks leading to the site have wheelchair access  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	pened:	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:		
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:		
Type of Commodity:					
	Starting Quantity:	Qty Distributed:	Qty Available:		
Item 8	Type of Commodity:				
	Starting Quantity:	Qty Distributed:	Qty Available:		
Dadia Oa	anatan Onlan				

Radio Operator Only:					
Relay:	ay: 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
	<del>'',pee.'    </del>	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 cro	ss st	reets to ensure the public and logistics can locate this
	site.			
Police and Fire	Enter the law enforce	ement and fi	re a	gency 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.		