

PART THREE- FORMS
Table of Contents

1. EOC Forms
2. EOC Status Boards
3. Field Forms
4. Shelter Forms

PART THREE- EOC FORMS

Table of Contents

EOC FORMS

- EOC-001 - EOC Section/Branch/Unit Daily Activity Log
- EOC-002 - EOC Incident Summary
- EOC-003 - Daily EOC Section Time Log
- EOC-004A - EOC Check In Form
- EOC-004B - Management Section Check In
- EOC-004C - Operations Section Check In
- EOC-004D - Planning Section Check In
- EOC-004E - Logistics Section Check In
- EOC-004F - Finance Section Check In
- EOC-004 - Check in Procedures
- EOC-005 - EOC Visitation Request Form
- EOC-005 - EOC Visitor Control Procedures
- EOC-006 - Disaster Labor Record
- EOC-007 - Disaster Force Account Equipment Record
- EOC-008 - Disaster Rented Equipment Record
- EOC-009 - Disaster Materials Record
- Guidelines for Use of Disaster "Excel" Computer Spreadsheets
- EOC-010 - EOC Resource Request
- EOC-011 - Disaster Information Report
- EOC-012 - Disaster Incident Status Record
- EOC-013 - EOC Action Plan
- EOC-014 - After Action Report Instruction Sheet

DISASTER NAME _____

DISASTER # _____

Page _____ of _____

Day S M T W Th F S

City of Simi Valley - EOC Section/Branch/Unit

Operational Period # _____

Date _____

Daily Activity Log

From _____ AM to _____ PM
From _____ PM to _____ AM

EOC Position: _____

Name: _____

Time of Activity	Decisions, Resource Requests, Messages, Notes	Action Taken/Justification
AM		
PM		
AM		
PM		
AM		
PM		
AM		
PM		
AM		
PM		
AM		
PM		
AM		
PM		
AM		
PM		

Originator: All Section/Branch/Unit Coordinators.
Retain copy. Copy to incoming replacement staff
Routing: Documentation Unit (Planning/Intelligence Sect)

Journal to record verbal conversations, decisions made, assignments, completed tasks, etc. Should reflect activity of all personnel in Section/Branch/Unit. Personal record of time should be recorded by the Section Coordinator on Daily EOC Section Time Log (EOC-003.)

EOC-001

CITY OF SIMI VALLEY
EMERGENCY OPERATIONS CENTER
CHECK IN FORM

DISASTER NAME _____

DISASTER NUMBER _____

Day S M T W Th F S **Operational Period #** _____

Date _____ **From** _____ **AM** to _____ **PM**

From _____ **AM** to _____ **PM**

NAME _____

Originator: 1) First person arriving in EOC 2) <i>Management Section or Documentation Unit (Planning/Intelligence Section)</i>	Track EOC personnel/position assignments.
Routing: Documentation Unit (Planning/Intelligence Section)	

EOC-004A

MANAGEMENT SECTION

NAME	POSITION	DEPARTMENT/ AGENCY	TIME- IN	TIME- OUT
	EOC Director			
	Assistant EOC Director			
	Public Information Officer			
	Operational Area Coordinator			
	Legislative Liaison			
	EOC Coordinator			
	Security Officer			
	Liaison Officer			
	Agency Representative			
	Agency Representative			
	Agency Representative			
	Agency Representative			
	Agency Representative			
	Agency Representative			
	Legal Advisor			
	Safety Officer			

EOC-004B

OPERATIONS SECTION

NAME	POSITION	DEPARTMENT/ AGENCY	TIME- IN	TIME- OUT
	Operations Coordinator			
	Fire Branch Coordinator			
	Law Branch Coordinator			
	Coroner Unit			
	Medical/Health Branch Coordinator			
	Public Works Branch Coordinator			
	Building & Safety Branch Coordinator			

EOC-004C

PLANNING/INTELLIGENCE SECTION

NAME	POSITION	DEPARTMENT/ AGENCY	TIME- IN	TIME- OUT
	Planning/Intelligence Coordinator			
	Situation Status Unit			
	Resources Unit			
	Damage Assessment Unit			
	Advance Planning Unit			
	Documentation Unit			
	Demobilization Unit			
	Technical Specialists			

EOC-004D

LOGISTICS SECTION

NAME	POSITION	DEPARTMENT/ AGENCY	TIME- IN	TIME- OUT
	Logistics Coordinator			
	Procurement Unit			
	Transportation Unit			
	Facilities Unit			
	Care & Shelter Branch Coordinator			

EOC-004E

FINANCE/ADMINISTRATION SECTION

NAME	POSITION	DEPARTMENT/ AGENCY	TIME- IN	TIME- OUT
	Finance/Admin. Coordinator			
	Cost Recovery Documentation Unit			
	Time/Personnel Unit			
	Purchasing/Telecom. Unit			
	Comp/Claims Unit			
	Cost Analysis Unit			
	Information Systems			

EOC-004F

CITY OF SIMI VALLEY

EMERGENCY OPERATIONS CENTER (EOC)

CHECK IN PROCEDURES

Since the City of Simi Valley does not have a dedicated EOC, it is the intent of this procedure to effectively set up the EOC and have it operational in the shortest possible time, while accounting for all personnel. It is equally important for the EOC Director to be able to visualize which EOC sections, branches and units are staffed.

The first person to arrive in the EOC should:

- Take a deep breath and relax
- Set up a table and chair near the EOC entrance for Check In
- Get "check in" supplies from storage (check in sign, check in sheets, pens, master list of assignments for EOC)
- Place "Check In" sign in a visible location
- Fill in the "known" information on the cover page of check in sheet
- Clearly print the "name" of each arriving person, their "department" and the "time" they arrived next to their assigned position in the appropriate section. If they do not know their assignment, refer to the master list of assignments. If they do not appear on the master list of assignments, fill in their name in the appropriate section in the blanks provided.
- Remind them to "sign in" on the large white board containing the EOC Organization Chart if they are a section, branch, or unit leader
- Have them set up the tables and chairs for their SECTION
- Have them pick up the supplies and equipment for their EOC position from the storage area
- Have them plug in their phone first
- Remind them to put on their vest if they are a section, branch, or unit leader
- Continue checking people in and giving them instruction until a representative from the Planning/Intel Unit arrives to take over
- Proceed to your assigned EOC position and set up your area

City of Simi Valley EOC Visitation Request Form

DATE _____

NAME _____
(please print)

ADDRESS _____

TELEPHONE (Work) _____ (Home) _____

ORGANIZATION REPRESENTED _____

REASON FOR REQUEST _____

I understand that completion of this form does not constitute an agreement, expressed or implied, to permit me to enter the Emergency Operations Center (EOC).

If granted permission to enter the EOC, I agree to remain in the Visitor Control Area while in the EOC unless I am directed elsewhere by EOC staff. Further, I understand that visitation privileges may be terminated at any time and I agree to leave promptly upon notification of the termination of visitation privileges.

Signature

Signature of Authorizing Employee _____

Time In _____ Time Out _____ Areas Visited _____

Originator: Management Section Staff	Track EOC visitors
Routing: Documentation Unit (Planning/Intelligence Section)	

EOC-005

EOC VISITOR CONTROL PROCEDURES

Visitors wishing to enter the Emergency Operations Center during an actual emergency or disaster must fill out a Visitation Request Form (**attached**), which may be obtained at the _____.

All Visitation Request Forms will be reviewed by the *EOC Coordinator*. Only those visitors whom the *EOC Coordinator* determines will benefit the emergency operations effort will be allowed in to the Emergency Operations Center. This might include, but is not limited to: local company officials, representatives from other cities, etc.

All visitors must remain within the Visitor Control Area while in the EOC unless directed to do otherwise by City EOC staff.

