This file contains all forms required in the Santa Clara County ARES/RACES Go Kit, in the proper quantities.

Print this file double-sided. This will put the forms on the front sides of the pages and the instructions on the back sides of the pages.

SCCo ARES/RACES Recommended Form Routing

Usage:

- This cheat sheet summarizes the recommended Handling, To Location, and To ICS Position when sending official forms via amateur radio.
- The message author can select whatever Handling Order, To Location and ICS Position (s)he chooses for each message.
- **Sending:** As a general rule, address a message to the most specific ICS position that is staffed at the destination location. If the specified unit is not staffed, send it to the branch. If the branch is not staffed, send it to the section.
- **Delivering**: As a general rule, deliver the message to the leader of the "To ICS Position" identified in the message: Unit Leader, Branch Director, Section Chief, or their Deputy. If that position is not staffed or available, deliver to the next higher position in the ICS hierarchy shown below.

Form Type	Handling	To Location **	To ICS Position **
General EOC			
ICS-213 Message Form	Author defined	Author defined	Author defined
CPOD Site Ino **CPOD Commodities**	Routine (<2 hrs)	County EOC	CPOD Unit Else: Mass Care & Emerg. Asst. Branch Else: Operations
Damage Assessment	Author defined Else: Routine (<2 hrs)	For city-managed: City EOC For county-managed: County EOC	Damage/Safety Assessment Group Else: Construction & Eng. Branch Else: Operations
Notable Report	If **Severity** on form is: / The **Handling** is: High / Immediate (ASAP) Medium / Priority (<1 hr) Low / Routine (<2 hrs)	County EOC	Situational Analysis Unit Else: Common Operating Picture Spec. Else: Planning
Resource Request	If **Priority** on form is "Urgent": Immediate (ASAP) Else: Routine (<2 hrs)	County EOC	Resource Status & Tracking Unit Else: Supply Branch Else: Logistics
Road Closure	Author defined Else: Routine (<2 hrs)	County EOC	Public Works Group Else: Construction & Eng. Branch Else: Operations
Shelter	Priority (<1 hr)	For city-managed: City EOC For county-managed: County EOC	Care & Shelter Unit Else: Mass Care & Emerg. Asst. Branch Else: Operations

SCCo ARES/RACES Recommended Form Routing

Form Type	Handling	To Location **	To ICS Position **
General EOC (Continued)			
Situation report	Immediate (ASAP)	County EOC	Situational Analysis Unit Else: Common Operating Picture Spec. Else: Planning
Windshield Survey	Routine (<2 hrs)	For city-managed: City EOC For county-managed: County EOC	Damage/Safety Assessment Group Else: Construction & Eng. Branch Else: Operations
RACES			
RACES Mutual Aid Request	Routine (<2 hrs)	County EOC	RACES Chief Radio Officer Else: RACES Unit Else: Planning

** For actual EOC activations, use the default To Location and To ICS Position(s) as indicated, unless told otherwise by the message originator.
For an ARES/RACES exercise or training event, use the information given for that event, e.g. “Xanadu EOC” may be specified instead of “County EOC”, etc.

SCCo ARES/RACES Recommended Form Routing

Form Type	Handling	To Location **	To ICS Position **
Medical			
HAvBed Report	Immediate (ASAP)	If open: PHDOC Else: County EOC	EMS Unit Else: Medical Health Branch Else: Operations
Hospital Status	Immediate (ASAP)	If open: PHDOC Else: County EOC	EMS Unit Else: Medical Health Branch Else: Operations
Allied Health Status (SNF)	Routine (<2 hrs)	If open: PHDOC Else: County EOC	PHDOC: Health Care Liaison County EOC: EMS Unit -or- Public Health Unit Else: Medical Health Branch Else: Operations

** For actual EOC activations, use the default To Location and To ICS Position(s) as indicated, unless told otherwise by the message originator.
For an ARES/RACES exercise or training event, use the information given for that event, e.g. “Xanadu EOC” may be specified instead of “County EOC”, etc.

SCCo ARES/RACES Recommended Form Routing

Usage:

- This cheat sheet summarizes the recommended Handling, To Location, and To ICS Position when sending official forms via amateur radio.
- The message author can select whatever Handling Order, To Location and ICS Position (s)he chooses for each message.
- **Sending:** As a general rule, address a message to the most specific ICS position that is staffed at the destination location. If the specified unit is not staffed, send it to the branch. If the branch is not staffed, send it to the section.
- **Delivering**: As a general rule, deliver the message to the leader of the "To ICS Position" identified in the message: Unit Leader, Branch Director, Section Chief, or their Deputy. If that position is not staffed or available, deliver to the next higher position in the ICS hierarchy shown below.

Form Type	Handling	To Location **	To ICS Position **
General EOC			
ICS-213 Message Form	Author defined	Author defined	Author defined
CPOD Site Ino **CPOD Commodities**	Routine (<2 hrs)	County EOC	CPOD Unit Else: Mass Care & Emerg. Asst. Branch Else: Operations
Damage Assessment	Author defined Else: Routine (<2 hrs)	For city-managed: City EOC For county-managed: County EOC	Damage/Safety Assessment Group Else: Construction & Eng. Branch Else: Operations
Notable Report	If **Severity** on form is: / The **Handling** is: High / Immediate (ASAP) Medium / Priority (<1 hr) Low / Routine (<2 hrs)	County EOC	Situational Analysis Unit Else: Common Operating Picture Spec. Else: Planning
Resource Request	If **Priority** on form is "Urgent": Immediate (ASAP) Else: Routine (<2 hrs)	County EOC	Resource Status & Tracking Unit Else: Supply Branch Else: Logistics
Road Closure	Author defined Else: Routine (<2 hrs)	County EOC	Public Works Group Else: Construction & Eng. Branch Else: Operations
Shelter	Priority (<1 hr)	For city-managed: City EOC For county-managed: County EOC	Care & Shelter Unit Else: Mass Care & Emerg. Asst. Branch Else: Operations

SCCo ARES/RACES Recommended Form Routing

Form Type	Handling	To Location **	To ICS Position **
General EOC (Continued)			
Situation report	Immediate (ASAP)	County EOC	Situational Analysis Unit Else: Common Operating Picture Spec. Else: Planning
Windshield Survey	Routine (<2 hrs)	For city-managed: City EOC For county-managed: County EOC	Damage/Safety Assessment Group Else: Construction & Eng. Branch Else: Operations
RACES			
RACES Mutual Aid Request	Routine (<2 hrs)	County EOC	RACES Chief Radio Officer Else: RACES Unit Else: Planning

** For actual EOC activations, use the default To Location and To ICS Position(s) as indicated, unless told otherwise by the message originator.
For an ARES/RACES exercise or training event, use the information given for that event, e.g. “Xanadu EOC” may be specified instead of “County EOC”, etc.

SCCo ARES/RACES Recommended Form Routing

Form Type	Handling	To Location **	To ICS Position **
Medical			
HAvBed Report	Immediate (ASAP)	If open: PHDOC Else: County EOC	EMS Unit Else: Medical Health Branch Else: Operations
Hospital Status	Immediate (ASAP)	If open: PHDOC Else: County EOC	EMS Unit Else: Medical Health Branch Else: Operations
Allied Health Status (SNF)	Routine (<2 hrs)	If open: PHDOC Else: County EOC	PHDOC: Health Care Liaison County EOC: EMS Unit -or- Public Health Unit Else: Medical Health Branch Else: Operations

** For actual EOC activations, use the default To Location and To ICS Position(s) as indicated, unless told otherwise by the message originator.
For an ARES/RACES exercise or training event, use the information given for that event, e.g. “Xanadu EOC” may be specified instead of “County EOC”, etc.

COMMUNICATIONS PLAN SCCo ARES/RACES/ACS	1. Incident Name/Location	2. Activation Number	3. Operational Period Date/Time From Date: To Date: From Time: To Time:

4. Communications Resources

Ch #	Function	Call Sign and/or Sys / Net / Ch / TG Name	Assignment	Rx Freq N / W	Rx Tone or NAC	Tx Freq N / W or + / - / S	Tx Tone or NAC	Mode A,D,M	Remarks

5. Special Instructions

ICS 205 SCCo RACES	6.Prepared by (Communications Unit Leader)	7.Prepared Date/Time	8. Page of

See reverse for instructions. All channels are shown as if programmed in a base station, mobile or portable radio. Repeater stations must be programmed with the Rx and Tx reversed.

ICS 205
Communications Plan, Adapted for Santa Clara County ARES/RACES/ACS

Purpose: The Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader or Incident Commander for use by incident responders.

Preparation: The ICS 205 is prepared by the Communications Unit Leader or other individual designated by the Incident Commander.

Distribution: The ICS 205 is provided to all incident responders.

#	Block Title	Instructions
1	**Incident Name/Location**	Enter the name assigned to the incident and, optionally, the location of the incident.
2	**Activation Number**	Enter the activation number assigned to the incident, otherwise leave blank if none.
3	**Operational Period Date/Time**	Enter the start date (mm/dd/year) and time (24-hr clock) and the end date and time for the operational period to which the form applies.
4	**Communications Resources**	Enter the following information about radio channel use:
	Ch #	Use at your discretion. Channel number (Ch #) may equate to channel numbers in pre-programmed incident radios, used as reference numbers on the ICS 205 document, or left blank for recipient use.
	Function	Enter the ICS or local function for which this channel will be used (Operations, Command, Logistics, Resource, Tactical, Emergency, etc.)
	Call Sign and/or Sys / Net / Ch / TG Name	Enter the call sign of the repeater or station (if appropriate) and the system, net, channel or talkgroup name by which this channel is commonly known.
	Assignment	Enter the individual(s), group(s), or function(s) that will be the primary users of this channel.
	Rx Freq N / W	Enter the Receive Frequency (Rx Freq) as the mobile or portable subscriber would be programmed, followed by “N” for narrrowband or a “W” for wideband emissions. For HF, include USB or LSB, as appropriate.
	Rx Tone or NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (Rx Tone) or Network Access Code (Rx NAC) for the receive frequency as the mobile or portable subscriber would be programmed.
	Tx Freq N / W or + / - / S	Enter the Transmit Frequency (Tx Freq) as the mobile or portable subscriber would be programmed, followed by “N” for narrrowband or a “W” for wideband emissions. For HF, include USB or LSB, as appropriate. Alternatively, for repeaters using standard amateur frequency offsets (e.g. 600 Hz for 2m, 5 MHz for 70cm), enter “+” or “-” as appropriate. Enter “S” if Rx Freq represents a simplex frequency.
	Tx Tone or NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (Tx Tone) or Network Access Code (Tx NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode A,D,M	Enter “A” for analog, “D” for digital, or “M” for mixed mode operations. If needed, enter specific mode type (D-Star, DMR, etc.) in Remarks.
	Remarks	Enter miscellaneous information related to the channel.
5	**Special Instructions**	Enter any special instructions or other emergency communications needs.
6	**Prepared By (Comm Leader)**	Enter the name and FCC call sign of the person preparing the form.
7	**Prepared Date/Time**	Enter date prepared (mm/dd/year) and time prepared (24-hr clock).
8	**Page**	Enter the page number and number of pages.

COMMUNICATIONS PLAN SCCo ARES/RACES/ACS	1. Incident Name/Location	2. Activation Number	3. Operational Period Date/Time From Date: To Date: From Time: To Time:

4. Communications Resources

Ch #	Function	Call Sign and/or Sys / Net / Ch / TG Name	Assignment	Rx Freq N / W	Rx Tone or NAC	Tx Freq N / W or + / - / S	Tx Tone or NAC	Mode A,D,M	Remarks

5. Special Instructions

ICS 205 SCCo RACES	6.Prepared by (Communications Unit Leader)	7.Prepared Date/Time	8. Page of

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	Function	Enter the ICS or local function for which this channel will be used (Operations, Command, Logistics, Resource, Tactical, Emergency, etc.)
	Call Sign and/or Sys / Net / Ch / TG Name	Enter the call sign of the repeater or station (if appropriate) and the system, net, channel or talkgroup name by which this channel is commonly known.
	Assignment	Enter the individual(s), group(s), or function(s) that will be the primary users of this channel.
	Rx Freq N / W	Enter the Receive Frequency (Rx Freq) as the mobile or portable subscriber would be programmed, followed by “N” for narrrowband or a “W” for wideband emissions. For HF, include USB or LSB, as appropriate.
	Rx Tone or NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (Rx Tone) or Network Access Code (Rx NAC) for the receive frequency as the mobile or portable subscriber would be programmed.
	Tx Freq N / W or + / - / S	Enter the Transmit Frequency (Tx Freq) as the mobile or portable subscriber would be programmed, followed by “N” for narrrowband or a “W” for wideband emissions. For HF, include USB or LSB, as appropriate. Alternatively, for repeaters using standard amateur frequency offsets (e.g. 600 Hz for 2m, 5 MHz for 70cm), enter “+” or “-” as appropriate. Enter “S” if Rx Freq represents a simplex frequency.
	Tx Tone or NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (Tx Tone) or Network Access Code (Tx NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode A,D,M	Enter “A” for analog, “D” for digital, or “M” for mixed mode operations. If needed, enter specific mode type (D-Star, DMR, etc.) in Remarks.
	Remarks	Enter miscellaneous information related to the channel.
5	**Special Instructions**	Enter any special instructions or other emergency communications needs.
6	**Prepared By (Comm Leader)**	Enter the name and FCC call sign of the person preparing the form.
7	**Prepared Date/Time**	Enter date prepared (mm/dd/year) and time prepared (24-hr clock).
8	**Page**	Enter the page number and number of pages.

COMMUNICATIONS PLAN SCCo ARES/RACES/ACS	1. Incident Name/Location	2. Activation Number	3. Operational Period Date/Time From Date: To Date: From Time: To Time:

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	Function	Enter the ICS or local function for which this channel will be used (Operations, Command, Logistics, Resource, Tactical, Emergency, etc.)
	Call Sign and/or Sys / Net / Ch / TG Name	Enter the call sign of the repeater or station (if appropriate) and the system, net, channel or talkgroup name by which this channel is commonly known.
	Assignment	Enter the individual(s), group(s), or function(s) that will be the primary users of this channel.
	Rx Freq N / W	Enter the Receive Frequency (Rx Freq) as the mobile or portable subscriber would be programmed, followed by “N” for narrrowband or a “W” for wideband emissions. For HF, include USB or LSB, as appropriate.
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	Mode A,D,M	Enter “A” for analog, “D” for digital, or “M” for mixed mode operations. If needed, enter specific mode type (D-Star, DMR, etc.) in Remarks.
	Remarks	Enter miscellaneous information related to the channel.
5	**Special Instructions**	Enter any special instructions or other emergency communications needs.
6	**Prepared By (Comm Leader)**	Enter the name and FCC call sign of the person preparing the form.
7	**Prepared Date/Time**	Enter date prepared (mm/dd/year) and time prepared (24-hr clock).
8	**Page**	Enter the page number and number of pages.

