Sample Log

_Engine 5 _____ Location __AA5QW ___Call ____I. R. HEAR ____Operator

_____Engine 5 _____ Tactical Call

Time	Event	Notes/Action		
7/23 - 2358	set up in station	Met with personnel assigned table near side door		
7/24 - 0000	Netopened			
0002	checked into net	all equipment operating well		
0101	Notified to stand by	UPS being installed		
0108	Fire call	See notes - notes given to officer and copy kept.		
0190	equipment departs	Notified E O C		
0111	status - shadow	UPS installed Main system restored		
0143	equipment returned	Notified E O C		
0200	Status A-ok			
0210	all clear issued	station personnel notified		
0230	radio station closed	disassembled and depart ed		

Location	Call	Operator	
	0uii		

_ Tactical Call

Time	Event	Notes/Action

(1) <u>Washington County Department of Emergency Services</u> 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 No	umber:		Time	of Report:		
Situation Date: Situation Time:		<i>(3)</i> Ha	(3)Hazard:			
(2)Name/Title of EN	MA Representative	9:				
Notification of EMA	Representative:	T	ime (VIA)	Phone	_RadioOther	
			SITUATION ST	ATUS		
(4) Location of Situation	1:					
(6) E O C Activated: _	No	Yes	If yes, give time			
(7) Casualties: _	No <i>(A)</i>	Yes	Dead <i>(B)</i>	Injured(C)	Missing (D)	
(8) Evacuation: _	No <i>(A)</i>	Yes	<i>(C)</i> If yes, Number	of people evacuate	d:	
Evacuation Notifica	tion Procedure (P	lease describ	e) –			
(8B) Shelters: _	No	Yes	If yes, Number of s	shelters opened:	Time of opening	
Location of Sherier.						
(9) Damage Assessmer Closed	nt: Type	Home/F	Residents (A) B	usinesses(B)	Vital Facilities(C)	Bridge/Roads <i>(D)</i>
Number of units inv	volved in situation:	:	Describe Damage	:		

(10) Situation Status:		<i>(11)</i> Assist	ance Required:	(A) No (B) Yes
(A)Under Control – Time		List Names/Companies:		
(<i>B</i>) Stable	– Time			
(C) Worsening –	Time			
(12)I Federal/State of A	Allied Agencies Notified:	<i>(A)</i> No	<i>(B)</i> Yes	List of Agencies and time of Request:
Time	Name of Agency		Time	Name of Agency
Time N	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) EOC is Activated
- 2) Allied agency is requested
- 3) Mutual aid is requested

<u>Completed form submitted to Washington County Emergency Management Agency, 33 West Washington Street,</u> <u>Hagerstown, MD 21740</u>

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