Disaster Labor Record

City of Simi Valley													Page (1) of (1)																																							
Labor Record													Time Period: (Date) to (Date) (Year)																																							
Location of Work:			(City)				Date Prepared:		(Date)				(Year)																																							
Description of Work:			(Shelter Operations etc)				State DSR No.		(enter #)																																											
Labor Record Prepared By:			(Your Name)				Fed DSR N		(enter #)				Job Site Number: (enter #)																																							
OES No.																																																				
FEMA- (#)	-DR	P.A. No.							Category () A	() B	() C	() D	() E	() F	() G																																					
Name													Job Class		Date / Hours Worked Each Day							Total		Total																												
															Sun		Mon		Tues		Wed		Thurs		Fri		Sat		Total Hrs		Gross		Gross		Benefit		Benefit		Regular		O.T.											
													Date																																							
name													Reg.																																							
													O.T.																																							
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													O.T.																																							
name													Reg.																																							
													O.T.																																							
Totals																																																				
I certify that this is a true copy:																																																				
This form is based on OES Form 103 (rev2-93) DAD Form																																																				

Disaster Force Account Equipment Record

City of Simi Valley										Page	(1) of	(1)		
Force Account Equipment Record										Time Period:	(Date)	to	(Date)	(Year)
Location of Work: (City)					Date Prepared: (Date)									
Description of Work: (Shelter Operations etc)					State DSR No. (enter #)									
Labor Record Prepared By: (Your Name)					Fed DSR N (enter #)					Job Site Number: (enter #)				
OES No.														
FEMA- (#)			-DR		P.A. No.					Category () A () B () C () D () E () F () G				
Type of Equipment		Equipment Reference			Date / Hours Used Each Day					Total	Hourly	Total		
Indicate size, capacity, horsepower, make and model as appropriate		Number			Date						Hours	Rate	Cost	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
					Hours						0.00		\$0.00	
I certify that this is a true copy: _____														
This form is based on OES Form 129 (10/89) DAD Form										EOC Form 007 (Rev 4-97)				

Disaster Rented Equipment Record

City of Simi Valley		Rented Equipment Record		Page	(1) of	(1)					
Date Prepared:	(Date)	Time Period:	(Date)	to	(Date)	(Year)					
Location of Work:	(City)		(Date)		(Year)						
Description of Work:	(Shelter Operations etc)	State DSR No.	(enter #)								
Record Prepared By:	(Your Name)	Fed DSR N	(enter #)	Job Site Number:	(enter #)						
OES No.											
FEMA- (#)		-DR		Category	() A	() B	() C	() D	() E	() F	() G
P.A. No.											

Type of Equipment	Date	Time Used	Rate Per Hour		Total	Vendor	Invoice Number	Payment Date	Amount Paid
			w/Opr	wo/Opr					
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				

I certify that this is a true copy _____

Disaster Materials Record

City of Simi Valley											
Materials Record				Page	(1) of	(1)					
Date Prepared:	(Date)			Time Period:	(Date)	to					
Location of Work:	(City)				(Date)	(Year)					
Description of Work:	(Shelter Operations etc)			State DSR No.	(enter #)						
Record Prepared By:	(Your Name)			Fed DSR No.	(enter #)		Job Site Number:	(enter #)			
OES No.											
FEMA- (#)		-DR		Category	() A	() B	() C	() D	() E	() F	() G
P.A. No.											
Vendor	Description	Quantity	Unit Price	Extension	Tax	Total Price	Info	From Stock	Date Bought	Date Used	
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
				0.00	0.00	\$0.00					
						\$0.00					
I certify that this is a true copy: _____							EOC Form 009 (rev 4/97)				

GUIDELINES FOR USE OF DISASTER "EXCEL" COMPUTER SPREADSHEETS

There are four computer forms in this series. Each of the forms is closely patterned after OES forms, and some of them are identical to the OES forms (except in typographical design). All of the forms are designed in Microsoft "Excel" version 4.0

The four forms are: (1) the **Disaster Labor Record**, used to summarize force account labor costs on various disaster response and recovery projects; (2) the **Disaster Force Account Equipment Record**, used to summarize force account equipment used on various disaster response and recovery projects; (3) the **Disaster Rented Equipment Record**, used to summarize rented equipment used on various disaster response and recovery projects; and (4) the **Disaster Materials Record**, used to track expenses for materials used on disaster response and recovery projects.

There are two parts to each form, the Header Information, and the Data Information. The information required for the Headers is identical, while the information required for the Data sections is variable.

Each of the Headers has cells that are shaded. Most of these shaded cells will require data that will be common to all of your forms. However, depending on the nature of the disaster, and the work done, there will be some variations in the Header information.

Insert the name of your City in the cell to the right of the cell "Location of Work"

Insert a brief description of the task or operation being performed to the right of the cell "Description of Work"

Insert the name of the individual preparing the computer worksheet to the right of the cell "Labor record prepared by"

Consult with your OES or FEMA representative for the correct number that you should enter data in the cells to the right of the following cells: "OES No.", "FEMA-" and "P.A. No."

Enter the date the report is prepared in the appropriate cell

Enter the page number in the appropriate cell

In the cells for time and date, enter the correct information to identify the time and date when the work was done

Consult with your OES or FEMA representative for the correct number that you should enter data in the cells to the right of the following cells: "State DSR No. " and "Fed DSR"

If you are tracking work by job numbers enter that information in the cell to the right of the cell marked "Job Site Number:"

In the boxes to the right of the cell marked "Category", place an "X" mark in only one box for each record prepared

Separate records should be filled out for each different project. It may be necessary to fill out separate records for each day (or operational period or shift) to maintain a clear record of costs incurred on each project.

Separate explanations for entering data on each of the different records follows. In general however, data will be entered in those light (or salmon) colored cells. **Cells that are not shaded should not be changed, as they may contain formulas for calculation of expenses.** The dark shading is only for convenience in place keeping. It may not be necessary to enter data in every light shaded cell; this will depend on your data.

GUIDELINES FOR USE OF DISASTER "EXCEL" COMPUTER SPREADSHEETS

Disaster Labor Record

Enter data as necessary in the cell(s) "Name", and "Job Class". If the employee earns overtime wages at the rate of 1.5 times their normal hourly rate, overtime will automatically be calculated at that rate (1.5), otherwise it will be necessary to change the formula. Enter regular hours and overtime hours in their respective cells, along with the date worked. The total regular hours, and total overtime hours will automatically be calculated. Enter the hourly rate for each separate employee. The spreadsheet will calculate the total wages earned. You must enter the "Benefit Rate" to get a calculation of benefit costs. This rate may vary from employee to employee.

Disaster Force Account Equipment Record

When you enter the "Type of Equipment", be sure to include all necessary information to substantiate the equipment rate. Enter a reference number as necessary. Enter the date and hours used for each piece of equipment. The total number of hours will calculate. When you enter the hourly rate, the spreadsheet will calculate the total cost of the equipment.

Disaster Rented Equipment Record

When you enter the "Type of Equipment", be sure to include all necessary information to substantiate the equipment rate. Enter the date and hours used for each piece of equipment. **On this form, enter information in only one of the two cells under the "Rate Per Hour" heading.** If information is entered in both cells, the calculation may be incorrect! The total cost will calculate. Enter information for "Vendor", "Invoice Number", "Payment Date" and "Amount Paid" as necessary.

Disaster Materials Record

Enter information on the cells marked "Vendor", "Description", "Quantity" and "Unit Price" as appropriate. The extension will be calculated, and tax will be figured at the rate for Los Angeles County (.0825%), and included in the total price. Enter data in the "Info", "From Stock", "Date Bought" and "Date Used" cells as necessary.