ICS 211A CHECK IN LIST (COMMUNICATIONS)	1. INCIDENT NAME:	2. DATE:	3. INCIDENT NUMBER:	4. CHECK IN LOCATION

5. INFORMATION						
PERSONNEL NAME	CALL SIGN	AGENCY	TIME IN	TIME OUT	HOURS	REMARKS

ICS 211A SCCo RACES	6. NUMBER OF PAGES: _____ of _____	7. PREPARED BY (RESOURCE UNIT):	8. MISSION NUMBER XSC -

Revision: 20190429

ICS 211A CHECK IN LIST (COMMUNICATIONS)	1. INCIDENT NAME:	2. DATE:	3. INCIDENT NUMBER:	4. CHECK IN LOCATION

5. INFORMATION						
PERSONNEL NAME	CALL SIGN	AGENCY	TIME IN	TIME OUT	HOURS	REMARKS

ICS 211A SCCo RACES	6. NUMBER OF PAGES: _____ of _____	7. PREPARED BY (RESOURCE UNIT):	8. MISSION NUMBER XSC -

Revision: 20190429

ICS 211A CHECK IN LIST (COMMUNICATIONS)	1. INCIDENT NAME:	2. DATE:	3. INCIDENT NUMBER:	4. CHECK IN LOCATION

5. INFORMATION						
PERSONNEL NAME	CALL SIGN	AGENCY	TIME IN	TIME OUT	HOURS	REMARKS

ICS 211A SCCo RACES	6. NUMBER OF PAGES: _____ of _____	7. PREPARED BY (RESOURCE UNIT):	8. MISSION NUMBER XSC -

Revision: 20190429

ICS 211A CHECK IN LIST (COMMUNICATIONS)	1. INCIDENT NAME:	2. DATE:	3. INCIDENT NUMBER:	4. CHECK IN LOCATION

5. INFORMATION						
PERSONNEL NAME	CALL SIGN	AGENCY	TIME IN	TIME OUT	HOURS	REMARKS

ICS 211A SCCo RACES	6. NUMBER OF PAGES: _____ of _____	7. PREPARED BY (RESOURCE UNIT):	8. MISSION NUMBER XSC -

Revision: 20190429

ICS 211A CHECK IN LIST (COMMUNICATIONS)	1. INCIDENT NAME:	2. DATE:	3. INCIDENT NUMBER:	4. CHECK IN LOCATION

5. INFORMATION						
PERSONNEL NAME	CALL SIGN	AGENCY	TIME IN	TIME OUT	HOURS	REMARKS

ICS 211A SCCo RACES	6. NUMBER OF PAGES: _____ of _____	7. PREPARED BY (RESOURCE UNIT):	8. MISSION NUMBER XSC -

Revision: 20190429

ICS-213 Message Form 2.3

Word: 20260512

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

This Section to be Completed by Sending Agency: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

23. Message: (KEEP MESSAGE BRIEF)

Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if the radio net is busy.
TO / FROM	
ICS Position	Required. Enter the ICS position name. If unsure, address the message to "Planning."
Location	Required. Enter the location (e.g., "County EOC").
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency, or other info that may help reach the sender/recipient.
This message requests you to	If the sender is expecting the receiver to "Take Action" check "Yes," otherwise "No". If a "Reply" is required check "Yes" and specify the Time, otherwise "No". If both are "No" then the message is intended as "For Your Information".
Subject	Note the subject of the message (e.g., Request for Type 5 Engine Strike Team).
Reference	If the message is a response to an earlier message, indicate the original message number if available.
Message	If the message is a request for support, supply detailed instructions about what, when, how long needed and where the support is to be delivered, contact person and phone number. Be as brief as possible.

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 who 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.

ICS-213 Message Form 2.3

Word: 20260512

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

This Section to be Completed by Sending Agency: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

23. Message: (KEEP MESSAGE BRIEF)

Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if the radio net is busy.
TO / FROM	
ICS Position	Required. Enter the ICS position name. If unsure, address the message to "Planning."
Location	Required. Enter the location (e.g., "County EOC").
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency, or other info that may help reach the sender/recipient.
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Instructions for Radio Operators:

Field	Instructions
Origin Msg #	Required. Enter the message number of the original sending station.
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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 who 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.

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This Section to be Completed by Sending Agency: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

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Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

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Subject	Note the subject of the message (e.g., Request for Type 5 Engine Strike Team).
Reference	If the message is a response to an earlier message, indicate the original message number if available.
Message	If the message is a request for support, supply detailed instructions about what, when, how long needed and where the support is to be delivered, contact person and phone number. Be as brief as possible.

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 who 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.

ICS-213 Message Form 2.3

Word: 20260512

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

This Section to be Completed by Sending Agency: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

23. Message: (KEEP MESSAGE BRIEF)

Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if the radio net is busy.
TO / FROM	
ICS Position	Required. Enter the ICS position name. If unsure, address the message to "Planning."
Location	Required. Enter the location (e.g., "County EOC").
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency, or other info that may help reach the sender/recipient.
This message requests you to	If the sender is expecting the receiver to "Take Action" check "Yes," otherwise "No". If a "Reply" is required check "Yes" and specify the Time, otherwise "No". If both are "No" then the message is intended as "For Your Information".
Subject	Note the subject of the message (e.g., Request for Type 5 Engine Strike Team).
Reference	If the message is a response to an earlier message, indicate the original message number if available.
Message	If the message is a request for support, supply detailed instructions about what, when, how long needed and where the support is to be delivered, contact person and phone number. Be as brief as possible.

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 who 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.

ICS-213 Message Form 2.3

Word: 20260512

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

This Section to be Completed by Sending Agency: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

23. Message: (KEEP MESSAGE BRIEF)

Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if the radio net is busy.
TO / FROM	
ICS Position	Required. Enter the ICS position name. If unsure, address the message to "Planning."
Location	Required. Enter the location (e.g., "County EOC").
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency, or other info that may help reach the sender/recipient.
This message requests you to	If the sender is expecting the receiver to "Take Action" check "Yes," otherwise "No". If a "Reply" is required check "Yes" and specify the Time, otherwise "No". If both are "No" then the message is intended as "For Your Information".
Subject	Note the subject of the message (e.g., Request for Type 5 Engine Strike Team).
Reference	If the message is a response to an earlier message, indicate the original message number if available.
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ICS-213 Message Form 2.3

Word: 20260512

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This Section to be Completed by Sending Agency: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

23. Message: (KEEP MESSAGE BRIEF)

Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if the radio net is busy.
TO / FROM	
ICS Position	Required. Enter the ICS position name. If unsure, address the message to "Planning."
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ICS-213 Message Form 2.3

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TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

23. Message: (KEEP MESSAGE BRIEF)

Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
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ICS Position	Required. Enter the ICS position name. If unsure, address the message to "Planning."
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This Section to be Completed by Sending Agency: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

23. Message: (KEEP MESSAGE BRIEF)

Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
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TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

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	15. Reply: ○ Yes ○ No	16. Reply By:

Message

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Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
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Word: 20260512

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This Section to be Completed by Sending Agency: (Underlined=Required)

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TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

This message requests you to:	14. Take Action: ○ Yes ○ No	
	15. Reply: ○ Yes ○ No	16. Reply By:

Message

21. Subject:

22. Reference: (e.g. number of earlier message)

23. Message: (KEEP MESSAGE BRIEF)

Radio Operator Only: (Underlined=Required)			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

Instructions: ICS-213 Message Form

Instructions for Agencies:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if the radio net is busy.
TO / FROM	
ICS Position	Required. Enter the ICS position name. If unsure, address the message to "Planning."
Location	Required. Enter the location (e.g., "County EOC").
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Contact Info	Optional. Enter a phone number, frequency, or other info that may help reach the sender/recipient.
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Origin Msg #	Required. Enter the message number of the original sending station.
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Name	Required. Enter the first initial and last name of the radio operator who 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.

UNIT LOG **ICS 214-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**
3. Unit Name / Tactical Call / Designators		**4. Unit Leader (Name, Call Sign, ICS Position)**

5. Personnel Roster Assigned

Name	Call Sign	ICS Position	Home Base/City

6. ACTIVITY LOG

Time (24:00)	Major Activities & Events / Occasional Messages (indicate From / To / Msg# / Msg Text)

7. Prepared By (Name, Call Sign, ICS Position)	**7A. Signature**	**8. Date & Time Prepared**	**9.** **Page _____ of _____**

Unit Log (ICS Form 214-SCCo ARES/RACES)

Purpose: The Unit Log records details of unit activity, including team activity or individual activity (a unit of one). These logs provide the basic reference from which to extract information for inclusion in any after-action report.

Preparation: The Unit Log is initiated and maintained by the unit leader or the individual (for a single person unit). Completed logs are submitted to the supervisor who forwards them to the Documentation unit.

Distribution: The Documentation Unit maintains a file of all Unit Logs. All completed original forms MUST be forwarded to the Documentation Unit.

Instructions for completing the form:

Field #	Field Title	Instructions
1	Incident Name / Number	Enter the name of the event or incident and the activation number assigned to the incident.
2	Operational Period	Enter the time interval for which this form applies. Record the start and end date and time.
3	Unit Name	**For individuals:** Enter your tactical call (e.g., Checkpoint 3, Rover 1, County EOC, etc.) or position name. **For teams:** Enter the name of the organization unit or tactical call sign or resource designator.
4	Unit Leader	**For individuals:** Enter your name and call sign. **For teams:** Enter the name, call sign and ICS position of the individual in charge of the unit.
5	Personnel Roster	**For individuals:** Leave blank. **For teams:** List the name, call sign, ICS position and home base/city of each member assigned to the unit during the operation period.
6	Activity Log	**Time:** Enter the local time 24-hour format **Activity:** Briefly describe each significant activity or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.). For Shadows, occasional message traffic can be logged here. For more than occasional traffic, use a 309.
7	Prepared By	Enter the name, call sign and ICS position of the person completing the log.
7A	Signature	The person who prepared the form needs to sign it.
8	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
9	Page Numbers	Enter the page number and total pages.

Submit this form to your supervisor at the end of your shift.

UNIT LOG **ICS 214-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**
3. Unit Name / Tactical Call / Designators		**4. Unit Leader (Name, Call Sign, ICS Position)**

5. Personnel Roster Assigned

Name	Call Sign	ICS Position	Home Base/City

6. ACTIVITY LOG

Time (24:00)	Major Activities & Events / Occasional Messages (indicate From / To / Msg# / Msg Text)

7. Prepared By (Name, Call Sign, ICS Position)	**7A. Signature**	**8. Date & Time Prepared**	**9.** **Page _____ of _____**

Unit Log (ICS Form 214-SCCo ARES/RACES)

Purpose: The Unit Log records details of unit activity, including team activity or individual activity (a unit of one). These logs provide the basic reference from which to extract information for inclusion in any after-action report.

Preparation: The Unit Log is initiated and maintained by the unit leader or the individual (for a single person unit). Completed logs are submitted to the supervisor who forwards them to the Documentation unit.

Distribution: The Documentation Unit maintains a file of all Unit Logs. All completed original forms MUST be forwarded to the Documentation Unit.

Instructions for completing the form:

Field #	Field Title	Instructions
1	Incident Name / Number	Enter the name of the event or incident and the activation number assigned to the incident.
2	Operational Period	Enter the time interval for which this form applies. Record the start and end date and time.
3	Unit Name	**For individuals:** Enter your tactical call (e.g., Checkpoint 3, Rover 1, County EOC, etc.) or position name. **For teams:** Enter the name of the organization unit or tactical call sign or resource designator.
4	Unit Leader	**For individuals:** Enter your name and call sign. **For teams:** Enter the name, call sign and ICS position of the individual in charge of the unit.
5	Personnel Roster	**For individuals:** Leave blank. **For teams:** List the name, call sign, ICS position and home base/city of each member assigned to the unit during the operation period.
6	Activity Log	**Time:** Enter the local time 24-hour format **Activity:** Briefly describe each significant activity or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.). For Shadows, occasional message traffic can be logged here. For more than occasional traffic, use a 309.
7	Prepared By	Enter the name, call sign and ICS position of the person completing the log.
7A	Signature	The person who prepared the form needs to sign it.
8	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
9	Page Numbers	Enter the page number and total pages.

Submit this form to your supervisor at the end of your shift.

UNIT LOG **ICS 214-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**
3. Unit Name / Tactical Call / Designators		**4. Unit Leader (Name, Call Sign, ICS Position)**

5. Personnel Roster Assigned

Name	Call Sign	ICS Position	Home Base/City

6. ACTIVITY LOG

Time (24:00)	Major Activities & Events / Occasional Messages (indicate From / To / Msg# / Msg Text)

7. Prepared By (Name, Call Sign, ICS Position)	**7A. Signature**	**8. Date & Time Prepared**	**9.** **Page _____ of _____**

Unit Log (ICS Form 214-SCCo ARES/RACES)

Purpose: The Unit Log records details of unit activity, including team activity or individual activity (a unit of one). These logs provide the basic reference from which to extract information for inclusion in any after-action report.

Preparation: The Unit Log is initiated and maintained by the unit leader or the individual (for a single person unit). Completed logs are submitted to the supervisor who forwards them to the Documentation unit.

Distribution: The Documentation Unit maintains a file of all Unit Logs. All completed original forms MUST be forwarded to the Documentation Unit.

Instructions for completing the form:

Field #	Field Title	Instructions
1	Incident Name / Number	Enter the name of the event or incident and the activation number assigned to the incident.
2	Operational Period	Enter the time interval for which this form applies. Record the start and end date and time.
3	Unit Name	**For individuals:** Enter your tactical call (e.g., Checkpoint 3, Rover 1, County EOC, etc.) or position name. **For teams:** Enter the name of the organization unit or tactical call sign or resource designator.
4	Unit Leader	**For individuals:** Enter your name and call sign. **For teams:** Enter the name, call sign and ICS position of the individual in charge of the unit.
5	Personnel Roster	**For individuals:** Leave blank. **For teams:** List the name, call sign, ICS position and home base/city of each member assigned to the unit during the operation period.
6	Activity Log	**Time:** Enter the local time 24-hour format **Activity:** Briefly describe each significant activity or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.). For Shadows, occasional message traffic can be logged here. For more than occasional traffic, use a 309.
7	Prepared By	Enter the name, call sign and ICS position of the person completing the log.
7A	Signature	The person who prepared the form needs to sign it.
8	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
9	Page Numbers	Enter the page number and total pages.

Submit this form to your supervisor at the end of your shift.

UNIT LOG **ICS 214-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**
3. Unit Name / Tactical Call / Designators		**4. Unit Leader (Name, Call Sign, ICS Position)**

5. Personnel Roster Assigned

Name	Call Sign	ICS Position	Home Base/City

6. ACTIVITY LOG

Time (24:00)	Major Activities & Events / Occasional Messages (indicate From / To / Msg# / Msg Text)

7. Prepared By (Name, Call Sign, ICS Position)	**7A. Signature**	**8. Date & Time Prepared**	**9.** **Page _____ of _____**

Unit Log (ICS Form 214-SCCo ARES/RACES)

Purpose: The Unit Log records details of unit activity, including team activity or individual activity (a unit of one). These logs provide the basic reference from which to extract information for inclusion in any after-action report.

