

Sample Log

____Engine 5____Location AA5QW____Call _____I. R. HEAR_____Operator

_____Engine 5 _____Tactical Call

[illegible]

_____ Location _____ Call _____ Operator

_____ Tactical Call

[illegible]

(1) Washington County Department of Emergency Services

Emergency Management Agency – Situation Report

(To be completed by on-scene EMA Representative – Answer the following as appropriate at the time of report. As updated information becomes available, please complete additional reports.)

Note: Numbers and Letters in Italics for RACES use only.

BASIC INFORMATION

Situation Report Number:		Time of Report:	
Situation Date:	Situation Time:	(3)Hazard:	
(2)Name/Title of EMA Representative:			
Notification of EMA Representative: _____ Time (VIA) _____ Phone _____ Radio _____ Other			

SITUATION STATUS

(4) Location of Situation: _____

(6) E O C Activated: _____ No _____ Yes If yes, give time _____

(7) Casualties: _____ No (A) _____ Yes _____ Dead (B) _____ Injured (C) _____ Missing (D)

(8) Evacuation: _____ No (A) _____ Yes (C)If yes, Number of people evacuated: _____

Evacuation Notification Procedure (Please describe) – _____

(8B) Shelters: _____ No _____ Yes If yes, Number of shelters opened: _____ Time of opening _____

Location of Shelter/s: _____

(9) Damage Assessment: Type - _____ Home/Residents (A) _____ Businesses (B) _____ Vital Facilities (C) _____ Bridge/Roads (D) Closed

Number of units involved in situation: _____ Describe Damage: _____

(10) Situation Status:

___ (A) Under Control – Time _____

___ (B) Stable – Time _____

___ (C) Worsening – Time _____

(11) Assistance Required: ___ (A) No ___ (B) Yes

List Names/Companies: _____

(12) Federal/State of Allied Agencies Notified: ___ (A) No ___ (B) Yes List of Agencies and time of Request:

___ Time Name of Agency _____ ___ Time Name of Agency

___ Time Name of Agency _____ ___ Time Name of Agency

(13) Overall Comments:

(14) Date/Time Report Sent: _____

This form is to be submitted whenever the following occurs:

- 1) E O C is Activated**
- 2) Allied agency is requested**
- 3) Mutual aid is requested**

**Completed form submitted to Washington County Emergency Management Agency, 33 West Washington Street,
Hagerstown, MD 21740**

**On supplemental situation reports any section left unanswered will be considered as no change to original
report**