City of Simi Valley - EOC Resource Request

An attempt should be made to fill all resource requests through Operations Branches before sending to Logistics

Resource Requested:							
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Priority: →→→	Critical / Life Safety →		Urgent →		Routine →
Incident Address:			Incident Type:				
Resource Requested by:			Agency / Dept:				
Duration Needed:			Phone:				
Staging/Delivery Location:			Delivery Contact:				
Form Prepared By:			EOC Position:				
Latest Acceptable Delivery: (Date / Time)							
Purpose / Use:							
Suggested Source(s):							
Approval by Section Coordinator:		Signature:					
Filled By Operations?		Send to Logistics?					
Section below to be filled out by supplying agency / dept.							
Resource Ordered From:							
Vendor/Agency Address:							
Vendor/Agency Contact Person:			Phone:				
Date Ordered:			Time Ordered:				
Estimated Date/Time of Arrival:			Inv./ Resource Order #:				
Comments:							
Initialed By Operations: →		Logistics: →		Finance: →			
Originator: Any EOC position. Retain copy.				This form is used to request all resources, for field use and for EOC use.			
Routing: Approval by Section Coordinator; then send to Logistics.							

Additional Notes:

EOC - 010

City of Simi Valley - Disaster Incident Status Report

This form is used to record disaster information from active incidents **WITH** an Incident Commander on scene.

Initial Report

Update Report

Date: _____ Time: _____

Incident Address:	<input type="checkbox"/>	Facility/ Bldg. Name	<input type="checkbox"/>
Damage Reported by:		Agency / Dept:	
Incident Type:		Phone #:	
Report Date:	<input type="checkbox"/>	Time:	<input type="checkbox"/>
Damage Report Taken By:		EOC Position:	
Description of Problem:	<input type="checkbox"/>		
Action Taken:			
Comments:	<input type="checkbox"/>		

INCIDENT INFORMATION - (Complete / update as information becomes available)

Incident Commander:	<input type="checkbox"/>	Lead Agency / Dept:	
Incident Name:	<input type="checkbox"/>	Field Contact :	
Radio Frequency:		Phone Number:	
Command Post Location:			
Resources Used:			
Additional Resources Needed:	No ➡	Yes, submit Resource Request form	➡
Estimated Damage to Structure(s):		Estimated Damage to Contents:	
Estimated Number Evacuated:	<input type="checkbox"/>	Evacuation Location:	<input type="checkbox"/>
Shelter Required:	No ➡	Yes, submit Resource Request to Care & Shelter	➡
Estimated Number of Injuries:	<input type="checkbox"/>	Estimated Number of Deaths:	<input type="checkbox"/>
Situation status initial: ➡			
Originator:	Ops Section/Branch Coordinator. Retain Copy	<input type="checkbox"/> Information in all boxes marked with this symbol (<input type="checkbox"/>) needs to be posted to the appropriate Status Board <input type="checkbox"/>	
Routing:	Situation Status Unit (Planning / Intelligence Section)		

EOC - 012

City of Simi Valley EOC Action Plan

SUMMARY DOCUMENT RESULTING FROM ACTION PLANNING MEETING

Incident Name:		Date Prepared:		Time Prepared:	
Operational Period:	(Date/time)				
Situation:					
Major Incidents/Events:					
Prioritized Objectives:					
Assignments and Actions:					
Logistical Support Needed:					
Originator: <i>Planning/Intelligence Section Coord Documentation Unit (Planning/ Intelligence Section</i>			Based on situation and resources available, develop an Action Plan for each Operational Period.		
Routing: <i>All Sections</i>					

EOC-013

Attachments:

Required:

Organization Chart

Optional:

Weather Forecast

DAC Locations

Medical Plan

Operating Facilities List

Maps

Safety Plan

Communications Plan

Other _____

Prepared by: (Planning/Intelligence Section Coordinator) _____

Approved by: (EOC Director) _____

Standardized Emergency Management System

AFTER-ACTION REPORT INSTRUCTION SHEET

WHO SHOULD COMPLETE THIS FORM

[Note: Pursuant to §2450(a), Chapter 1, Division 2, Title 19 CCR, "any city, city and county declaring a local emergency for which the governor proclaims a state of emergency, and any state agency responding to that emergency, shall complete and transmit an after-action report to OES within ninety (90) days of the close of the emergency period as specified in CCR, Title 19, §2900(j)."]

In addition, affiliated agencies such as contract ambulance companies, volunteer agencies including the American Red Cross and Salvation Army, and any other agency providing a response service during an actual occurrence, functional or full-scale exercise, are requested to complete this form.

Beyond the statutory requirement for after-action report, information collected through this process is important for the Governor's Office of Emergency Services to ensure the effectiveness of the Standardized Emergency Management System. Information is also utilized to demonstrate grant performance activity associated with FEMA training and exercise programs; as well as providing justification for future grant funded emergency management programs for California.

PART I - GENERAL INFORMATION

Please fill this information out completely. Check all boxes that apply. The following information is provided as additional clarification:

- **TYPE OF AGENCY:** If "other," indicate volunteer, contract, private business, etc.
- **DATES OF EVENT:** Beginning date is the date your agency first became involved in the response to the event or exercise. Ending date is the date the response phase or exercise was over.
- **TYPE OF EVENT:** Planned events are parades, demonstrations or similar occurrences.

PART II - SEMS FUNCTIONS EVALUATED

- **TOTAL PARTICIPANTS:** All participants in each principal SEMS function. It is not necessary to itemize the number participating in each element under the principal function.
- **EVALUATION:** If all elements of a principal SEMS function were generally satisfactory, circle (S). If deficiencies were noted (needs

improvement), circle (NI).

- **CORRECTIVE ACTION:** If (NI) was circled under EVALUATION, indicate whether the corrective action pertains to "planning, training, personnel" etc. Further clarification should be provided in Part II, Questions 20-24, and Part III Narrative as desired.
- **OTHER PARTICIPANTS:** This box generally applies to exercises. Please indicate the total number of exercise staff, i.e., controllers, simulators, etc., and any community volunteers (simulated victims, moulage, etc.).

PART III - AFTER ACTION REPORT QUESTIONNAIRE

- **QUESTIONS 1-19:** Answer "YES, NO, or N/A" (Not Applicable).
- **QUESTIONS 20-24:** Response to these questions should address areas identified as "N/I" or requiring "Corrective Action," in Part I; as well as any "NO" answers given to questions 1-19.

PART IV - NARRATIVE

This is optional space provided for further clarification and information relating to Parts II and III.

- **FORM COMPLETED BY:** Please print your name legibly in the space provided.
- **REPORT DUE DATE:** Please indicate the due date. (Ninety days from the end of the response phase, or completion of the exercise).
- **DATE COMPLETED:** The actual date the report is completed and sent to OES.

Please forward completed reports to your OES Administrative Region Office. Agencies are encouraged to maintain copies of this report on file for record-keeping purposes.

**Coastal Region
(OAKLAND)**
1300 Clay Street, Suite 408
Oakland, CA 94612
(510) 286-0895

**Inland Region
(SACRAMENTO)**
2800 Meadowview Road
Sacramento, CA 95832
(916) 262-1772

**Southern Region
(LOS ALAMITOS)**
11200 Lexington Drive
Building 283
Los Alamitos, CA 90720-5002
(562) 795-2900

EOC-014/OES Form 186 (3/97)

PART III - AFTER ACTION REPORT QUESTIONNAIRE

This questionnaire must be completed for all functional or full-scale exercises, and actual occurrences. Responses to questions 20-24 should address areas identified as "needing improvement and corrective action" in Part I; as well as any "No" answers given to questions 1-19 below:

DISASTER NAME:	PLANNED EVENT/EXERCISE NAME:
----------------	------------------------------

QUESTION:	YES	NO	NA
1. Were procedures established and in place for response to the disaster?			
2. Were procedures used to organize initial and ongoing responses?			
3. Was the ICS use to manage field response?			
4. Was Unified Command considered or used?			
5. Was your EOC and/or DOC activated?			
6. Was the EOC and/or DOC organized according to SEMS?			
7. Were sub-functions in the EOC/DOC assigned around the five SEMS functions?			
8. Were response personnel in the EOC/DOC trained?			
9. Were action plans used in the EOC/DOC?			
10. Were action planning processes used at the field response level?			
11. Was there coordination with volunteer agencies such as the Red Cross?			
12. Was an Operational Area EOC activated?			
13. Was Mutual Aid requested?			
14. Was Mutual Aid received?			
15. Was Mutual Aid coordinated from the EOC/DOC?			
16. Was an inter-agency coordination group established at the EOC/DOC level?			
17. Was communication established and maintained between agencies?			
18. Was the public alerting and warning conducted according to procedure?			
19. Was public safety and disaster information coordinated with the media?			
20. What response actions were taken by your agency? Include such things as mutual aid, number of personnel, equipment and other resources:			
21. As you responded, was there any part of SEMS that did not work for your agency? If so, how would (did) you change the system to meet your needs?			
22. As a result of your response, are any changes needed in your plans or procedures? Please provide a brief explanation:			
23. As a result of your response, please identify any specific areas not covered in the current SEMS Approved Course of Instruction or SEMS Guidelines?			
24. If applicable, what recovery activities have you conducted to date? Include such things as damage assessment surveys, hazard mitigation efforts, reconstruction activities, and claims filed:			

PART THREE- EOC STATUS BOARDS

Table of Contents

EOC STATUS BOARDS

- EOC-301 - Major Business & Commercial Status
- EOC-302 - Mental Health-Church-Community Agency Status
- EOC-303 - Critical Government Facilities Status
- EOC-304 - Available Community Resources
- EOC-305 - EOC Activation Status
- EOC-306 - Evacuation & Closed Area Status/Shelter Status
- EOC-307 - Highway Transportation Status
- EOC-308 - Natural Hazards Status/Technical Hazard Status
- EOC-309 - Major Incident Status Board
- EOC-310 - Hospital-First Aid- C.C.P. & Mortuary Status/Injury & Mortality Status
- EOC-311 - Assisting Agency/Mutual Aid Status
- EOC-312 - Critical Resource Request Status
- EOC-313-A - Public Private School Status
- EOC-313-B - Public Private School Status
- EOC-314 - Utility Status/Special Situations Status
- EOC-315 - Weather Status/Logistics Status
- EOC-316 - EOC Organization Chart - Sign In
- EOC-317 - Reconnaissance Report Status Board

Major Business & Commercial Status

Date: _____

Time: _____ A.M. / P.M.

Include all major businesses that are affected by the disaster, and are closed or at reduced capacity due to any condition related to the disaster.
Also list those companies that could have a significant impact on tax revenues.

Company	Address/Phone	OK	Problems

Mental Health-Church-Community Agency Status

Date: _____

Time: _____ A.M. / P.M.

Include all non-government organizations (including American Red Cross) that are providing services to the community for food, shelter, clothing, first aid, mental health, housing assistance etc.

Organization	Address / Phone	Services Provided	Hours Open

Critical Government Facilities Status

Date: _____

Time: _____ A.M. / P.M.

Include all City, County, State and Federal Facilities that are affected and / or may provide disaster assistance.

Facility	Address / Phone	OK	Problems

Available Community Resources

Date: _____

Time: _____ A.M. / P.M.

This is a current listing of available key resources donated by the Community

Item	Qty	Donor	Contact Person	Phone	Available At

EOC Activation Status

Date: _____ Time: _____ A.M. / P.M.

Time	EOC Activated to:	TIME	Level 1	TIME	Level 2	TIME	Level 3
	Area Coordinator Notified @ (xxx)555-1212 or Paged @ (xxx) 555-2121						
	Operational Area (Op Area) Notified via _____ Sheriff's Station						
	Recon Report Submitted to Op Area						
	City Status Report Submitted to Op Area						
	Op Area EOC Activated						

Other Local Area EOCs Activated

	City 1	Date	Time	Phone	City 2	Date	Time	Phone	City 3	Date	Time	Phone
	City 4	Date	Time	Phone	City 5	Date	Time	Phone	City 6	Date	Time	Phone

Proclamation/Declaration Status

	Date	Boundary / Area(s)
Local Proclamation		
State Proclamation		
Federal Declaration		

Evacuation & Closed Area Status

Date: _____

Time: _____ A.M. / P.M.

Evacuation/ Area Name	Evacuation / Area Boundaries	Number Evacuated	Evacuation / Closure Status

Shelter Status

Shelter Address	Phone Number	Population / Special Needs	Notes

Natural Hazards Status

Date: _____

Time: _____ A.M. / P.M.

Under Natural Hazards include known exposures to flooding, landslides, dam failures, brush fires etc.

Hazard	Location	Time / Date Checked	Problems

Technical Hazard Status

Under Technical Hazards include known exposures to hazardous materials facilities, petroleum pipe lines, rail road lines etc.

Hazard	Location	Time / Date Checked	Problems

EOC-308

Hospital - First Aid - C.C.P. & Mortuary Status

Date: _____

Time: _____ A.M. / P.M.

Include health care facilities that are unable to provide services because of the disaster, **AND** those that are able to provide services. Also list Casualty Collection Points (CCPs) and mortuaries as appropriate.

Facility	Address / Phone	OK	Problems

Injury & Mortality Status

Note: Figures shown below are UNOFFICIAL ESTIMATES only.
The Official Death count is only issued by the Los Angeles County Coroner's Office.

As of (Date / Time)	UNCONFIRMED DEATHS ➡	UNCONFIRMED HOSPITALIZED ➡	UNCONFIRMED INJURIES ➡
As of (Date / Time)	CONFIRMED DEATHS ➡	CONFIRMED HOSPITALIZED ➡	CONFIRMED INJURIES ➡

EOC-310

Assisting Agency / Mutual Aid Status

Date: _____

Time: _____ A.M. / P.M.

List both public and non-profit agencies that are providing personnel to assist with disaster response and recovery.

Agency	ETA	# Personnel	# Units	O.I.C.	Assignment

Public & Private School Status

Date: _____

Time: _____ A.M. / P.M.

Include all affected schools (public and private), adult education centers, and large day care facilities.

School	Address / Phone	OK	Problems	Check List

EOC-313-B

Utility Status

Date: _____

Time: _____ A.M. / P.M.

	Phone	OK	Due On	Problems
Water (Fire Mains)				
Water(Potable)				
Electricity				
Phones				
Natural Gas				
Sewers				
Storm Drains				
Cable T.V.				

Special Situations Status

Weather Status

Date: _____

Time: _____ A.M. / P.M.

Last Report Date:

Last Report Time:

	Weather Now	Projection for Next 24 Hours
Temperature		
Wind Direction		
Wind Speed		
Humidity		
Precipitation		

Logistics Status

Commodity	Available At:
Diesel Fuel	
Gasoline	
Water (Pre-packaged)	
Water Bulk	
Staging Area(s)	