Preparation: The Unit Log is initiated and maintained by the unit leader or the individual (for a single person unit). Completed logs are submitted to the supervisor who forwards them to the Documentation unit.

Distribution: The Documentation Unit maintains a file of all Unit Logs. All completed original forms MUST be forwarded to the Documentation Unit.

Instructions for completing the form:

Field #	Field Title	Instructions
1	Incident Name / Number	Enter the name of the event or incident and the activation number assigned to the incident.
2	Operational Period	Enter the time interval for which this form applies. Record the start and end date and time.
3	Unit Name	**For individuals:** Enter your tactical call (e.g., Checkpoint 3, Rover 1, County EOC, etc.) or position name. **For teams:** Enter the name of the organization unit or tactical call sign or resource designator.
4	Unit Leader	**For individuals:** Enter your name and call sign. **For teams:** Enter the name, call sign and ICS position of the individual in charge of the unit.
5	Personnel Roster	**For individuals:** Leave blank. **For teams:** List the name, call sign, ICS position and home base/city of each member assigned to the unit during the operation period.
6	Activity Log	**Time:** Enter the local time 24-hour format **Activity:** Briefly describe each significant activity or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.). For Shadows, occasional message traffic can be logged here. For more than occasional traffic, use a 309.
7	Prepared By	Enter the name, call sign and ICS position of the person completing the log.
7A	Signature	The person who prepared the form needs to sign it.
8	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
9	Page Numbers	Enter the page number and total pages.

Submit this form to your supervisor at the end of your shift.

UNIT LOG **ICS 214-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**
3. Unit Name / Tactical Call / Designators		**4. Unit Leader (Name, Call Sign, ICS Position)**

5. Personnel Roster Assigned

Name	Call Sign	ICS Position	Home Base/City

6. ACTIVITY LOG

Time (24:00)	Major Activities & Events / Occasional Messages (indicate From / To / Msg# / Msg Text)

7. Prepared By (Name, Call Sign, ICS Position)	**7A. Signature**	**8. Date & Time Prepared**	**9.** **Page _____ of _____**

Unit Log (ICS Form 214-SCCo ARES/RACES)

Purpose: The Unit Log records details of unit activity, including team activity or individual activity (a unit of one). These logs provide the basic reference from which to extract information for inclusion in any after-action report.

Preparation: The Unit Log is initiated and maintained by the unit leader or the individual (for a single person unit). Completed logs are submitted to the supervisor who forwards them to the Documentation unit.

Distribution: The Documentation Unit maintains a file of all Unit Logs. All completed original forms MUST be forwarded to the Documentation Unit.

Instructions for completing the form:

Field #	Field Title	Instructions
1	Incident Name / Number	Enter the name of the event or incident and the activation number assigned to the incident.
2	Operational Period	Enter the time interval for which this form applies. Record the start and end date and time.
3	Unit Name	**For individuals:** Enter your tactical call (e.g., Checkpoint 3, Rover 1, County EOC, etc.) or position name. **For teams:** Enter the name of the organization unit or tactical call sign or resource designator.
4	Unit Leader	**For individuals:** Enter your name and call sign. **For teams:** Enter the name, call sign and ICS position of the individual in charge of the unit.
5	Personnel Roster	**For individuals:** Leave blank. **For teams:** List the name, call sign, ICS position and home base/city of each member assigned to the unit during the operation period.
6	Activity Log	**Time:** Enter the local time 24-hour format **Activity:** Briefly describe each significant activity or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.). For Shadows, occasional message traffic can be logged here. For more than occasional traffic, use a 309.
7	Prepared By	Enter the name, call sign and ICS position of the person completing the log.
7A	Signature	The person who prepared the form needs to sign it.
8	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
9	Page Numbers	Enter the page number and total pages.

Submit this form to your supervisor at the end of your shift.

COMM Log **ICS 309-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**

3. Radio Net Name (for NCOs) or Position/Tactical Call	**4. Radio Operator (Name, Call Sign)**

5. COMMUNICATIONS LOG

Time	FROM		TO		Message
(24:00)	Call Sign/ID	Msg #	Call Sign/ID	Msg #	

6. Prepared By (Name, Call Sign)	**6A. Signature**	**7. Date & Time Prepared**	**8.** **Page _____ of _____**

Communications Log (ICS Form 309-SCCo ARES/RACES)

Purpose: The Comm Log records the details of message traffic and is used by either an individual or a Net Control Operator (NCO). These logs provide the basic reference from which to extract communications traffic history.

Preparation: The Comm Log is initiated and maintained by the Net Control Operator (NCO) or the individual operator (e.g. a field communicator). Completed logs are submitted to the supervisor who forwards them to the Documentation Unit.

Distribution: The Documentation Unit maintains a file of all Comm Logs. All completed original forms MUST be forwarded to the Documentation Unit.

Instructions for completing the form:

Field #	Field Title	Instructions
1	Incident Name / Number	Enter the name and activation number assigned to the incident
2	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time
3	Net / Position Name	**For NCOs:** Enter the name of the radio net **For Others:** Enter the name of the position or tactical call
4	Radio Operator	Enter the name and call sign of the radio operator
5	Communications Log	**Time:** Enter the local time in 24-hour format **From:** Enter the *From* call sign or ID and the message number **To:** Enter the *To* call sign or ID and the message number **Message:** Enter the message
6	Prepared By	Enter the name and call sign of the person completing the log
6A	Signature	Signature of person completing the log
7	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
8	Page numbers	Enter the page number and number of pages

Submit this form to your supervisor at the end of your shift.

COMM Log **ICS 309-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**

3. Radio Net Name (for NCOs) or Position/Tactical Call	**4. Radio Operator (Name, Call Sign)**

5. COMMUNICATIONS LOG

Time	**FROM**		**TO**		**Message**
(24:00)	**Call Sign/ID**	**Msg #**	**Call Sign/ID**	**Msg #**	

6. Prepared By (Name, Call Sign)	**6A. Signature**	**7. Date & Time Prepared**	**8.** **Page _____ of _____**

Communications Log (ICS Form 309-SCCo ARES/RACES)

Purpose: The Comm Log records the details of message traffic and is used by either an individual or a Net Control Operator (NCO). These logs provide the basic reference from which to extract communications traffic history.

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Field #	Field Title	Instructions
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2	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time
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4	Radio Operator	Enter the name and call sign of the radio operator
5	Communications Log	**Time:** Enter the local time in 24-hour format **From:** Enter the *From* call sign or ID and the message number **To:** Enter the *To* call sign or ID and the message number **Message:** Enter the message
6	Prepared By	Enter the name and call sign of the person completing the log
6A	Signature	Signature of person completing the log
7	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
8	Page numbers	Enter the page number and number of pages

Submit this form to your supervisor at the end of your shift.

COMM Log **ICS 309-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**

3. Radio Net Name (for NCOs) or Position/Tactical Call	**4. Radio Operator (Name, Call Sign)**

5. COMMUNICATIONS LOG

Time (24:00)	**FROM**		**TO**		**Message**
	Call Sign/ID	**Msg #**	**Call Sign/ID**	**Msg #**	

6. Prepared By (Name, Call Sign)	**6A. Signature**	**7. Date & Time Prepared**	**8.** **Page _____ of _____**

Communications Log (ICS Form 309-SCCo ARES/RACES)

Purpose: The Comm Log records the details of message traffic and is used by either an individual or a Net Control Operator (NCO). These logs provide the basic reference from which to extract communications traffic history.

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4	Radio Operator	Enter the name and call sign of the radio operator
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8	Page numbers	Enter the page number and number of pages

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COMM Log **ICS 309-SCCo** **ARES/RACES**	**1. Incident Name and Activation Number**	**2. Operational Period (Date/Time)** **From:** **To:**

3. Radio Net Name (for NCOs) or Position/Tactical Call	**4. Radio Operator (Name, Call Sign)**

5. COMMUNICATIONS LOG

Time (24:00)	FROM Call Sign/ID	FROM Msg #	TO Call Sign/ID	TO Msg #	Message

6. Prepared By (Name, Call Sign)	**6A. Signature**	**7. Date & Time Prepared**	**8.** **Page _____ of _____**

Communications Log (ICS Form 309-SCCo ARES/RACES)

Purpose: The Comm Log records the details of message traffic and is used by either an individual or a Net Control Operator (NCO). These logs provide the basic reference from which to extract communications traffic history.

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4	Radio Operator	Enter the name and call sign of the radio operator
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6	Prepared By	Enter the name and call sign of the person completing the log
6A	Signature	Signature of person completing the log
7	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
8	Page numbers	Enter the page number and number of pages

Submit this form to your supervisor at the end of your shift.

COMM Log
ICS 309-SCCo
ARES/RACES

1. Incident Name and Activation Number	2. Operational Period (Date/Time) From: To:
3. Radio Net Name (for NCOs) or Position/Tactical Call	4. Radio Operator (Name, Call Sign)

5. COMMUNICATIONS LOG

Time (24:00)	FROM		TO		Message
	Call Sign/ID	Msg #	Call Sign/ID	Msg #	

6. Prepared By (Name, Call Sign)	6A. Signature	7. Date & Time Prepared	8. Page _____ of _____

Communications Log (ICS Form 309-SCCo ARES/RACES)

Purpose: The Comm Log records the details of message traffic and is used by either an individual or a Net Control Operator (NCO). These logs provide the basic reference from which to extract communications traffic history.

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3	Net / Position Name	**For NCOs:** Enter the name of the radio net **For Others:** Enter the name of the position or tactical call
4	Radio Operator	Enter the name and call sign of the radio operator
5	Communications Log	**Time:** Enter the local time in 24-hour format **From:** Enter the *From* call sign or ID and the message number **To:** Enter the *To* call sign or ID and the message number **Message:** Enter the message
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6A	Signature	Signature of person completing the log
7	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)
8	Page numbers	Enter the page number and number of pages

Submit this form to your supervisor at the end of your shift.

Allied Health Status Report 3.0

PHDOC: March 2026
WORD: 20260506

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

This Section to be Completed by Medical Facility Personnel: (Underlined=Required)

3. Date:	4. Time (24hr):	5. Handling: ○Immediate (ASAP) ○Priority (<1 hr) ○Routine (<2 hr)

TO		FROM	
	6. ICS Position:		10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Facility Status

21. Facility Name:	22. Facility Type:

23. EOC Status: (Pick One) ○a. Activated ○b. Monitoring ○c. Not Activated

24. Operational Status: (Pick One) ○a. Fully Operational ○b. Limited Services ○c. Closed ○d. Evacuating ○e. Shelter in Place

25. If you are not fully operational, please indicate additional details:

Facility Contact Information

31. Facility EOC:	(Phone #, Fax, Email)
32. Facility Medical Health Branch / Public Health Liaison:	(Name, Phone #, Email)
33. Facility Information Officer:	(Name, Phone #, Email)

Facility Patient Flow Information

41. Current Census	a. Total Residents:	b. Patients Currently on Site:
42. Patients Pending Evacuation:		43. Patients Transferred Out:
44. Incident-Related Injuries (If Applicable):		
45. Other Patient Care Impacts:		

SNF Bed Status by Care Type

* Surge: # of beds in addition to vacant available beds

	Staffed Beds M	Staffed Beds F	Vacant Beds M	Vacant Beds F	* Surge #	Accepting Admissions (Yes, No, Limited)
50. Skilled Nursing	a.	b.	c.	d.	e.	f.
51. Assisted Living	a.	b.	c.	d.	e.	f.
52. Sub-Acute	a.	b.	c.	d.	e.	f.
53. Alzheimers/Dementia	a.	b.	c.	d.	e.	f.
54. Pediatric Sub-Acute	a.	b.	c.	d.	e.	f.
55. Psychiatric	a.	b.	c.	d.	e.	f.

Available Resources				
	Vacant Chairs / Rooms	**Front Desk Staff**	**Medical Support Staff**	**Provider Staff**
60. Dialysis	**a.**	**b.**	**c.**	**d.**
61. Surgical	**a.**	**b.**	**c.**	**d.**
62. Clinic	**a.**	**b.**	**c.**	**d.**
63. Home Health	**a.**	**b.**	**c.**	**d.**
64. Adult Day Center	**a.**	**b.**	**c.**	**d.**
65. Resource Needs:				

Radio Operator Only:				
Relay:	**Rcvd:**	**Sent:**		
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions for Allied Health Status Report

Purpose: This form is to be used to report essential medical facility status information during significant incidents to support situational awareness, resource coordination, and emergency decision-making.

Instructions for Hospitals:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. For Medical Facility Status, typically: Routine. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest the most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name. For this form, typically: "Health Care Liaison" if the PHDOC is open, else "EMS Unit".
Location	Required. Enter the location. For this form, typically "PHDOC" if it is open, else "Santa Clara County EOC"
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Facility Name	Required. Enter the name of the Medical Facility

Please follow instructions from email/phone/CAHAN on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.).
Use the RESOURCE REQUEST FORM to request resources.

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.

Allied Health Status Report 3.0

PHDOC: March 2026
WORD: 20260506

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

This Section to be Completed by Medical Facility Personnel: (Underlined=Required)

3. Date:	4. Time (24hr):	5. Handling: ○Immediate (ASAP) ○Priority (<1 hr) ○Routine (<2 hr)

TO		FROM	
	6. ICS Position:		10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Facility Status

21. Facility Name:	22. Facility Type:

23. EOC Status: (Pick One) ○a. Activated ○b. Monitoring ○c. Not Activated

24. Operational Status: (Pick One) ○a. Fully Operational ○b. Limited Services ○c. Closed ○d. Evacuating ○e. Shelter in Place

25. If you are not fully operational, please indicate additional details:

Facility Contact Information

31. Facility EOC:	(Phone #, Fax, Email)
32. Facility Medical Health Branch / Public Health Liaison:	(Name, Phone #, Email)
33. Facility Information Officer:	(Name, Phone #, Email)

Facility Patient Flow Information

41. Current Census	a. Total Residents:	b. Patients Currently on Site:
42. Patients Pending Evacuation:		43. Patients Transferred Out:
44. Incident-Related Injuries (If Applicable):		
45. Other Patient Care Impacts:		

SNF Bed Status by Care Type

* Surge: # of beds in addition to vacant available beds

	Staffed Beds M	Staffed Beds F	Vacant Beds M	Vacant Beds F	* Surge #	Accepting Admissions (Yes, No, Limited)
50. Skilled Nursing	a.	b.	c.	d.	e.	f.
51. Assisted Living	a.	b.	c.	d.	e.	f.
52. Sub-Acute	a.	b.	c.	d.	e.	f.
53. Alzheimers/Dementia	a.	b.	c.	d.	e.	f.
54. Pediatric Sub-Acute	a.	b.	c.	d.	e.	f.
55. Psychiatric	a.	b.	c.	d.	e.	f.

