| Sunnyvale CERT | | | | | | | | | When Receiving Msg. Sender's msg. # | | | Msg.# | | | When Sending Msg. Receiver's msg. # | | |
|--|---------|-------------------------|--|-----------------------|----------|-----------------------|-----------------------------|----------------------------------|--|------------------------------------|-----------------------------------|-----------------------|--|-----------|--|-----------------------|--|
| Damage Assessment Message Form (See back for instructions) | | | | | | | | | | | | | | | | | |
| Date: | (MM/D | D/YY) ¹ | Situation Severity ² EMERGENCY (e.g., Life Threat) Use ICS Form 213 | | | | Msg | Msg. Handling Order ³ | | | | Me | Message Requests You To: 4 | | | | |
| | (24 hou | 0 | URGENT (e.g., Property Threat) Use ICS Form 213 OTHER | | | | | | | | | | ☐ FOR YOUR INFO. (no action required) | | | | |
| 2:O0 PM = | EO | | | | | Summary) Situation | Statu | is ICS | | | Position: (required) ⁶ | | | | | | |
| To: | Sur | nyva | le: EOC | | | | | | From: | Location: (required) ⁸ | | | | | | | |
| | Nan | Name: (optional) | | | | | | | | Name: (optional) | | | | | | | |
| | Tele | Telephone #: (optional) | | | | | | | | Telephone #: (optional) | | | | | | | |
| SUBJECT: 9 Damage Summary For: | | | | | | | | | | | | | | | | | |
| REFERENCE (e.g., Number of earlier msg.): 10 | | | | | | | | | | | | | | | | | |
| Fill in the blanks with your current Damage Assessment column totals 11: | | | | | | | | | | | | | | | | | |
| | re 12b | 10- | | zards | 12f | | uilding <mark>12h</mark> | s 12j | 12k | Pec 12m | ple | 10 | | ads | 10. | 104 | |
| 12a | 120 | 12c 날 | <mark>12d</mark> ਖੂ | <mark>12e</mark> ਵ | | 12g | | | _ | | 12n | <mark>12p</mark> စ | 12q | 12r | 12s | 12t | |
| Burning | Out | Gas Leak | H2O Leak | Electrical | Chemical | Light | Moderate | Heavy | Immediate | Delayed | Trapped | Morgue | Access | No Access | Other | Assigned Completed | |
| | | | | | | | | | | | | | | | | | |
| 12u: N | lessage | (what, v | when, wl | nere nee | ded, how | long: co | ntact na | ame and | phone nu | ımber) | Keep Ms | sg Brief | | | | | |
| | | | | | | | | | | | | | | | | | |
| 13.) Action taken: (for use by Originator/Recipient) -> use seperate Message form if sending a reply | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| CC: | | | | | | | | | | | | | | | | | |
| Operator Use Only: 12 How Received □ or Sent X (✓one) Operator Call Sign: | | | | | | | | | | | | | | | | | |
| ☐ Telephone ☐ Dispatch Center | | | | | | | | | | Operator Call Sign: Operator Name: | | | | | | | |
| | EOC I | | | FAX | | l Couri | er | | perau | ı 14all | 10. | | | | | | |
| □ Amateur Radio □ Other Date: Time: | | | | | | | | | | | | | | | | | |

Instructions for this Sunnyvale CERT Damage Assessment Message Form.

The Message number boxes are completed by the SARES operator sending the message.

MSG (message) number information is assigned by the radio operator. No CERT action is required for these boxes.

MSG. # is the fire station tactical call plus sequential message number. (e.g. FS-1-001, FS-1-002)

These boxes must be completed by the message originator:

- 1. Date and Time as described in each box. This is the time the form is filled in and given to the radio operator.
- 2. Situation Severity use this form for reporting a summary damage assessment. Use a Standard 213 message form for communicating all life and property threatening situations.
- 3. Msg. Handling Order the contents of this form will be communicated after all higher priority messages are sent. Use a Standard 213 message form for communicating all life and property threatening situations.
- 4. "Message Requests You To" this is information only. A reply is not expected.
- 5. All Damage Assessment report summaries are sent to ICS Position Situation Status.
- 6. ICS Position originating the message.
- 7. All Damage Assessment report summaries are sent to the Sunnyvale EOC.
- 8. This is the message originating location (e.g. FS-1 for fire station 1)
- 9. Subject line identifies the neighborhood or unique CERT reporting group originating the message.
- 10. Reference is the message number from an earlier report.
- 11. Boxes 12a through 12u and Box 13 are used to summarize the detail neighborhood damage assessment report. Keep a copy of this form along with a copy of the supporting detail form. The detail form may be required to answer questions about the summary information provided by this form.
- 12. Operator Use Only is completed by the SARES operator who sent the message.

For Reference Only

Addresses of Fire Stations are:

| Description | Location |
|--------------------------|-----------------------------------|
| 1. [FS-1]Fire Station #1 | 171 N. Mathilda Ave./Calif. Ave. |
| 2. [FS-2]Fire Station #2 | 795 Arques Ave./Wolfe Rd. |
| 3. [FS-3]Fire Station #3 | 910 Ticonderoga Dr./Mary Ave |
| 4. [FS-4]Fire Station #4 | 996 Wolfe Rd./Maria Lane |
| 5. [FS-5]Fire Station #5 | 1210 Bordeaux Dr. |
| 6. [FS-6]Fire Station #6 | 1282 N. Lawrence St. Rd./Elko Dr. |

Note: [FS-x] is the tactical designator for the fire station.