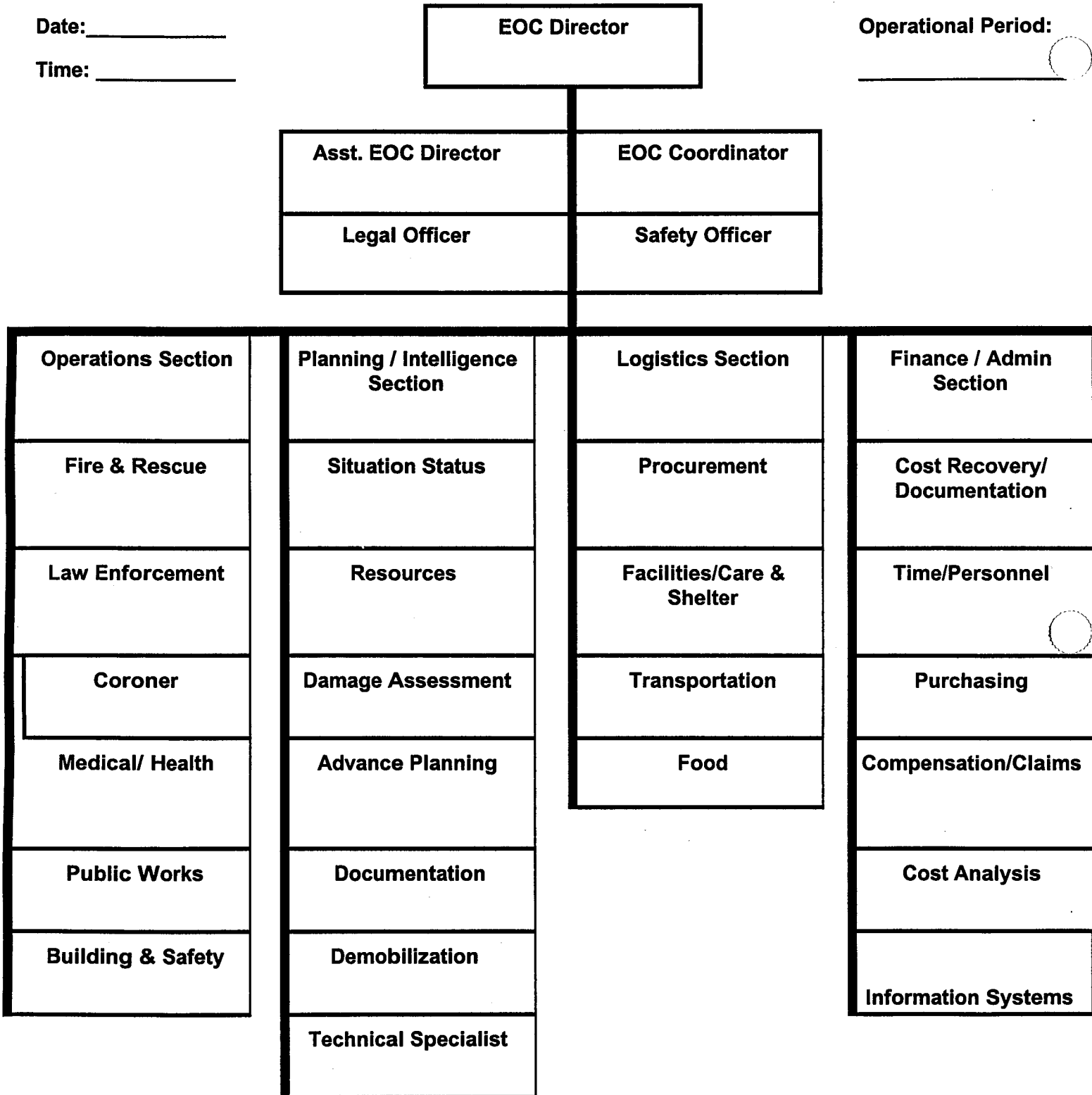
EOC-315

EOC Organization Chart-Sign In

Date: _____

Time: _____

Operational Period: _____



EOC - 316

Reconnaissance Report Status Board

City of Simi Valley

Item	Explanation	Data			
Infrastructure	General status of facilities such as dams, disaster routes, freeways, airports, flood control system, utilities, high occupancy structures, within the City of Simi Valley	Green	Amber	Red	Black
Hospitals	General status of private and County hospitals. It does not apply to small medical facilities or clinics. ONLY HOSPITALS	Green	Amber	Red	Black
Fire/Rescue	General status of supporting fire / rescue agency, whether City owned or contracted service.	Green	Amber	Red	Black
Law Enforcement	General status of supporting law enforcement agency, whether City owned or contracted service.	Green	Amber	Red	Black
Communications	Status of City operated communications systems. (NOT COMMERCIAL SYSTEMS, such as Pac Bell GTE etc.)	Green	Amber	Red	Black
Status of Government	How well is the City government able to respond to the emergency.	Green	Amber	Red	Black

Optional Departments - For City Use Only

Public Works	How well is the City's Public Works Dept. able to respond to the emergency.	Green	Amber	Red	Black
Utilities	How well is the City's Utility Dept. able to respond to the emergency.	Green	Amber	Red	Black
Transportation	How well is the City's Transportation Dept. able to respond to the emergency.	Green	Amber	Red	Black
Care & Shelter	How well is the City's Parks & Recreation Dept. able to respond to the emergency	Green	Amber	Red	Black

This form corresponds with Op Area Form 122.

EOC-317

- Green** indicates that normal service levels exist.
- Amber** indicates some reduction in normal service levels.
- Red** indicates that service is available only for the most serious life threatening situation.
- Black** indicates that no services can be rendered.

PART THREE- FIELD FORMS

Table of Contents

FIELD FORMS

F-200 - Incident Work Report
F-201 - Daily Shelter Activity Report
F-202 - Staging Area Check In
F-203 - Field Incident Briefing Work Sheet
Building Placards (English and Spanish)
ATC-20 Rapid Evaluation Safety Assessment Form

City of Simi Valley - Disaster Field Unit - Incident Work Report

Incident Address: (Use one form for each different location)			
Description of Problem:			
Description of Work Done:			
Date Work Started:		Time:	
Date Work Stopped:		Time:	
Unit I.D.:		Agency/Dept:	
Crew Supervisor:			

Resources Used

Personnel:			Hours	
Name	Agency / Department	Reg.	O.T.	

Equipment Used:		
Unit #	Description	Hours

Materials Used:		
Description	Total Cost	From Stock

Special Fees:		
Fee	Receipt Number	Cost

Originator: All Field Personnel or Supervisors Routing: Send forms to the Finance Section of the EOC daily, attach any receipts or invoices.	A separate form should be filled out for each different work location. All personnel, equipment, supplies, materials, and fees should be accounted for.
---	---

City of Simi Valley Daily Shelter Activity Report

Report due into the City EOC by 8:00 A.M. each day

Shelter Site: _____ Date: _____

To: City of Simi Valley EOC From: _____

Shelter Capacity	Overnight Occupants	Breakfast	Lunch	Dinner

Report Period: _____ Shelter Phone: _____

Day Shift

Evening Shift

Shelter Manager: _____

Asst. Shelter Manager: _____

Nurse: _____

Workers: _____

Narrative (Day Shift) _____

F-201 (first page)

Narrative (Evening Shift): _____

Resources Needed:

Immediate

Future

Immediate	Future

Originator: Shelter Manager
Retain copy
Routing: Care & Shelter Branch (Ops Section)

Report shelter activity/information to the EOC daily at 8:00 a.m.

Field Incident Briefing Work Sheet

Date		Time	
Prepared By		Preparers Agency/Dept.	
Incident Name			
Incident Commander			
Incident Address / Location			
Facility / Building Name			
Incident Command Post Location			
Staging Location(s)			
Other jurisdiction(s) Involved			
Description of Problem			
Cause			
Area Involved			
Containment/Closure expected at			
Main Threat			
Current Incident Status			
Predicted Weather (next 24 hours)			
Phones #'s & Radio Frequencies			
Medical Care available at			
Meals available at			
Supplies available at			
Fuel available at		Phone #s	
Equipment available Area at			
Lodging available at			
Refer all media to (PIO Location)			
Your Assigned Task (s):			
<p style="text-align: center;">When you have completed an assigned task, or have finished your work shift, report to the staging area. Report back to staging before beginning your next shift.</p>			

F-203

INSPECTED

This placard to be
printed on green
paper

LAWFUL OCCUPANCY PERMITTED

This structure has been inspected (as indicated below) and no apparent structural hazard has been found.

- Inspected Exterior Only
- Inspected Exterior and Interior

Report any unsafe condition to local authorities; reinspection may be required.