Available Resources				
	Vacant Chairs / Rooms	**Front Desk Staff**	**Medical Support Staff**	**Provider Staff**
60. Dialysis	**a.**	**b.**	**c.**	**d.**
61. Surgical	**a.**	**b.**	**c.**	**d.**
62. Clinic	**a.**	**b.**	**c.**	**d.**
63. Home Health	**a.**	**b.**	**c.**	**d.**
64. Adult Day Center	**a.**	**b.**	**c.**	**d.**
65. Resource Needs:				

Radio Operator Only:				
Relay:	**Rcvd:**	**Sent:**		
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions for Allied Health Status Report

Purpose: This form is to be used to report essential medical facility status information during significant incidents to support situational awareness, resource coordination, and emergency decision-making.

Instructions for Hospitals:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. For Medical Facility Status, typically: Routine. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest the most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name. For this form, typically: "Health Care Liaison" if the PHDOC is open, else "EMS Unit".
Location	Required. Enter the location. For this form, typically "PHDOC" if it is open, else "Santa Clara County EOC"
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Facility Name	Required. Enter the name of the Medical Facility

Please follow instructions from email/phone/CAHAN on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.).
Use the RESOURCE REQUEST FORM to request resources.

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.

Allied Health Status Report 3.0

PHDOC: March 2026
WORD: 20260506

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

This Section to be Completed by Medical Facility Personnel: (Underlined=Required)

3. Date:	4. Time (24hr):	5. Handling: ○Immediate (ASAP) ○Priority (<1 hr) ○Routine (<2 hr)

TO		FROM	
	6. ICS Position:		10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Facility Status

21. Facility Name:	22. Facility Type:

23. EOC Status: (Pick One) ○a. Activated ○b. Monitoring ○c. Not Activated

24. Operational Status: (Pick One) ○a. Fully Operational ○b. Limited Services ○c. Closed ○d. Evacuating ○e. Shelter in Place

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42. Patients Pending Evacuation:		43. Patients Transferred Out:
44. Incident-Related Injuries (If Applicable):		
45. Other Patient Care Impacts:		

SNF Bed Status by Care Type

* Surge: # of beds in addition to vacant available beds

	Staffed Beds M	Staffed Beds F	Vacant Beds M	Vacant Beds F	* Surge #	Accepting Admissions (Yes, No, Limited)
50. Skilled Nursing	a.	b.	c.	d.	e.	f.
51. Assisted Living	a.	b.	c.	d.	e.	f.
52. Sub-Acute	a.	b.	c.	d.	e.	f.
53. Alzheimers/Dementia	a.	b.	c.	d.	e.	f.
54. Pediatric Sub-Acute	a.	b.	c.	d.	e.	f.
55. Psychiatric	a.	b.	c.	d.	e.	f.

Available Resources				
	Vacant Chairs / Rooms	**Front Desk Staff**	**Medical Support Staff**	**Provider Staff**
60. Dialysis	**a.**	**b.**	**c.**	**d.**
61. Surgical	**a.**	**b.**	**c.**	**d.**
62. Clinic	**a.**	**b.**	**c.**	**d.**
63. Home Health	**a.**	**b.**	**c.**	**d.**
64. Adult Day Center	**a.**	**b.**	**c.**	**d.**
65. Resource Needs:				

Radio Operator Only:				
Relay:	**Rcvd:**	**Sent:**		
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions for Allied Health Status Report

Purpose: This form is to be used to report essential medical facility status information during significant incidents to support situational awareness, resource coordination, and emergency decision-making.

Instructions for Hospitals:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. For Medical Facility Status, typically: Routine. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest the most appropriate TO position and location.
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Name	Optional. Enter only if the message is to a specific individual.
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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.

CPOD Commodities Update Form 1.1

Veoci: 20250715
DOC: 20260506

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

CPOD Commodities Update Form

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○Immediate (ASAP) ○Priority (<1 hr) ○Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Overview

21. Jurisdiction:	
22. Prepared Date:	23. Prepared Time:

General Site Information

31. Site Name:

32. Status Update: ○ a. Activated ○ b. Pending Activation ○ c. Pending Demobilization ○ d. Demobilization ○ e. Not Activated

33. Additional Information:

Commodities

Item 1	81a. Type of Commodity:		
	81b. Starting Quantity:	81c. Qty Distributed:	81d. Qty Available:
Item 2	82a. Type of Commodity:		
	82b. Starting Quantity:	82c. Qty Distributed:	82d. Qty Available:
Item 3	83a. Type of Commodity:		
	83b. Starting Quantity:	83c. Qty Distributed:	83d. Qty Available:
Item 4	84a. Type of Commodity:		
	84b. Starting Quantity:	84c. Qty Distributed:	84d. Qty Available:
Item 5	85a. Type of Commodity:		
	85b. Starting Quantity:	85c. Qty Distributed:	85d. Qty Available:
Item 6	86a. Type of Commodity:		
	86b. Starting Quantity:	86c. Qty Distributed:	86d. Qty Available:
Item 7	87a. Type of Commodity:		
	87b. Starting Quantity:	87c. Qty Distributed:	87d. Qty Available:
Item 8	88a. Type of Commodity:		
	88b. Starting Quantity:	88c. Qty Distributed:	88d. Qty Available:

Radio Operator Only:			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time (24hr):

SCCo-ARES/RACES

Instructions: CPOD Commodity Update Form (Commodity Point of Distribution)

Purpose: This CPOD form shall be used to update the items in inventory or inventory quantities throughout the activation of this CPOD Site. Frequency of update should be coordinated through your Emergency Operations Center.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Prepared Date/Time	Required. Enter the date and time of this form creation. Use 24-hour time.
Site Name	Required. Enter the name of this CPOD site. This name should be the same one used in previous CPOD Site Information and CPOD Commodity Update forms. If unknown, please fill in a location of this site.
Status Update	Optional: Please fill in this field if there is a status change of this CPOD associated with this commodity update.
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.
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CPOD Commodities Update Form 1.1

Veoci: 20250715
DOC: 20260506

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

CPOD Commodities Update Form

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	4. Time:	5. Handling: ○Immediate (ASAP) ○Priority (<1 hr) ○Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Overview

21. Jurisdiction:	
22. Prepared Date:	23. Prepared Time:

General Site Information

31. Site Name:

32. Status Update: ○ a. Activated ○ b. Pending Activation ○ c. Pending Demobilization ○ d. Demobilization ○ e. Not Activated

33. Additional Information:

Commodities

Item 1	81a. Type of Commodity:		
	81b. Starting Quantity:	81c. Qty Distributed:	81d. Qty Available:
Item 2	82a. Type of Commodity:		
	82b. Starting Quantity:	82c. Qty Distributed:	82d. Qty Available:
Item 3	83a. Type of Commodity:		
	83b. Starting Quantity:	83c. Qty Distributed:	83d. Qty Available:
Item 4	84a. Type of Commodity:		
	84b. Starting Quantity:	84c. Qty Distributed:	84d. Qty Available:
Item 5	85a. Type of Commodity:		
	85b. Starting Quantity:	85c. Qty Distributed:	85d. Qty Available:
Item 6	86a. Type of Commodity:		
	86b. Starting Quantity:	86c. Qty Distributed:	86d. Qty Available:
Item 7	87a. Type of Commodity:		
	87b. Starting Quantity:	87c. Qty Distributed:	87d. Qty Available:
Item 8	88a. Type of Commodity:		
	88b. Starting Quantity:	88c. Qty Distributed:	88d. Qty Available:

Radio Operator Only:			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time (24hr):

SCCo-ARES/RACES

Instructions: CPOD Commodity Update Form (Commodity Point of Distribution)

Purpose: This CPOD form shall be used to update the items in inventory or inventory quantities throughout the activation of this CPOD Site. Frequency of update should be coordinated through your Emergency Operations Center.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Prepared Date/Time	Required. Enter the date and time of this form creation. Use 24-hour time.
Site Name	Required. Enter the name of this CPOD site. This name should be the same one used in previous CPOD Site Information and CPOD Commodity Update forms. If unknown, please fill in a location of this site.
Status Update	Optional: Please fill in this field if there is a status change of this CPOD associated with this commodity update.
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.

CPOD Site Information Form 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination Msg #:**

CPOD Site Information Form

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:

22. Prepared Date:	**23. Prepared Time:**

General Site Information

31. Site Name:

32. CPOD Type: ○ **a. Type I** ○ **b. Type II** ○ **c. Type III** ○ **d. LSA (Logistics Staging Area)** ○ **e. Non-CPOD Distribution Point** (smaller than a Type III CPOD)

33. Status: ○ **a. Activated** ○ **b. Pending Activation** ○ **c. Pending Demobilization** ○ **d. Demobilization** ○ **e. Not Activated**

34. Address:	**35. City:**	**36. ZIP code:**

37. Police Jurisdiction and Division/Region:

38. Fire Department Jurisdiction and Division/Region:

39. Additional Information:

Contact Information

41. Partner Point of Contact:	**42. Site Point of Contact:**

Site Details

51. Dimensions of Site in Feet:	**52. Size of Site in Acres:**

53. Road/Walkway Type: ☐ **a. Concrete** ☐ **b. Gravel Hard-Stand** ☐ **c. Paved** ☐ **d. Other**

54. Accessible at All Times: ○ **Yes** ○ **No**

55. Access Controlled by Gate: ○ **Yes** ○ **No**	**56. Site Contact if Gate is Closed:**

57. Location of Driveway(s):

58. Spike Strips at any of the driveways: ○ **Yes** ○ **No**

Site Safety

61. Site Safety Details:

- ☐ **a. Has perimeter fencing**
- ☐ **b. Has fixed lighting throughout the site (outside)**
- ☐ **c. Has fixed lighting throughout the site (inside)**
- ☐ **d. Site monitored by closed-circuit TV cameras**
- ☐ **e. Has public address system installed**
- ☐ **f. Has covered areas**
- ☐ **g. Has fixed or non-fixed equipment located on the site that may be difficult to move**

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:

<table>
<tr><th>Field</th><th>Instructions</th></tr>
<tr><td>Date</td><td>Required. Enter the date created.</td></tr>
<tr><td>Time</td><td>Required. Enter the time created. Use 24-hour time.</td></tr>
<tr><td>Handling</td><td>Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.</td></tr>
<tr><td>TO / FROM</td><td>If needed, radio operator can suggest most appropriate TO position and location.</td></tr>
<tr><td>ICS Position</td><td>Required. Enter the ICS position name.</td></tr>
<tr><td>Location</td><td>Required. Enter the location.</td></tr>
<tr><td>Name</td><td>Optional. Enter only if the message is to a specific individual.</td></tr>
<tr><td>Contact Info</td><td>Optional. Enter a phone number, frequency or other info that may help reach the person or position.</td></tr>
<tr><td>Jurisdiction</td><td>Required. Enter the name of the municipality/jurisdiction.</td></tr>
<tr><td>Prepared Date/Time</td><td>Required. Enter the date and time of this form creation. Use 24-hour time.</td></tr>
<tr><td>Site Name</td><td>Required. Enter a name for this site (such as: Vasona Lake Park, or Fairgrounds)</td></tr>
<tr><td>CPOD Type</td><td>Required.
<table>
<tr><td><u>Type I C-POD</u></td><td>250 ft. x 500 ft.</td><td>• Requires a staff of 78 per day
• Type I PODs are only used in large metro areas
• Twelve loading points and four vehicle lanes are used</td></tr>
<tr><td><u>Type II C-POD</u></td><td>250 ft. x 300 ft.</td><td>• Requires a staff of 34 per day
• Six loading points and two vehicle lanes are used</td></tr>
<tr><td><u>Type III C-POD</u></td><td>150 ft. x 300 ft.</td><td>• Requires a staff of 19 per day
• Three loading points and one vehicle lane are used</td></tr>
<tr><td>LSA (Logistics Staging Area)</td><td></td><td>• As a general guideline, between 40 and 172 personnel should be assigned. In extreme circumstances, this may be scaled down to 20, or scaled up to 183 personnel.</td></tr>
<tr><td>Non-CPOD Distribution Point</td><td></td><td>• A non-planned distribution point for smaller operations, smaller than a Type III CPOD.</td></tr>
</table></td></tr>
<tr><td>Status</td><td>Required. Select one. Please select the status that best matches the current status of this CPOD.</td></tr>
<tr><td>Address, City, ZIP Code</td><td>The Address and City fields are required: Please specify the correct address for this site. It is best to use addresses and not cross streets to ensure the public and logistics can locate this site.</td></tr>
<tr><td>Police and Fire Jurisdiction</td><td>Enter the law enforcement and fire agency having authority over this site.</td></tr>
<tr><td>Additional Information</td><td>Enter any additional information that would be relevant to the operation of this site.</td></tr>
</table>

62. Perimeter Fencing Details:	
63. Site Accessibility:	☐ **a. There are sidewalks leading to the site that have wheelchair access** ☐ **b. There are uneven surfaces leading up to the site** ☐ **c. There is a ramp from the staff parking location leading up to the POD location**

Time Opened / Time Closed

71. Date Opened:	**72. Time Opened:**
73. Date Closed:	**74. Time Closed:**

Commodities

Item 1	**81a. Type of Commodity:**		
	81b. Starting Quantity:	**81c. Qty Distributed:**	**81d. Qty Available:**
Item 2	**82a. Type of Commodity:**		
	82b. Starting Quantity:	**82c. Qty Distributed:**	**82d. Qty Available:**
Item 3	**83a. Type of Commodity:**		
	83b. Starting Quantity:	**83c. Qty Distributed:**	**83d. Qty Available:**
Item 4	**84a. Type of Commodity:**		
	84b. Starting Quantity:	**84c. Qty Distributed:**	**84d. Qty Available:**
Item 5	**85a. Type of Commodity:**		
	85b. Starting Quantity:	**85c. Qty Distributed:**	**85d. Qty Available:**
Item 6	**86a. Type of Commodity:**		
	86b.Starting Quantity:	**86c. Qty Distributed:**	**86d. Qty Available:**
Item 7	**87a. Type of Commodity:**		
	87b. Starting Quantity:	**87c. Qty Distributed:**	**87d. Qty Available:**
Item 8	**88a. Type of Commodity:**		
	88b. Starting Quantity:	**88c. Qty Distributed:**	**88d. Qty Available:**

Radio Operator Only:			
Relay: **Rcvd:**		**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Partner and Site Point of Contact	Please fill in the partner agency managing this site as well as the site supervisor. Contact information for each would be beneficial.
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.
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CPOD Site Information Form 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination Msg #:**

CPOD Site Information Form

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:

22. Prepared Date:	**23. Prepared Time:**

General Site Information

31. Site Name:

32. CPOD Type: ○ **a. Type I** ○ **b. Type II** ○ **c. Type III** ○ **d. LSA (Logistics Staging Area)** ○ **e. Non-CPOD Distribution Point** (smaller than a Type III CPOD)