Inspector Comments:

Facility Name and Address:

Date: _____

Time: _____

(Caution: Aftershocks since inspection may increase damage and risk.)

This facility was inspected under emergency conditions for:

(Jurisdiction)

Inspector ID / Agency

**Do Not Remove, Alter, or Cover this Placard
Until Authorized by Governing Authority**

UNSAFE

This placard to be
printed on red paper

**DO NOT ENTER OR OCCUPY:
(THIS PLACARD IS NOT A DEMOLITION ORDER)**

This structure has been inspected, found to
be seriously damaged and is unsafe to
occupy, as described below:

**Do not enter, except as specifically
authorized in writing by jurisdiction.
Entry may result in death or injury.**

Facility Name and Address:

Date: _____

Time: _____

This facility was inspected under emergency
conditions for:

(Jurisdiction)

Inspector ID / Agency

**Do Not Remove, Alter, or Cover this Placard
until Authorized by Governing Authority**

RESTRICTED USE

This placard to be
printed on yellow
paper

Caution: This structure has been inspected and found to be damaged as described below:

Entry, occupancy, and lawful use are restricted as indicated below:

Facility Name and Address:

Date: _____

Time: _____

(Caution: Aftershocks since inspection may increase damage and risk.)

This facility was inspected under emergency conditions for:

(Jurisdiction)

Inspector ID / Agency

**Do Not Remove, Alter, or Cover this Placard
until Authorized by Governing Authority**

RESTRICTED USE

This placard to be
printed on yellow
paper

Caution: This structure has been inspected
and found to be damaged as described below:

Entry, occupancy, and lawful use are restricted
as indicated below:

Do not enter the following areas: _____

Brief entry allowed for access to contents: _____

Other restrictions: _____

Facility name and address:

Date: _____

Time: _____

(Caution: Aftershocks
since inspection may increase damage and
risk.)

This facility was inspected under emergency
conditions for:

(Jurisdiction)

Inspector ID / Agency

**Do Not Remove, Alter, or Cover this Placard
until Authorized by Governing Authority**

Peligro

This placard to be
printed on red paper

No entre ni ocupe este edificio

Esta estructura ha sido inspeccionado y encontrada seriamente dañada por orden del Departamento del Construccion y Seguridad de la Ciudad de Simi Valley

Este edificio esta severamente dañado y es peligroso. NO ENTRE. El entrar o habitar en este edificio podria causar muerte o heridas. El entrar o habitar este edificio sin permiso es un delito. Las siguientes indiciones estan incluidas en esta advertencia:

Inspeccionado solo exteriormente

Inspeccionado solo interiormente

Comentarios:

Esta lugar ha sido inspeccionado bajo condiciones de emergencia por

Fecha: _____

Hora: _____ A.M./P.M.

Inspeccionado por: _____

Inspeccion Siguiete _____

Telefono #: _____

Es un delito el remover, desfigurar, cubrir o esconder este cartel

Inspeccionado

This placard to be
printed on green
paper

No hay peligro de daño estructural aparente

Esta Estructura ha sido inspeccionado por el
Departamento de Construccion y Seguridad de la Ciudad
de Simi Valley

Una inspeccion de emergencia de este edificio indica
que no hay daño aparente. Consulte a un ingeniero
registrado para obtener un analysis mas completo.
Reporte cualquier condicion peligrosa que observe al
Departamento de Construccion y Seguridad

LAS SIGUIENTES INDICACIONES ESTAN INCLUIDAS
EN ESTA ADVERTENCIA:

- Inspeccionado solo exteriormente
- Inspeccionado solo interiormente

Comentarios:

Este lugar ha sido inspeccionado bajo
condiciones de emergencia por:

Fecha: _____

Hora: _____ A.M.

Inspeccionado por: _____

Inspeccion siguiente _____

Telefono #: _____

Es un delito el remover, desfigurar, cubrir o esconder este cartel

Uso Restringido

This placard to be
printed on yellow
paper

Prohibido el Acceso a Personal No Autorizado por Orden del
Departamento de Edificaciones y Seguridad de la Ciudad de City
of Simi Valley

Aviso: Esta estructura ha sido dañada y su ocupacion puede
ser peligrosa. Cualquier ingreso o ocupacion no autorizada es
un delito. (Precaucion: Los sismos posteriores a la inspeccion
pueden aumentar el riesgo de daño)

Direccion inclusiva: _____

Esta instalacion fue inspeccionada bajo condiciones de
emergencia por: _____

Fecha: _____ Hora: _____ AM/PM

El ingreso, la ocupacion y el uso legal estan restringidos segun
se indica abajo.

la recuperacion supervisada de las posesiones esta limitada
(ver comentarios abajo)

Areas especificas del edificio (ver comentarios abajo)

Comentarios:

Inspeccionado por: _____

Fecha: _____

Reinspeccionado por: _____

Fecha: _____

Comentarios Acerca de la Reinspeccion:

Si se desea mas informacion, favor de llamar al
Telefono: _____

**La extraccion, reubicacion, alteracion, mutilacion, cobertura u ocultacion de este letrero es un
delito**

ATC-20 Rapid Evaluation Safety Assessment Form

Inspection

Inspector ID: _____

Inspection date and time: _____ AM PM

Affiliation: _____

Areas inspected: Exterior only Exterior and interior

Building Description

Building name: _____

Address: _____

Building contact/phone: _____

Number of stories above ground: ____ below ground: ____

Approx. "Footprint area" (square feet): _____

Number of residential units: _____

Number of residential units not habitable: _____

Type of Construction

- | | |
|---|---|
| <input type="checkbox"/> Wood frame | <input type="checkbox"/> Concrete shear wall |
| <input type="checkbox"/> Steel frame | <input type="checkbox"/> Unreinforced masonry |
| <input type="checkbox"/> Tilt-up concrete | <input type="checkbox"/> Reinforced masonry |
| <input type="checkbox"/> Concrete frame | <input type="checkbox"/> Other: _____ |

Primary Occupancy

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Commercial | <input type="checkbox"/> Government |
| <input type="checkbox"/> Other residential | <input type="checkbox"/> Offices | <input type="checkbox"/> Historic |
| <input type="checkbox"/> Public assembly | <input type="checkbox"/> Industrial | <input type="checkbox"/> School |
| <input type="checkbox"/> Emergency services | <input type="checkbox"/> Other: _____ | |

Evaluation

Investigate the building for the conditions below and check the appropriate column

Estimated Building Damage
(excluding contents)

Observed Conditions:	Minor/None	Moderate	Severe	<input type="checkbox"/> None
Collapse, partial collapse, or building off foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-1%
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-10%
Racking damage to walls, other structural damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10-30%
Chimney, parapet, or other falling hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30-60%
Ground slope movement or cracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60-100%
Other(specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 100%

Comments: _____

Posting

Choose a posting based on the evaluation and team judgment. Severe conditions endangering the overall building are grounds for an Unsafe posting. Localized Severe and overall Moderate conditions may allow a Restricted Use posting. Post INSPECTED placard at main entrance. Post RESTRICTED USE and UNSAFE placards at all entrances.

- INSPECTED** (Green placard) **RESTRICTED USE** (Yellow placard) **UNSAFE** (Red placard)

Record any use and entry restrictions exactly as written on placard: _____

Further Actions

Check the boxes below only if further actions are needed.

Barricades needed in the following areas: _____

Detailed Evaluation recommended: Structural Geotechnical Other: _____

Other recommendations: _____

Comments: _____

ATC-20 Detailed Evaluation Safety Assessment Form

Inspection

Final Posting

From Page 2

Inspector I.D.: _____

Affiliation: _____

Inspection date and time: _____ AM PM

- Inspected
- Restricted Use
- Unsafe)

Building Description

Building name: _____

Address: _____

Building contact/phone: _____

Number of stories above ground: ____ below ground: ____

Approx. "Footprint area" (square feet) _____

Number of residential units: _____

Number of residential units not habitable: _____

Type of Construction

- Wood frame
- Steel frame
- Tilt-up concrete
- Concrete frame
- Concrete shear wall
- Unreinforced masonry
- Reinforced masonry
- Other: _____

Primary Occupancy

- Dwelling
- Other residential
- Public assembly
- Emergency services
- Commercial
- Offices
- Industrial
- Other: _____
- Government
- Historic
- School

Evaluation

Investigate the building for the conditions below and check the appropriate column. There is room on the second page for a sketch.