33. Status: ○ **a. Activated** ○ **b. Pending Activation** ○ **c. Pending Demobilization** ○ **d. Demobilization** ○ **e. Not Activated**

34. Address:	**35. City:**	**36. ZIP code:**

37. Police Jurisdiction and Division/Region:

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39. Additional Information:

Contact Information

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Site Details

51. Dimensions of Site in Feet:	**52. Size of Site in Acres:**

53. Road/Walkway Type: ☐ **a. Concrete** ☐ **b. Gravel Hard-Stand** ☐ **c. Paved** ☐ **d. Other**

54. Accessible at All Times: ○ **Yes** ○ **No**

55. Access Controlled by Gate: ○ **Yes** ○ **No**	**56. Site Contact if Gate is Closed:**

57. Location of Driveway(s):

58. Spike Strips at any of the driveways: ○ **Yes** ○ **No**

Site Safety

61. Site Safety Details:

- ☐ **a. Has perimeter fencing**
- ☐ **b. Has fixed lighting throughout the site (outside)**
- ☐ **c. Has fixed lighting throughout the site (inside)**
- ☐ **d. Site monitored by closed-circuit TV cameras**
- ☐ **e. Has public address system installed**
- ☐ **f. Has covered areas**
- ☐ **g. Has fixed or non-fixed equipment located on the site that may be difficult to move**

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:

<table>
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<tr><td>Date</td><td>Required. Enter the date created.</td></tr>
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Time Opened / Time Closed

71. Date Opened:	**72. Time Opened:**
73. Date Closed:	**74. Time Closed:**

Commodities

Item 1	**81a. Type of Commodity:**		
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Item 2	**82a. Type of Commodity:**		
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Item 6	**86a. Type of Commodity:**		
	86b.Starting Quantity:	**86c. Qty Distributed:**	**86d. Qty Available:**
Item 7	**87a. Type of Commodity:**		
	87b. Starting Quantity:	**87c. Qty Distributed:**	**87d. Qty Available:**
Item 8	**88a. Type of Commodity:**		
	88b. Starting Quantity:	**88c. Qty Distributed:**	**88d. Qty Available:**

Radio Operator Only:			
Relay: **Rcvd:**		**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Partner and Site Point of Contact	Please fill in the partner agency managing this site as well as the site supervisor. Contact information for each would be beneficial.
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
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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.

Damage Assessment 1.1

Veoci: 20250715
DOC: 20260503

Radio Operator Only:	1. Origin Msg #:	2. Destination. Msg #:

Damage Assessment

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO		FROM	
	6. ICS Position:		10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Overview

21. Jurisdiction:	22. Incident Name:
23. Address:	24. Unit/Suite:

25. Type of Structure: ○ a. Single Family ○ b. Multi-Family ○ c. Mobile Home ○ d. Business ○ e. Non-Profit Orgs ○ f. Outbuilding

26. Number of Stories:

27. Own/Rent: ○ Own ○ Rent

28. Types of damage: ☐ a. Flooding ☐ b. Roof / Windows / Other Exterior ☐ c. Structural ☐ d. Other (define in comments)

29. Basement Type: ○ a. Basement ○ b. Crawlspace ○ c. Basement and Crawlspace ○ d. N/A

30. What is the damage classification for this property?
○ a. Destroyed ○ b. Major ○ c. Minor ○ d. Affected (Superficial or Cosmetic Damage Only) ○ e. No Visible Damage

31. Tag: ○ a. Green Tagged ○ b. Yellow Tagged ○ c. Red Tagged

32. Insurance: ○ Yes ○ No	33. Estimated Damage ($):

34. Comments:

35. Contact Name:	36. Contact Phone:

Radio Operator Only:			
Relay: Rcvd:		Sent:	
Name:	Call Sign:	Date:	Time (24hr):

SCCo ARES/RACES

Instructions: Damage Assessment

Purpose: This form is used by any team that performs an actual visit to a property and gathers observable information. This form is used to help build out detailed awareness of all damaged properties and losses incurred.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Incident Name	Required. Enter the name of this jurisdiction's incident.
Address	Required. Enter the physical address for this report.
Type of Structure	Required. Indicate the primary use of this property. Please use additional Damage Assessment reports if this address is a mixed-use property (such as: Condominiums over Retail).
Number of Stories	Required. Indicate the number of stories for this property.
Own/Rent	Indicate if this property is owned or rented by the occupant.
Type of damage	Required. Check all conditions that are observed on the property.
Basement Type	Required. Indicate the basement type on this property.
Damage Classification	Required. Identify the overall level of damage observed.
Tag	Identify the building department occupancy tag (if a building official or engineer has already visited this property).
Insurance	List the status of property insurance the occupant has (if known).
Estimated Damage	Place a dollar amount on the amount of damage observed.
Comments	Add any descriptive text on the conditions observed.
Contact Name & Phone	Required. This should contain the name and phone number for the party filling out this form.

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.

Damage Assessment 1.1

Veoci: 20250715
DOC: 20260503

Radio Operator Only:	1. Origin Msg #:	2. Destination. Msg #:

Damage Assessment

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO		FROM	
	6. ICS Position:		10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Overview

21. Jurisdiction:	22. Incident Name:
23. Address:	24. Unit/Suite:

25. Type of Structure: ○ a. Single Family ○ b. Multi-Family ○ c. Mobile Home ○ d. Business ○ e. Non-Profit Orgs ○ f. Outbuilding

26. Number of Stories:

27. Own/Rent: ○ Own ○ Rent

28. Types of damage: ☐ a. Flooding ☐ b. Roof / Windows / Other Exterior ☐ c. Structural ☐ d. Other (define in comments)

29. Basement Type: ○ a. Basement ○ b. Crawlspace ○ c. Basement and Crawlspace ○ d. N/A

30. What is the damage classification for this property?
○ a. Destroyed ○ b. Major ○ c. Minor ○ d. Affected (Superficial or Cosmetic Damage Only) ○ e. No Visible Damage

31. Tag: ○ a. Green Tagged ○ b. Yellow Tagged ○ c. Red Tagged

32. Insurance: ○ Yes ○ No	33. Estimated Damage ($):

34. Comments:

35. Contact Name:	36. Contact Phone:

Radio Operator Only:			
Relay: Rcvd:		Sent:	
Name:	Call Sign:	Date:	Time (24hr):

SCCo ARES/RACES

Instructions: Damage Assessment

Purpose: This form is used by any team that performs an actual visit to a property and gathers observable information. This form is used to help build out detailed awareness of all damaged properties and losses incurred.

Instructions for Jurisdictions:

Field	Instructions
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Damage Assessment 1.1

Veoci: 20250715
DOC: 20260503

Radio Operator Only:	1. Origin Msg #:	2. Destination. Msg #:

Damage Assessment

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO		FROM	
	6. ICS Position:		10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Overview

21. Jurisdiction:	22. Incident Name:
23. Address:	24. Unit/Suite:

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26. Number of Stories:

27. Own/Rent: ○ Own ○ Rent

28. Types of damage: ☐ a. Flooding ☐ b. Roof / Windows / Other Exterior ☐ c. Structural ☐ d. Other (define in comments)

29. Basement Type: ○ a. Basement ○ b. Crawlspace ○ c. Basement and Crawlspace ○ d. N/A

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32. Insurance: ○ Yes ○ No	33. Estimated Damage ($):

34. Comments:

35. Contact Name:	36. Contact Phone:

Radio Operator Only:			
Relay: Rcvd:		Sent:	
Name:	Call Sign:	Date:	Time (24hr):

SCCo ARES/RACES

Instructions: Damage Assessment

Purpose: This form is used by any team that performs an actual visit to a property and gathers observable information. This form is used to help build out detailed awareness of all damaged properties and losses incurred.

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Field	Instructions
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Damage Assessment 1.1

Veoci: 20250715
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Radio Operator Only:	1. Origin Msg #:	2. Destination. Msg #:

Damage Assessment

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3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO		FROM	
	6. ICS Position:		10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Overview

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23. Address:	24. Unit/Suite:

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27. Own/Rent: ○ Own ○ Rent

28. Types of damage: ☐ a. Flooding ☐ b. Roof / Windows / Other Exterior ☐ c. Structural ☐ d. Other (define in comments)

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32. Insurance: ○ Yes ○ No	33. Estimated Damage ($):

34. Comments:

35. Contact Name:	36. Contact Phone:

Radio Operator Only:			
Relay: Rcvd:		Sent:	
Name:	Call Sign:	Date:	Time (24hr):

SCCo ARES/RACES

Instructions: Damage Assessment

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Damage Assessment 1.1

Veoci: 20250715
DOC: 20260503

Radio Operator Only:	1. Origin Msg #:	2. Destination. Msg #:

Damage Assessment

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	4. Time:	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO		FROM	
	6. ICS Position:		10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

Overview

21. Jurisdiction:	22. Incident Name:
23. Address:	24. Unit/Suite:

25. Type of Structure: ○ a. Single Family ○ b. Multi-Family ○ c. Mobile Home ○ d. Business ○ e. Non-Profit Orgs ○ f. Outbuilding

26. Number of Stories:

27. Own/Rent: ○ Own ○ Rent

28. Types of damage: ☐ a. Flooding ☐ b. Roof / Windows / Other Exterior ☐ c. Structural ☐ d. Other (define in comments)

29. Basement Type: ○ a. Basement ○ b. Crawlspace ○ c. Basement and Crawlspace ○ d. N/A

30. What is the damage classification for this property?
○ a. Destroyed ○ b. Major ○ c. Minor ○ d. Affected (Superficial or Cosmetic Damage Only) ○ e. No Visible Damage

31. Tag: ○ a. Green Tagged ○ b. Yellow Tagged ○ c. Red Tagged

32. Insurance: ○ Yes ○ No	33. Estimated Damage ($):

34. Comments:

35. Contact Name:	36. Contact Phone:

Radio Operator Only:			
Relay: Rcvd:		Sent:	
Name:	Call Sign:	Date:	Time (24hr):

SCCo ARES/RACES

Instructions: Damage Assessment

Purpose: This form is used by any team that performs an actual visit to a property and gathers observable information. This form is used to help build out detailed awareness of all damaged properties and losses incurred.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
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Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Incident Name	Required. Enter the name of this jurisdiction's incident.
Address	Required. Enter the physical address for this report.
Type of Structure	Required. Indicate the primary use of this property. Please use additional Damage Assessment reports if this address is a mixed-use property (such as: Condominiums over Retail).
Number of Stories	Required. Indicate the number of stories for this property.
Own/Rent	Indicate if this property is owned or rented by the occupant.
Type of damage	Required. Check all conditions that are observed on the property.
Basement Type	Required. Indicate the basement type on this property.
Damage Classification	Required. Identify the overall level of damage observed.
Tag	Identify the building department occupancy tag (if a building official or engineer has already visited this property).
Insurance	List the status of property insurance the occupant has (if known).
Estimated Damage	Place a dollar amount on the amount of damage observed.
Comments	Add any descriptive text on the conditions observed.
Contact Name & Phone	Required. This should contain the name and phone number for the party filling out this form.

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.
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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.

SCCo ARES/RACES Mike-Mike Summary	1. Incident Name (if any):	2. Incident Date / Time:

3. City	4. Mike-Mike Tally (use tick/tally marks)								5. Reporting Totals (numerical)					
	MM-1	MM-2	MM-3	MM-4	MM-5	MM-6	MM-7	MM-8	MM1-3	MM4	MM5	MM6	MM7	MM8
Campbell														
Cupertino														
Gilroy														
Loma Prieta														
Los Altos														
Los Altos Hills														
Los Gatos														
Milpitas														
Monte Sereno														
Morgan Hill														
Mountain View														
NASA/Ames														
Palo Alto														
San Jose														
Santa Clara														
Saratoga														
Stanford Univ														
Sunnyvale														
Other:_____														

6. Prepared by (Name, Call Sign)	7. Date & Time Prepared	Page 1 of 1

Mike-Mike Summary (SCCo ARES/RACES)

Purpose: The Mike-Mike Summary is used by the Net Control Operator to summarize Modified Mercalli (Mike-Mike) reports from throughout the county. The gathering of Mike-Mike reports occurs immediately following an earthquake, during Resource Net Level 1 operation.

Preparation: The Mike-Mike Summary is initiated and maintained by the Net Control Operator. Completed forms are submitted to the County Chief Radio Operator or RACES Unit Leader at the County EOC.

Instructions for completing the form:

Field #	Field Title	Instructions
1	Incident Name	Enter the name of the event (if any), such as the epicenter. This information may come somewhat later.
2	Incident Date / Time	Enter the date and time of the event.
3	City Name	The cities within Santa Clara County are listed. One extra row is provided to use for another city or area.
4	Mike-Mike Tally	Use tally marks in groups of five (1-4 vertical marks with 5th horizontal strike-through mark) for each report.
5	Reporting Totals	Total the tally marks for easy transmission
6	Prepared by	Enter the name and call sign of the person completing this form
7	Date & Time Prepared	Enter the date and time the form was prepared (24-hour clock)

Instructions for transmitting the summary data on this form to another operator: (See NOTE below)

Position	Script
Sender	I have Mike-Mike Summary data to transmit. Say when ready to copy.
Receiver	Go Ahead
Sender	Incident Name _____ Date _____ Time _____
Receiver	Go Ahead
Sender	Campbell figures <MM1-3 total> figures <MM4 total> figures <MM5 total> figures <MM6 total> figures <MM7 total> figures <MM8 total>
Receiver	Go Ahead
Sender	Cupertino figures <MM1-3 total> figures <MM4 total> figures <MM5 total> figures <MM6 total> figures <MM7 total> figures <MM8 total>
Receiver	Go Ahead
… and so on …	
Sender	End of summary
Receiver	Mike-Mike Summary Acknowledged

NOTE: If only providing roll-up data from a city, you do not need to transmit the Incident Name, Date, and Time. Only the City Name and figures from the Reporting Totals columns are needed. If a column is empty or has a 0 in it, the correct response for that column is "figures zero".
There is no need to send the column name, just send the data as noted above at a speed that the receiver can copy and record.

Rollup data should only be new data the city/agency has received since the last rollup was reported.

SCCo ARES/RACES Mike-Mike Summary	1. Incident Name (if any):	2. Incident Date / Time:

3. City	4. Mike-Mike Tally (use tick/tally marks)								5. Reporting Totals (numerical)					
	MM-1	MM-2	MM-3	MM-4	MM-5	MM-6	MM-7	MM-8	MM1-3	MM4	MM5	MM6	MM7	MM8
Campbell														
Cupertino														
Gilroy														
Loma Prieta														
Los Altos														
Los Altos Hills														
Los Gatos														
Milpitas														
Monte Sereno														
Morgan Hill														
Mountain View														
NASA/Ames														
Palo Alto														
San Jose														
Santa Clara														
Saratoga														
Stanford Univ														
Sunnyvale														
Other:_____														

6. Prepared by (Name, Call Sign)	7. Date & Time Prepared	Page 1 of 1

Mike-Mike Summary (SCCo ARES/RACES)

Purpose: The Mike-Mike Summary is used by the Net Control Operator to summarize Modified Mercalli (Mike-Mike) reports from throughout the county. The gathering of Mike-Mike reports occurs immediately following an earthquake, during Resource Net Level 1 operation.

Preparation: The Mike-Mike Summary is initiated and maintained by the Net Control Operator. Completed forms are submitted to the County Chief Radio Operator or RACES Unit Leader at the County EOC.

Instructions for completing the form:

Field #	Field Title	Instructions
1	Incident Name	Enter the name of the event (if any), such as the epicenter. This information may come somewhat later.
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3	City Name	The cities within Santa Clara County are listed. One extra row is provided to use for another city or area.
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Sender	I have Mike-Mike Summary data to transmit. Say when ready to copy.
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NOTE: If only providing roll-up data from a city, you do not need to transmit the Incident Name, Date, and Time. Only the City Name and figures from the Reporting Totals columns are needed. If a column is empty or has a 0 in it, the correct response for that column is "figures zero".
There is no need to send the column name, just send the data as noted above at a speed that the receiver can copy and record.

Rollup data should only be new data the city/agency has received since the last rollup was reported.

Notable Report 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Notable Report

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:	**22. Originator:**

23. Severity: (Pick One) ○ **High** ○ **Medium** ○ **Low**

24. Escalate to County Op Area? ○ **Yes** ○ **No**

25. Name of the County Incident:

Event Details

31. Title:

32. Date:	**33. Time:**

34. Event Type:

- ○ **1: Transportation**
- ○ **2: Communications**
- ○ **3: Construction and Engineering**
- ○ **4: Fire and Rescue**
- ○ **5: Management**
- ○ **6: Care and Shelter**
- ○ **7: Resources**
- ○ **8: Public Health and Medical**
- ○ **9: Search and Rescue**
- ○ **10: Hazardous Materials Response**
- ○ **11: Food and Agriculture**
- ○ **12: Utilities**
- ○ **13: Law Enforcement**
- ○ **14: Recovery**
- ○ **15: Public Information**
- ○ **16: Animal Services**
- ○ **17: Volunteer Management**
- ○ **18: Cyber Security**
- ○ **19: Donations Management**
- ○ **20: Continuity of Operations/Government**

35. Details:

Contact Information

41. Point of Contact Name:	**42. Contact Phone Number:**

43. Contact Email:

Event Expiration

51. Do you want this event to expire?: ○ **Yes** ○ **No**	**52. Date to Expire:**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Notable Report

Purpose: This Notable Report form is meant to be used to communicate issues that are observed in the community. There are specialty forms for shelters, road closures, damage assessments, etc. These Notable Reports are meant for everything else that cannot be categorized (for instance: tree down, fire hydrant broken, location of an incident command post, …).

Note: No emergency services will be dispatched based on this report. This report is to communicate Situational Awareness only. If emergency services are required, please follow your procedures for requesting these services (911 or such)

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Originator	Required. Enter the name of the person filling out this form.
Severity	Required. Indicate the severity of this report.
Escalate to County Op Area?	Required. This field determines if this report is for the jurisdiction only or should be communicated to the County Operational Area as well.
Name of County Incident	Please fill in the name of the County's incident this report should be applied to.
Title	Required. Please write a descriptive name for this report. Please be detailed enough to promote uniqueness in the title of all submitted reports.
Date/Time	Required. Date/Time of this report.
Event Type	Required. Choose the Emergency Support Function (ESF) that is associated with this report.
Details	Required. Write sufficient details that describe the conditions being observed.
Contact Information	Enter the contact's name and details for the person who can be contacted if further action is required.
Do you want this event to expire? & Date to Expire	Required. This is used to automatically close a Notable Report on a particular date. (For instance, if this is a traffic accident, it is likely to be resolved in hours. For this example, check Yes and place tomorrow's date in the next field). If you wish this Notable Report to stay visible in the system until it is manually closed, please leave this value set to "No").

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.

Notable Report 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Notable Report

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:	**22. Originator:**

23. Severity: (Pick One) ○ **High** ○ **Medium** ○ **Low**

24. Escalate to County Op Area? ○ **Yes** ○ **No**

25. Name of the County Incident:

Event Details

31. Title:

32. Date:	**33. Time:**

34. Event Type:

- ○ **1: Transportation**
- ○ **2: Communications**
- ○ **3: Construction and Engineering**
- ○ **4: Fire and Rescue**
- ○ **5: Management**
- ○ **6: Care and Shelter**
- ○ **7: Resources**
- ○ **8: Public Health and Medical**
- ○ **9: Search and Rescue**
- ○ **10: Hazardous Materials Response**
- ○ **11: Food and Agriculture**
- ○ **12: Utilities**
- ○ **13: Law Enforcement**
- ○ **14: Recovery**
- ○ **15: Public Information**
- ○ **16: Animal Services**
- ○ **17: Volunteer Management**
- ○ **18: Cyber Security**
- ○ **19: Donations Management**
- ○ **20: Continuity of Operations/Government**

35. Details:

Contact Information

41. Point of Contact Name:	**42. Contact Phone Number:**

43. Contact Email:

Event Expiration

51. Do you want this event to expire?: ○ **Yes** ○ **No**	**52. Date to Expire:**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Notable Report

Purpose: This Notable Report form is meant to be used to communicate issues that are observed in the community. There are specialty forms for shelters, road closures, damage assessments, etc. These Notable Reports are meant for everything else that cannot be categorized (for instance: tree down, fire hydrant broken, location of an incident command post, …).

Note: No emergency services will be dispatched based on this report. This report is to communicate Situational Awareness only. If emergency services are required, please follow your procedures for requesting these services (911 or such)

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Originator	Required. Enter the name of the person filling out this form.
Severity	Required. Indicate the severity of this report.
Escalate to County Op Area?	Required. This field determines if this report is for the jurisdiction only or should be communicated to the County Operational Area as well.
Name of County Incident	Please fill in the name of the County's incident this report should be applied to.
Title	Required. Please write a descriptive name for this report. Please be detailed enough to promote uniqueness in the title of all submitted reports.
Date/Time	Required. Date/Time of this report.
Event Type	Required. Choose the Emergency Support Function (ESF) that is associated with this report.
Details	Required. Write sufficient details that describe the conditions being observed.
Contact Information	Enter the contact's name and details for the person who can be contacted if further action is required.
Do you want this event to expire? & Date to Expire	Required. This is used to automatically close a Notable Report on a particular date. (For instance, if this is a traffic accident, it is likely to be resolved in hours. For this example, check Yes and place tomorrow's date in the next field). If you wish this Notable Report to stay visible in the system until it is manually closed, please leave this value set to "No").

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.

Notable Report 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Notable Report

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:	**22. Originator:**

23. Severity: (Pick One) ○ **High** ○ **Medium** ○ **Low**

24. Escalate to County Op Area? ○ **Yes** ○ **No**

25. Name of the County Incident:

Event Details

31. Title:

32. Date:	**33. Time:**

34. Event Type:

- ○ **1: Transportation**
- ○ **2: Communications**
- ○ **3: Construction and Engineering**
- ○ **4: Fire and Rescue**
- ○ **5: Management**
- ○ **6: Care and Shelter**
- ○ **7: Resources**
- ○ **8: Public Health and Medical**
- ○ **9: Search and Rescue**
- ○ **10: Hazardous Materials Response**
- ○ **11: Food and Agriculture**
- ○ **12: Utilities**
- ○ **13: Law Enforcement**
- ○ **14: Recovery**
- ○ **15: Public Information**
- ○ **16: Animal Services**
- ○ **17: Volunteer Management**
- ○ **18: Cyber Security**
- ○ **19: Donations Management**
- ○ **20: Continuity of Operations/Government**

35. Details:

Contact Information

41. Point of Contact Name:	**42. Contact Phone Number:**

43. Contact Email:

Event Expiration

51. Do you want this event to expire?: ○ **Yes** ○ **No**	**52. Date to Expire:**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Notable Report

Purpose: This Notable Report form is meant to be used to communicate issues that are observed in the community. There are specialty forms for shelters, road closures, damage assessments, etc. These Notable Reports are meant for everything else that cannot be categorized (for instance: tree down, fire hydrant broken, location of an incident command post, …).

Note: No emergency services will be dispatched based on this report. This report is to communicate Situational Awareness only. If emergency services are required, please follow your procedures for requesting these services (911 or such)

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Originator	Required. Enter the name of the person filling out this form.
Severity	Required. Indicate the severity of this report.
Escalate to County Op Area?	Required. This field determines if this report is for the jurisdiction only or should be communicated to the County Operational Area as well.
Name of County Incident	Please fill in the name of the County's incident this report should be applied to.
Title	Required. Please write a descriptive name for this report. Please be detailed enough to promote uniqueness in the title of all submitted reports.
Date/Time	Required. Date/Time of this report.
Event Type	Required. Choose the Emergency Support Function (ESF) that is associated with this report.
Details	Required. Write sufficient details that describe the conditions being observed.
Contact Information	Enter the contact's name and details for the person who can be contacted if further action is required.
Do you want this event to expire? & Date to Expire	Required. This is used to automatically close a Notable Report on a particular date. (For instance, if this is a traffic accident, it is likely to be resolved in hours. For this example, check Yes and place tomorrow's date in the next field). If you wish this Notable Report to stay visible in the system until it is manually closed, please leave this value set to "No").

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.

Notable Report 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Notable Report

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:	**22. Originator:**

23. Severity: (Pick One) ○ **High** ○ **Medium** ○ **Low**

24. Escalate to County Op Area? ○ **Yes** ○ **No**

25. Name of the County Incident:

Event Details

31. Title:

32. Date:	**33. Time:**

34. Event Type:

- ○ **1: Transportation**
- ○ **2: Communications**
- ○ **3: Construction and Engineering**
- ○ **4: Fire and Rescue**
- ○ **5: Management**
- ○ **6: Care and Shelter**
- ○ **7: Resources**
- ○ **8: Public Health and Medical**
- ○ **9: Search and Rescue**
- ○ **10: Hazardous Materials Response**
- ○ **11: Food and Agriculture**
- ○ **12: Utilities**
- ○ **13: Law Enforcement**
- ○ **14: Recovery**
- ○ **15: Public Information**
- ○ **16: Animal Services**
- ○ **17: Volunteer Management**
- ○ **18: Cyber Security**
- ○ **19: Donations Management**
- ○ **20: Continuity of Operations/Government**

35. Details:

Contact Information

41. Point of Contact Name:	**42. Contact Phone Number:**

43. Contact Email:

Event Expiration

51. Do you want this event to expire?: ○ **Yes** ○ **No**	**52. Date to Expire:**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Notable Report

Purpose: This Notable Report form is meant to be used to communicate issues that are observed in the community. There are specialty forms for shelters, road closures, damage assessments, etc. These Notable Reports are meant for everything else that cannot be categorized (for instance: tree down, fire hydrant broken, location of an incident command post, …).

Note: No emergency services will be dispatched based on this report. This report is to communicate Situational Awareness only. If emergency services are required, please follow your procedures for requesting these services (911 or such)

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
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ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Originator	Required. Enter the name of the person filling out this form.
Severity	Required. Indicate the severity of this report.
Escalate to County Op Area?	Required. This field determines if this report is for the jurisdiction only or should be communicated to the County Operational Area as well.
Name of County Incident	Please fill in the name of the County's incident this report should be applied to.
Title	Required. Please write a descriptive name for this report. Please be detailed enough to promote uniqueness in the title of all submitted reports.
Date/Time	Required. Date/Time of this report.
Event Type	Required. Choose the Emergency Support Function (ESF) that is associated with this report.
Details	Required. Write sufficient details that describe the conditions being observed.
Contact Information	Enter the contact's name and details for the person who can be contacted if further action is required.
Do you want this event to expire? & Date to Expire	Required. This is used to automatically close a Notable Report on a particular date. (For instance, if this is a traffic accident, it is likely to be resolved in hours. For this example, check Yes and place tomorrow's date in the next field). If you wish this Notable Report to stay visible in the system until it is manually closed, please leave this value set to "No").

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.

Notable Report 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Notable Report

This Section to be Completed by Jurisdiction Personnel: **(Underlined=Required)**

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:	**22. Originator:**

23. Severity: (Pick One) ○ **High** ○ **Medium** ○ **Low**

24. Escalate to County Op Area? ○ **Yes** ○ **No**

25. Name of the County Incident:

Event Details

31. Title:

32. Date:	**33. Time:**

34. Event Type:

- ○ **1: Transportation**
- ○ **2: Communications**
- ○ **3: Construction and Engineering**
- ○ **4: Fire and Rescue**
- ○ **5: Management**
- ○ **6: Care and Shelter**
- ○ **7: Resources**
- ○ **8: Public Health and Medical**
- ○ **9: Search and Rescue**
- ○ **10: Hazardous Materials Response**
- ○ **11: Food and Agriculture**
- ○ **12: Utilities**
- ○ **13: Law Enforcement**
- ○ **14: Recovery**
- ○ **15: Public Information**
- ○ **16: Animal Services**
- ○ **17: Volunteer Management**
- ○ **18: Cyber Security**
- ○ **19: Donations Management**
- ○ **20: Continuity of Operations/Government**

35. Details:

Contact Information

41. Point of Contact Name:	**42. Contact Phone Number:**

43. Contact Email:

Event Expiration

51. Do you want this event to expire?: ○ **Yes** ○ **No**	**52. Date to Expire:**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Notable Report

Purpose: This Notable Report form is meant to be used to communicate issues that are observed in the community. There are specialty forms for shelters, road closures, damage assessments, etc. These Notable Reports are meant for everything else that cannot be categorized (for instance: tree down, fire hydrant broken, location of an incident command post, …).

Note: No emergency services will be dispatched based on this report. This report is to communicate Situational Awareness only. If emergency services are required, please follow your procedures for requesting these services (911 or such)

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
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Severity	Required. Indicate the severity of this report.
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Date/Time	Required. Date/Time of this report.
Event Type	Required. Choose the Emergency Support Function (ESF) that is associated with this report.
Details	Required. Write sufficient details that describe the conditions being observed.
Contact Information	Enter the contact's name and details for the person who can be contacted if further action is required.
Do you want this event to expire? & Date to Expire	Required. This is used to automatically close a Notable Report on a particular date. (For instance, if this is a traffic accident, it is likely to be resolved in hours. For this example, check Yes and place tomorrow's date in the next field). If you wish this Notable Report to stay visible in the system until it is manually closed, please leave this value set to "No").

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.