	Minor/None	Moderate	Severe	Comments
Overall hazards:				
Collapse or partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structural hazards:				
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roofs, floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Columns, pilasters, corbels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diaphragms, horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walls, vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nonstructural hazards:				
Parapets, ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cladding, glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ceilings, light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior walls, partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stairs, exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric, gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Geotechnical hazards:				
Slope failure, debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Comments: _____				

Building name: _____ Inspector ID: _____

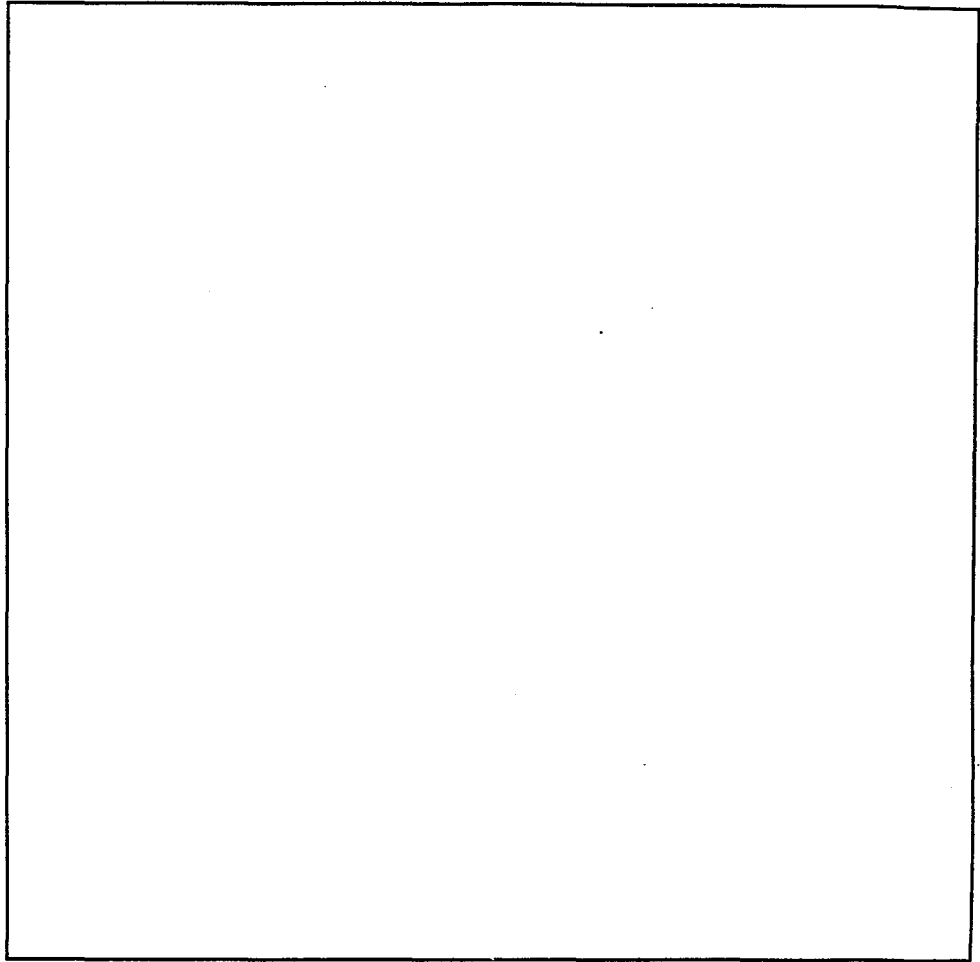
Sketch (optional)

Provide a sketch of the building or damaged portions. Indicate damage points.

Estimated Building Damage

If requested by the jurisdiction estimate building damage (repair cost + replacement cost, excluding contents).

- None
- 0-1%
- 1-10%
- 10-30%
- 30-60%
- 60-100%
- 100%



Posting

If there is an existing posting from a previous evaluation, check the appropriate box.

Previous posting: INSPECTED RESTRICTED USE UNSAFE Inspector I.D.: _____ Date: _____

If necessary, revise the posting based on the new evaluation and team judgment. Severe conditions endangering the overall building are grounds for an Unsafe posting. Local Severe and overall Moderate conditions may allow a Restricted Use posting. Indicate the current posting below and at the top of page one.

INSPECTED (Green placard) **RESTRICTED USE** (Yellow placard) **UNSAFE** (Red placard)

Record any use and entry restrictions exactly as written on placard: _____

Further Actions

Check the boxes below only if further actions are needed.

Barricades needed in the following areas: _____

Engineering Evaluation recommended: Structural Geotechnical Other: _____

Other recommendations: _____

Comments: _____

AMERICAN RED CROSS

SHELTER OPERATIONS FORMS

<i>Form Number</i>	<i>Form Name</i>	<i>Description</i>
ARC-6564	Mass Care Facility Survey	Survey of building and information for opening the shelter
ARC-6621	Facility Agreement	Agreement to use facility for a specific disaster operation
ARC-6513	Staff Roster	List of people working in the shelter
ARC-5972	Registration Form	Registration of Families located at the Shelter
ARC-6455	Disaster Resource	Vendors used, donations received
ARC-6450	Mass Care—Feeding Control	Supplies used, meals served at shelter or other feeding operation
ARC-6505	Self-Inspection Worksheet	Facility inspection for liability and safety concerns

MASS CARE FACILITY SURVEY (FORM ARC-6564):

This form is primarily a planning document to maintain a record of suitable facilities utilized as shelters in your city by the American Red Cross. This form identifies and describes each facility and provides information about feeding, sleeping and sanitation capabilities of the building. The form also provides a list of contacts to gain access to the facility.

FACILITY AGREEMENT (FORM ARC-6621):

This is a contract between the American Red Cross, who is ultimately responsible for the management of the shelter, and the owner of the building. This agreement establishes the terms and conditions under which the American Red Cross will use the facility, liabilities, and payment responsibilities. As most facilities used by the American Red Cross for sheltering are publicly owned, it is very important that government officials be familiar with the form and its use. This contract becomes effective when approved and signed by a Red Cross representative designated by the Job Director.

STAFF ROSTER (FORM ARC-6513):

Under California law, disaster workers are covered under the State's Workers' Compensation Plan but they must be registered by a designated authority within your jurisdiction. Registration must include worker's name and social security number which is included on this form. Even if City employees open a shelter, Red Cross requires the use of the Staff Roster. It is also a management tool to assist cities in tracking employees committed to the disaster operation.

SHELTER REGISTRATION (FORM ARC-5972):

This form, which is also printed in Spanish, is used to register and track your shelter population. This form is *the most important* form used in a shelter operation because it provides the American Red Cross and other interested authorized organizations with documentation of who was sheltered and for how long. It provides information about people displaced by the emergency as well as statistical information which will be needed for reimbursement of costs.

DISASTER RESOURCE (FORM ARC-6455):

This form is used to identify providers (usually vendors) from whom purchases have been made and/or donations received and tracks all contacts with a vendor. It can be used to document expenditures so that timely payment of bills and proper recognition can be made at the end of the disaster. This form provides Finance/Administration with a record of vendors and donors.

MASS CARE FEEDING CONTROL (FORM ARC-6450):

This form can be used to account for the feeding supplies, including meals, used at the shelter or in other disaster feeding operations. When authorized by the American Red Cross, they will assume responsibility for reimbursement or payment of the bills. For reimbursement, the City must also track costs incurred during the operation. The key items on this form are the *date*, *route/area* (location where food was served), *number of supplies used* and *number of meals served*.