Santa Clara County RACES -- Radio Routing Slip 1.1		Rev: 20260525
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination Msg #:**

This Section to be Completed by Message Author/Creator:			(Underlined=Required)
3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**
Form:	**14. Type:**		**15. Topic:**

Instructions for Message Author/Creator:

1. **Complete section above, surrounded by BOLD line (see instructions on back)**
2. **Fill in all Required fields**
3. **Attach to the front of a form to be sent via radio**
4. **Deliver to radio operator for transmission**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Radio Routing Slip

Purpose: The SCCo RACES Radio Routing Slip is used to add the necessary radio handling information to an existing form that does not already have these fields.

Instructions for Message Authors/Creators:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location (such as name of EOC, hospital, base, command post, shelter, …).
Name	Optional. Enter only if the message is to/from a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Form	This info will aid in matching the associated form if this routing slip becomes separated.
Type	Required. Enter the type of the attached form. Example: "Donut Order"
Topic	Required. Enter the topic/subject of the attached form. Example: "Barricades"

Instructions for Radio Operators:

Important: Write the Origin message number on the top right of the attached form, in case it becomes separated. Staple this routing slip to the front of the form being handled. Fields are numbered in the order they should be sent over the air.

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.

Santa Clara County RACES -- Radio Routing Slip 1.1		Rev: 20260525
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination Msg #:**

This Section to be Completed by Message Author/Creator:			(Underlined=Required)
3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**
Form:	**14. Type:**		**15. Topic:**

Instructions for Message Author/Creator:

1. **Complete section above, surrounded by BOLD line (see instructions on back)**
2. **Fill in all Required fields**
3. **Attach to the front of a form to be sent via radio**
4. **Deliver to radio operator for transmission**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Radio Routing Slip

Purpose: The SCCo RACES Radio Routing Slip is used to add the necessary radio handling information to an existing form that does not already have these fields.

Instructions for Message Authors/Creators:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location (such as name of EOC, hospital, base, command post, shelter, …).
Name	Optional. Enter only if the message is to/from a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Form	This info will aid in matching the associated form if this routing slip becomes separated.
Type	Required. Enter the type of the attached form. Example: "Donut Order"
Topic	Required. Enter the topic/subject of the attached form. Example: "Barricades"

Instructions for Radio Operators:

Important: Write the Origin message number on the top right of the attached form, in case it becomes separated. Staple this routing slip to the front of the form being handled. Fields are numbered in the order they should be sent over the air.

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.

Santa Clara County RACES -- Radio Routing Slip 1.1		Rev: 20260525
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination Msg #:**

This Section to be Completed by Message Author/Creator:			(Underlined=Required)
3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**
Form:	**14. Type:**		**15. Topic:**

Instructions for Message Author/Creator:

1. **Complete section above, surrounded by BOLD line (see instructions on back)**
2. **Fill in all Required fields**
3. **Attach to the front of a form to be sent via radio**
4. **Deliver to radio operator for transmission**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Radio Routing Slip

Purpose: The SCCo RACES Radio Routing Slip is used to add the necessary radio handling information to an existing form that does not already have these fields.

Instructions for Message Authors/Creators:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location (such as name of EOC, hospital, base, command post, shelter, …).
Name	Optional. Enter only if the message is to/from a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Form	This info will aid in matching the associated form if this routing slip becomes separated.
Type	Required. Enter the type of the attached form. Example: "Donut Order"
Topic	Required. Enter the topic/subject of the attached form. Example: "Barricades"

Instructions for Radio Operators:

Important: Write the Origin message number on the top right of the attached form, in case it becomes separated. Staple this routing slip to the front of the form being handled. Fields are numbered in the order they should be sent over the air.

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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.
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Date	Required. Enter the date the message was sent/received.
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Santa Clara County RACES -- Radio Routing Slip 1.1		Rev: 20260525
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination Msg #:**

This Section to be Completed by Message Author/Creator:			(Underlined=Required)
3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**
Form:	**14. Type:**		**15. Topic:**

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Relay:	**Rcvd:**	**Sent:**	
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Instructions: Radio Routing Slip

Purpose: The SCCo RACES Radio Routing Slip is used to add the necessary radio handling information to an existing form that does not already have these fields.

Instructions for Message Authors/Creators:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
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Destination Msg #	Required. Enter the message number of the ultimate destination station.
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Santa Clara County RACES -- Radio Routing Slip 1.1		Rev: 20260525
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination Msg #:**

This Section to be Completed by Message Author/Creator:			(Underlined=Required)
3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**
Form:	**14. Type:**		**15. Topic:**

Instructions for Message Author/Creator:

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4. **Deliver to radio operator for transmission**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Radio Routing Slip

Purpose: The SCCo RACES Radio Routing Slip is used to add the necessary radio handling information to an existing form that does not already have these fields.

Instructions for Message Authors/Creators:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location (such as name of EOC, hospital, base, command post, shelter, …).
Name	Optional. Enter only if the message is to/from a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
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Type	Required. Enter the type of the attached form. Example: "Donut Order"
Topic	Required. Enter the topic/subject of the attached form. Example: "Barricades"

Instructions for Radio Operators:

Important: Write the Origin message number on the top right of the attached form, in case it becomes separated. Staple this routing slip to the front of the form being handled. Fields are numbered in the order they should be sent over the air.

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.

Resource Request 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Resource Request

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Resource Order

21. Title:	
22. Requesting Agency:	
23. Date:	**24. Time:**

Item 1	**31a. Item Name:**	**31b. Quantity Requested:**
	31c. Description:	
	31d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 2	**32a. Item Name:**	**32b. Quantity Requested:**
	32c. Description:	
	32d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 3	**33a. Item Name:**	**33b. Quantity Requested:**
	33c. Description:	
	33d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 4	**34a. Item Name:**	**34b. Quantity Requested:**
	34c. Description:	
	34d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 5	**35a. Item Name:**	**35b. Quantity Requested:**
	35c. Description:	
	35d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 6	**36a. Item Name:**	**36b. Quantity Requested:**
	36c. Description:	
	36d. Includes Items for Demobilization? ○ **Yes** ○ **No**	

Priority

41. Priority: (Pick One)
- ○ **a. Urgent (As soon as possible)**
- ○ **b. High (within 24 hours)**
- ○ **c. Medium (1 - 2 days)**
- ○ **d. Low (2 – 3 days)**

Requested By Details

51. Requested By Name:	**52. Signature:** with signature ☐
53. Requested By Phone:	**54. Requested By Email:**
55. Requested By Position:	

Incident Details

61. Name of the Jurisdiction's Incident:

62. Name of the County Incident:

Comments

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Resource Request

Purpose: This Resource Request form is used to request items that cannot be fulfilled in the current jurisdiction or site.

Instructions for Jurisdictions (only some fields documented here)**:**

<table>
<tr><th>Field</th><th>Instructions</th></tr>
<tr><td>Date / Time</td><td>Required. Enter the date and time created. Use 24-hour time.</td></tr>
<tr><td>Handling</td><td>Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.</td></tr>
<tr><td>TO / FROM</td><td>If needed, radio operator can suggest most appropriate TO position and location.</td></tr>
<tr><td>ICS Position/Location</td><td>Required. Enter the ICS position name and location.</td></tr>
<tr><td>Name</td><td>Optional. Enter only if the message is to a specific individual.</td></tr>
<tr><td>Contact Info</td><td>Optional. Enter a phone number, frequency or other contact info.</td></tr>
<tr><td>Title</td><td>Required. A descriptive description of this entire request. This should reflect your jurisdiction or site plus an overarching description of the items requested. Such as: “City of Sun Park – 2 bulldozers” or “Sunny Oaks Shelter #1: Cots, hygiene kits, and charging stations”</td></tr>
<tr><td>Requesting Agency</td><td>Required. Enter the name of the municipality, hospital, county department, or other agency.</td></tr>
<tr><td>Date/Time</td><td>Required. Enter the date and time of this form creation. Use 24-hour time.</td></tr>
<tr><td>Item(s)</td><td>Required (minimum 1 item). Ensure that each item is a singular item. For instance, a bulldozer with operator and diesel will contain three items in the Resource Request:
Item 1: Track Dozer, Type III, such as: D6N
Item 2: 79 gallons diesel (onboard), plus an additional 200 gallons
Item 3: Qualified operator for three days of 12-hour shifts
<table>
<tr><td>Item Name</td><td>Name of the item</td></tr>
<tr><td>Quantity Requested</td><td>The number requested. Ensure you are descriptive enough (“n pallets” or “nn boxes” may or may not convey the requested quantity)</td></tr>
<tr><td>Description</td><td>Gives enough detail to ensure the requested item is clear.</td></tr>
<tr><td>Includes Items for Demobilization?</td><td>Identifies items that are inventoried and expected to be returned.</td></tr>
</table></td></tr>
<tr><td>Priority</td><td>Required. How quickly do you require these supplies.</td></tr>
<tr><td>Requested By Details</td><td>Required. All fields (name, signature, phone, email, and requesting party’s position/title) are required.</td></tr>
<tr><td>Name of the Jurisdiction’s incident</td><td>Please enter the name of the Jurisdiction’s incident (if known).</td></tr>
<tr><td>Name of the County Incident:</td><td>Please enter the name of the County incident (if known).</td></tr>
<tr><td>Comments</td><td>Please type in any other necessary information. Such as: ramp needed, for access, please call, only accept deliveries between 10 and 12, etc.</td></tr>
</table>

Instructions for Radio Operators: (see other forms for this section)

Resource Request 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Resource Request

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Resource Order

21. Title:	
22. Requesting Agency:	
23. Date:	**24. Time:**

Item 1	**31a. Item Name:**	**31b. Quantity Requested:**
	31c. Description:	
	31d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 2	**32a. Item Name:**	**32b. Quantity Requested:**
	32c. Description:	
	32d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 3	**33a. Item Name:**	**33b. Quantity Requested:**
	33c. Description:	
	33d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 4	**34a. Item Name:**	**34b. Quantity Requested:**
	34c. Description:	
	34d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 5	**35a. Item Name:**	**35b. Quantity Requested:**
	35c. Description:	
	35d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 6	**36a. Item Name:**	**36b. Quantity Requested:**
	36c. Description:	
	36d. Includes Items for Demobilization? ○ **Yes** ○ **No**	

Priority

41. Priority: (Pick One)
- ○ **a. Urgent (As soon as possible)**
- ○ **b. High (within 24 hours)**
- ○ **c. Medium (1 - 2 days)**
- ○ **d. Low (2 – 3 days)**

Requested By Details

51. Requested By Name:	**52. Signature:** with signature ☐
53. Requested By Phone:	**54. Requested By Email:**
55. Requested By Position:	

Incident Details

61. Name of the Jurisdiction's Incident:

62. Name of the County Incident:

Comments

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Resource Request

Purpose: This Resource Request form is used to request items that cannot be fulfilled in the current jurisdiction or site.

Instructions for Jurisdictions (only some fields documented here)**:**

<table>
<tr><th>Field</th><th>Instructions</th></tr>
<tr><td>Date / Time</td><td>Required. Enter the date and time created. Use 24-hour time.</td></tr>
<tr><td>Handling</td><td>Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.</td></tr>
<tr><td>TO / FROM</td><td>If needed, radio operator can suggest most appropriate TO position and location.</td></tr>
<tr><td>ICS Position/Location</td><td>Required. Enter the ICS position name and location.</td></tr>
<tr><td>Name</td><td>Optional. Enter only if the message is to a specific individual.</td></tr>
<tr><td>Contact Info</td><td>Optional. Enter a phone number, frequency or other contact info.</td></tr>
<tr><td>Title</td><td>Required. A descriptive description of this entire request. This should reflect your jurisdiction or site plus an overarching description of the items requested. Such as: “City of Sun Park – 2 bulldozers” or “Sunny Oaks Shelter #1: Cots, hygiene kits, and charging stations”</td></tr>
<tr><td>Requesting Agency</td><td>Required. Enter the name of the municipality, hospital, county department, or other agency.</td></tr>
<tr><td>Date/Time</td><td>Required. Enter the date and time of this form creation. Use 24-hour time.</td></tr>
<tr><td>Item(s)</td><td>Required (minimum 1 item). Ensure that each item is a singular item. For instance, a bulldozer with operator and diesel will contain three items in the Resource Request:
Item 1: Track Dozer, Type III, such as: D6N
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<table>
<tr><td>Item Name</td><td>Name of the item</td></tr>
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<tr><td>Requested By Details</td><td>Required. All fields (name, signature, phone, email, and requesting party’s position/title) are required.</td></tr>
<tr><td>Name of the Jurisdiction’s incident</td><td>Please enter the name of the Jurisdiction’s incident (if known).</td></tr>
<tr><td>Name of the County Incident:</td><td>Please enter the name of the County incident (if known).</td></tr>
<tr><td>Comments</td><td>Please type in any other necessary information. Such as: ramp needed, for access, please call, only accept deliveries between 10 and 12, etc.</td></tr>
</table>

Instructions for Radio Operators: (see other forms for this section)

Resource Request 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Resource Request

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Resource Order

21. Title:	
22. Requesting Agency:	
23. Date:	**24. Time:**

Item 1	**31a. Item Name:**	**31b. Quantity Requested:**
	31c. Description:	
	31d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 2	**32a. Item Name:**	**32b. Quantity Requested:**
	32c. Description:	
	32d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 3	**33a. Item Name:**	**33b. Quantity Requested:**
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Priority

41. Priority: (Pick One)
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51. Requested By Name:	**52. Signature:** with signature ☐
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55. Requested By Position:	

Incident Details

61. Name of the Jurisdiction's Incident:

62. Name of the County Incident:

Comments

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Resource Request

Purpose: This Resource Request form is used to request items that cannot be fulfilled in the current jurisdiction or site.

Instructions for Jurisdictions (only some fields documented here)**:**

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<tr><td>Requested By Details</td><td>Required. All fields (name, signature, phone, email, and requesting party’s position/title) are required.</td></tr>
<tr><td>Name of the Jurisdiction’s incident</td><td>Please enter the name of the Jurisdiction’s incident (if known).</td></tr>
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</table>

Instructions for Radio Operators: (see other forms for this section)

Resource Request 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Resource Request

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Resource Order

21. Title:	
22. Requesting Agency:	
23. Date:	**24. Time:**

Item 1	**31a. Item Name:**	**31b. Quantity Requested:**
	31c. Description:	
	31d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 2	**32a. Item Name:**	**32b. Quantity Requested:**
	32c. Description:	
	32d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 3	**33a. Item Name:**	**33b. Quantity Requested:**
	33c. Description:	
	33d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 4	**34a. Item Name:**	**34b. Quantity Requested:**
	34c. Description:	
	34d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 5	**35a. Item Name:**	**35b. Quantity Requested:**
	35c. Description:	
	35d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 6	**36a. Item Name:**	**36b. Quantity Requested:**
	36c. Description:	
	36d. Includes Items for Demobilization? ○ **Yes** ○ **No**	

Priority

41. Priority: (Pick One)
- ○ **a. Urgent (As soon as possible)**
- ○ **b. High (within 24 hours)**
- ○ **c. Medium (1 - 2 days)**
- ○ **d. Low (2 – 3 days)**

Requested By Details

51. Requested By Name:	**52. Signature:** with signature ☐
53. Requested By Phone:	**54. Requested By Email:**
55. Requested By Position:	

Incident Details

61. Name of the Jurisdiction's Incident:

62. Name of the County Incident:

Comments

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Resource Request

Purpose: This Resource Request form is used to request items that cannot be fulfilled in the current jurisdiction or site.