SELF-INSPECTION WORKSHEET (FORM ARC-6505):

This form is used to inspect premises for liability and safety concerns covering exits and access, the exterior of the building, walking and work surfaces, and the kitchen area.

American Red Cross

MASS CARE FACILITY SURVEY

Site Name: _____

Address: _____

Main Telephone: () _____

Survey Completed:

_____/_____/_____

Survey Update:

_____/_____/_____

Directions to the Facility From the Chapter:

To Open the Facility, Call:

Name: _____

Title: _____

Business Telephone: () _____

Home Telephone: () _____

Person Who Opens the Facility:

Name: _____

Title: _____

Business Telephone: () _____

Home Telephone: () _____

Alternate to Open the Facility:

Name: _____

Title: _____

Business Telephone: () _____

Home Telephone: () _____

Red Cross Chapter: _____

Address: _____

Telephone: () _____

Contact: _____

American Red Cross

FACILITY AGREEMENT

DR# _____

Facility: _____

This agreement is made and entered into between _____ and the administration of DR# _____ of the American Red Cross. In order to provide physical facilities to support personnel who are providing services to those individuals affected by the above mentioned disaster, the

_____ agrees to—
(Name of Organization/Owner/Operator)

1. Provide facilities, approximately _____ square feet, known as _____, located at _____
(If there is a common name, include here.)

(Street)

(City) (State) (ZIP Code)

for the sum of \$ 0.00, or \$ _____ per day/week/month, effective _____ for a period of _____ days/weeks/months.
(Date)

2. Provide support to access appropriate telecommunications resources. The installation, maintenance, and removal cost of radios, telephones, and related automation equipment will be borne by the American Red Cross, unless specified otherwise: _____

3. Provide support to access facility/utility resources. Indicate which party will be responsible for the cost of the following utilities.

Water: _____ Electricity: _____ Gas: _____

Furnishings: _____ Other: _____

These/other costs are further specified as: _____

Both of the above named parties agree to the following:

- No modifications or changes will be made to the facility/ property by the Red Cross without the express written approval of the owner/operator.
- Prior to occupancy, representatives of both parties will inspect the facility/property and will note any discrepancies on the inspection form, and/or this agreement.
- Prior to vacating the facility, representatives of both parties will again inspect the facility/property to note any discrepancies on the release form. Normal wear and tear is considered to be the responsibility of the organization/owner/operator.
- The facility/property will be returned to the organization/owner/operator in the same condition as it was when occupied/acquired.
- Other provisions as follows: _____

6. Contact persons/agents for both parties are identified as follows:

Red Cross Representative:

_____ Phone: (____) _____

Organization/Owner/Operator:

_____ Phone: (____) _____

7. Notwithstanding any other agreements, the administration of DR# _____ of the American National Red Cross agrees to defend, hold harmless, and indemnify the

_____ against any legal liability in respect to bodily injury, death, and property damage arising from the negligence of the said disaster relief operation during its use of the property belonging to the said _____
(Organization/Owner/Operator) (Organization/Owner/Operator)

The American Red Cross is a tax-exempt organization and generally is not subject to federal, state, or local taxes.

Signatures to the Agreement:

(Signature Agent-Owner/Operator)

(Signature of Red Cross Representative)

(Printed/Typed Name)

(Printed/Typed Name)

(Owner/Operator)

(American Red Cross—DR#)

(Date)

(Date)

American Red Cross

DISASTER SHELTER REGISTRATION

Family Last Name			
Names	Age	Medical Problem • Killed • Injured • Hospitalized	Referred to Nurse
Man			
Woman (Include Maiden Name)			
Children in Home			
Family Member not in Shelter (Location if Known)			

Shelter Location	
Shelter Telephone No.	Date of Arrival
Predisaster Address and Telephone No.	

I do, do not, authorize release of the above information concerning my whereabouts or general condition.

Signature

Date Left Shelter _____

Time Left Shelter _____

Postdisaster Address and Telephone Number

SHELTER MASTER FILE

AMERICAN RED CROSS FORM 5972 (5-79)

American Red Cross

Mess Care—Feeding Control

DR No.: _____

Location: _____

Special Instructions: _____ _____	Date: _____ Vehicle No.: _____ Route/Area: _____
--------------------------------------	---

FILL VAN WITH GAS BEFORE LEAVING ON SUPPER ROUTE

BREAKFAST			LUNCH			DINNER		
Driver _____			Driver _____			Driver _____		
Helpers _____			Helpers _____			Helpers _____		
Qty	Menu	Returned	Qty	Menu	Returned	Qty	Menu	Returned
REGULAR SUPPLIES:			REGULAR SUPPLIES:			REGULAR SUPPLIES:		
Plates	Coffee		Plates	Coffee		Plates	Coffee	
Bowls	Milk		Bowls	Milk		Bowls	Milk	
Hot Cups	Juice		Hot Cups	Juice		Hot Cups	Juice	
Spoons	Water		Spoons	Water		Spoons	Water	
Forks	Ice		Forks	Ice		Forks	Ice	
Knives			Knives			Knives		
Napkins			Napkins			Napkins		
Banquet Packs			Banquet Packs			Banquet Packs		
NUMBER SERVED*			NUMBER SERVED*			NUMBER SERVED*		
Comments			Comments			Comments		

*Report your count after each meal.

American Red Cross

SELF-INSPECTION WORKSHEET OFF-PREMISES LIABILITY CHECKLIST

Building Owner _____ Date _____

Location _____ Inspector _____

Exits and Access

- | | Yes | No |
|---|-------|-------|
| 1. Are all exits visible and unobstructed? | _____ | _____ |
| 2. Are all exits marked with a readily visible sign that is properly illuminated? | _____ | _____ |
| 3. Are there sufficient exits to ensure prompt escape in case of emergency? | _____ | _____ |
| 4. Are controls in place for restricted areas requiring limited access? | _____ | _____ |
| 5. Do exit doors swing outward? | _____ | _____ |

Exterior

- | | | |
|--|-------|-------|
| 1. Are all exterior exits properly illuminated? | _____ | _____ |
| 2. Are all sidewalks maintained with no large cracks or uneven surfaces? | _____ | _____ |
| 3. Are the parking lots in good condition with no potholes or uneven surfaces? | _____ | _____ |
| 4. Are all handicapped ramps maintained and equipped with proper rails? | _____ | _____ |
| 5. In inclement weather (ice and snow), are all sidewalks and parking lot areas maintained to provide proper access to the building? | _____ | _____ |

Walking and Working Surfaces

- | | | |
|--|-------|-------|
| 1. Are aisles and working area clean and free of hazards? | _____ | _____ |
| 2. Are floors clean, dry, sanitary, and free of slip hazards? | _____ | _____ |
| 3. Are stand mats, platforms, or similar protection provided to protect people from wet floors? | _____ | _____ |
| 4. Where necessary, are nonskid surfaces applied to stair treads? | _____ | _____ |
| 5. Are stairways in good condition and standard railings provided for every flight having four or more risers? | _____ | _____ |
| 6. Are all areas of the building adequately illuminated? | _____ | _____ |

Kitchen

- | | | |
|--|-------|-------|
| 1. Are the stove and hood free of grease accumulation? | _____ | _____ |
| 2. Is there a properly serviced fire extinguisher in an accessible area? | _____ | _____ |
| 3. Is the floor clean, dry, and free of slip hazards? | _____ | _____ |
| 4. Do all electrical appliances have a ground prong? | _____ | _____ |
| 5. Are there proper containers available (e.g., metal trash cans) for disposal of cigarette butts and trash? | _____ | _____ |

Signatures

Building Owner's Representative

American Red Cross Representative