Instructions for Jurisdictions (only some fields documented here)**:**

<table>
<tr><th>Field</th><th>Instructions</th></tr>
<tr><td>Date / Time</td><td>Required. Enter the date and time created. Use 24-hour time.</td></tr>
<tr><td>Handling</td><td>Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.</td></tr>
<tr><td>TO / FROM</td><td>If needed, radio operator can suggest most appropriate TO position and location.</td></tr>
<tr><td>ICS Position/Location</td><td>Required. Enter the ICS position name and location.</td></tr>
<tr><td>Name</td><td>Optional. Enter only if the message is to a specific individual.</td></tr>
<tr><td>Contact Info</td><td>Optional. Enter a phone number, frequency or other contact info.</td></tr>
<tr><td>Title</td><td>Required. A descriptive description of this entire request. This should reflect your jurisdiction or site plus an overarching description of the items requested. Such as: “City of Sun Park – 2 bulldozers” or “Sunny Oaks Shelter #1: Cots, hygiene kits, and charging stations”</td></tr>
<tr><td>Requesting Agency</td><td>Required. Enter the name of the municipality, hospital, county department, or other agency.</td></tr>
<tr><td>Date/Time</td><td>Required. Enter the date and time of this form creation. Use 24-hour time.</td></tr>
<tr><td>Item(s)</td><td>Required (minimum 1 item). Ensure that each item is a singular item. For instance, a bulldozer with operator and diesel will contain three items in the Resource Request:
Item 1: Track Dozer, Type III, such as: D6N
Item 2: 79 gallons diesel (onboard), plus an additional 200 gallons
Item 3: Qualified operator for three days of 12-hour shifts
<table>
<tr><td>Item Name</td><td>Name of the item</td></tr>
<tr><td>Quantity Requested</td><td>The number requested. Ensure you are descriptive enough (“n pallets” or “nn boxes” may or may not convey the requested quantity)</td></tr>
<tr><td>Description</td><td>Gives enough detail to ensure the requested item is clear.</td></tr>
<tr><td>Includes Items for Demobilization?</td><td>Identifies items that are inventoried and expected to be returned.</td></tr>
</table></td></tr>
<tr><td>Priority</td><td>Required. How quickly do you require these supplies.</td></tr>
<tr><td>Requested By Details</td><td>Required. All fields (name, signature, phone, email, and requesting party’s position/title) are required.</td></tr>
<tr><td>Name of the Jurisdiction’s incident</td><td>Please enter the name of the Jurisdiction’s incident (if known).</td></tr>
<tr><td>Name of the County Incident:</td><td>Please enter the name of the County incident (if known).</td></tr>
<tr><td>Comments</td><td>Please type in any other necessary information. Such as: ramp needed, for access, please call, only accept deliveries between 10 and 12, etc.</td></tr>
</table>

Instructions for Radio Operators: (see other forms for this section)

Resource Request 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Resource Request

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Resource Order

21. Title:	
22. Requesting Agency:	
23. Date:	**24. Time:**

Item 1	**31a. Item Name:**	**31b. Quantity Requested:**
	31c. Description:	
	31d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 2	**32a. Item Name:**	**32b. Quantity Requested:**
	32c. Description:	
	32d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 3	**33a. Item Name:**	**33b. Quantity Requested:**
	33c. Description:	
	33d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 4	**34a. Item Name:**	**34b. Quantity Requested:**
	34c. Description:	
	34d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 5	**35a. Item Name:**	**35b. Quantity Requested:**
	35c. Description:	
	35d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 6	**36a. Item Name:**	**36b. Quantity Requested:**
	36c. Description:	
	36d. Includes Items for Demobilization? ○ **Yes** ○ **No**	

Priority

41. Priority: (Pick One)
- ○ **a. Urgent (As soon as possible)**
- ○ **b. High (within 24 hours)**
- ○ **c. Medium (1 - 2 days)**
- ○ **d. Low (2 – 3 days)**

Requested By Details

51. Requested By Name:	**52. Signature:** with signature ☐
53. Requested By Phone:	**54. Requested By Email:**
55. Requested By Position:	

Incident Details

61. Name of the Jurisdiction's Incident:

62. Name of the County Incident:

Comments

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Resource Request

Purpose: This Resource Request form is used to request items that cannot be fulfilled in the current jurisdiction or site.

Instructions for Jurisdictions (only some fields documented here)**:**

<table>
<tr><th>Field</th><th>Instructions</th></tr>
<tr><td>Date / Time</td><td>Required. Enter the date and time created. Use 24-hour time.</td></tr>
<tr><td>Handling</td><td>Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.</td></tr>
<tr><td>TO / FROM</td><td>If needed, radio operator can suggest most appropriate TO position and location.</td></tr>
<tr><td>ICS Position/Location</td><td>Required. Enter the ICS position name and location.</td></tr>
<tr><td>Name</td><td>Optional. Enter only if the message is to a specific individual.</td></tr>
<tr><td>Contact Info</td><td>Optional. Enter a phone number, frequency or other contact info.</td></tr>
<tr><td>Title</td><td>Required. A descriptive description of this entire request. This should reflect your jurisdiction or site plus an overarching description of the items requested. Such as: “City of Sun Park – 2 bulldozers” or “Sunny Oaks Shelter #1: Cots, hygiene kits, and charging stations”</td></tr>
<tr><td>Requesting Agency</td><td>Required. Enter the name of the municipality, hospital, county department, or other agency.</td></tr>
<tr><td>Date/Time</td><td>Required. Enter the date and time of this form creation. Use 24-hour time.</td></tr>
<tr><td>Item(s)</td><td>Required (minimum 1 item). Ensure that each item is a singular item. For instance, a bulldozer with operator and diesel will contain three items in the Resource Request:
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<table>
<tr><td>Item Name</td><td>Name of the item</td></tr>
<tr><td>Quantity Requested</td><td>The number requested. Ensure you are descriptive enough (“n pallets” or “nn boxes” may or may not convey the requested quantity)</td></tr>
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<tr><td>Includes Items for Demobilization?</td><td>Identifies items that are inventoried and expected to be returned.</td></tr>
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<tr><td>Priority</td><td>Required. How quickly do you require these supplies.</td></tr>
<tr><td>Requested By Details</td><td>Required. All fields (name, signature, phone, email, and requesting party’s position/title) are required.</td></tr>
<tr><td>Name of the Jurisdiction’s incident</td><td>Please enter the name of the Jurisdiction’s incident (if known).</td></tr>
<tr><td>Name of the County Incident:</td><td>Please enter the name of the County incident (if known).</td></tr>
<tr><td>Comments</td><td>Please type in any other necessary information. Such as: ramp needed, for access, please call, only accept deliveries between 10 and 12, etc.</td></tr>
</table>

Instructions for Radio Operators: (see other forms for this section)

Road Closure 1.1		Veoci: 20250722 DOC: 20260307
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Initial Information

21. Jurisdiction:

22. Road/Intersection:

23. Location:

24. Details:

25. Status: ○ **a. Planned Closure** ○ **b. Closed** ○ **c. Reopened**

Closure Time

31. Closure Start Date:	**32. Closure Start Time:**
33. Closure End Date:	**34. Closure End Time:**

Road Closure

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Road Closure

Purpose: This form should be utilized to provide details of each known road closure. It can be a location by address or a range. Any details on the reason for the closure and/or the start and end date/times would be appreciated.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Road/Intersection	Required. Enter an address, cross streets, or a roadway segment (Such as: Highway 296 from Bob Hill Rd. to Green Tree Lane).
Location	Required. Enter any further identifying information to locate this point on a map. Such as: • Old Santa Clara Rd from ½ mile north of Great Plains Rd. to the County line • Entire area immediately South of Fredrick Community College
Details	Required: Please fill the reason for the closure.
Status	Required: Indicate if this closure is planned for the future, is currently closed, or has reopened.
Closure Start Date	Enter the date of the start of the closure.
Closure Start Time	Enter the time of the start of the closure.
Closure End Date	Enter the date of the end (or expected end) of the closure.
Closure End Time	Enter the time of the end (or expected end) of the closure.

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.

Road Closure 1.1		Veoci: 20250722 DOC: 20260307
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Initial Information

21. Jurisdiction:

22. Road/Intersection:

23. Location:

24. Details:

25. Status: ○ **a. Planned Closure** ○ **b. Closed** ○ **c. Reopened**

Closure Time

31. Closure Start Date:	**32. Closure Start Time:**
33. Closure End Date:	**34. Closure End Time:**

Road Closure

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Road Closure

Purpose: This form should be utilized to provide details of each known road closure. It can be a location by address or a range. Any details on the reason for the closure and/or the start and end date/times would be appreciated.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
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TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
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Closure Start Time	Enter the time of the start of the closure.
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Closure End Time	Enter the time of the end (or expected end) of the closure.

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.

Road Closure 1.1		Veoci: 20250722 DOC: 20260307
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Initial Information

21. Jurisdiction:

22. Road/Intersection:

23. Location:

24. Details:

25. Status: ○ **a. Planned Closure** ○ **b. Closed** ○ **c. Reopened**

Closure Time

31. Closure Start Date:	**32. Closure Start Time:**
33. Closure End Date:	**34. Closure End Time:**

Road Closure

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Road Closure

Purpose: This form should be utilized to provide details of each known road closure. It can be a location by address or a range. Any details on the reason for the closure and/or the start and end date/times would be appreciated.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
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TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
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Location	Required. Enter any further identifying information to locate this point on a map. Such as: • Old Santa Clara Rd from ½ mile north of Great Plains Rd. to the County line • Entire area immediately South of Fredrick Community College
Details	Required: Please fill the reason for the closure.
Status	Required: Indicate if this closure is planned for the future, is currently closed, or has reopened.
Closure Start Date	Enter the date of the start of the closure.
Closure Start Time	Enter the time of the start of the closure.
Closure End Date	Enter the date of the end (or expected end) of the closure.
Closure End Time	Enter the time of the end (or expected end) of the closure.

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.

Road Closure 1.1		Veoci: 20250722 DOC: 20260307
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Initial Information

21. Jurisdiction:

22. Road/Intersection:

23. Location:

24. Details:

25. Status: ○ **a. Planned Closure** ○ **b. Closed** ○ **c. Reopened**

Closure Time

31. Closure Start Date:	**32. Closure Start Time:**
33. Closure End Date:	**34. Closure End Time:**

Road Closure

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Road Closure

Purpose: This form should be utilized to provide details of each known road closure. It can be a location by address or a range. Any details on the reason for the closure and/or the start and end date/times would be appreciated.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
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Name	Optional. Enter only if the message is to a specific individual.
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Details	Required: Please fill the reason for the closure.
Status	Required: Indicate if this closure is planned for the future, is currently closed, or has reopened.
Closure Start Date	Enter the date of the start of the closure.
Closure Start Time	Enter the time of the start of the closure.
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Instructions for Radio Operators:

Field	Instructions
Origin Msg #	Required. Enter the message number of the original sending station.
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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.

Road Closure 1.1		Veoci: 20250722 DOC: 20260307
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Initial Information

21. Jurisdiction:

22. Road/Intersection:

23. Location:

24. Details:

25. Status: ○ **a. Planned Closure** ○ **b. Closed** ○ **c. Reopened**

Closure Time

31. Closure Start Date:	**32. Closure Start Time:**
33. Closure End Date:	**34. Closure End Time:**

Road Closure

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Road Closure

Purpose: This form should be utilized to provide details of each known road closure. It can be a location by address or a range. Any details on the reason for the closure and/or the start and end date/times would be appreciated.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
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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.

Shelter Form 1.1		Veoci: 20250721 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

General Site Information

21. Jurisdiction:

22. Shelter Name:

23. Location:

24. Type: (multi-select) ☐ **a. Congregate** ☐ **b. Non-Congregate** ☐ **c. Temporary Evacuation Point** ☐ **d. Pets Accepted** ☐ **e. Large Animals**

25. Shelter Status: ○ **a. Setup in progress, not accepting guests** ○ **b. Open, accepting guests** ○ **c. Full, not accepting guests** ○ **d. Closed**

26. Resources: (multi-select) ☐ **a. Warming Center** ☐ **b. Cooling Center** ☐ **c. Food & Drink** ☐ **d. Charging Stations**

27. Notes:

28. ADA Compliant: ○ **Yes** ○ **No**	**29. Pets Allowed:** ○ **Yes** ○ **No**	
30. Maximum Capacity:	**31. Total Registered:**	**32. Cot Numbers:**

33. AFN Considerations:

Contact Information

41. Managed By: ○ **a. American Red Cross** ○ **b. Private** ○ **c. Government** ○ **d. Community** ○ **e. Other**

42. Primary Contact Name:	**43. Primary Contact Phone Number:**
44. Primary Contact Email:	

Shelter Form

Radio Operator Only:				
Relay:	**Rcvd:**	**Sent:**		
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**	

SCCo ARES/RACES

Instructions: Shelter

Purpose: This Shelter form is used to both describe a shelter and also share the capacity and current utilization.

Instructions for Jurisdictions (only some fields documented here)**:**

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Shelter Name	Required. Enter a descriptive name for this shelter.
Location	Required. Enter a address for this shelter. If address is not known, a descriptive description of the location is sufficient.
Type	Required. Check all the attributes of this shelter.
Shelter Status	Required. Select the current status of this shelter.
Resources	Check all resources provided by this shelter.
Notes	Please describe any special conditions or other details not specified in the above fields.
ADA Compliant	Check whether this site has been evaluated and is confirmed as ADA compliant.
Pets Allowed	Check if pets are allowed at this shelter
Maximum Capacity	Required. Indicate the total capacity of this shelter site.
Total Registered	Required. Indicate the total number of guests currently registered.
Cot Numbers	Required. Indicate the total number of cots if this shelter is used for overnight accommodations.
AFN Considerations	Describe any information relating to AFN (Access and Functional Needs) accessibility (entrances, signage, languages supported, ASL available, etc.)
Contact Information	Required. Please check the correct management of this shelter as well as the primary contact with phone number (and email if available).

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.

SCCo ARES/RACES

Shelter Form 1.1		Veoci: 20250721 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

General Site Information

21. Jurisdiction:

22. Shelter Name:

23. Location:

24. Type: (multi-select) ☐ **a. Congregate** ☐ **b. Non-Congregate** ☐ **c. Temporary Evacuation Point** ☐ **d. Pets Accepted** ☐ **e. Large Animals**

25. Shelter Status: ○ **a. Setup in progress, not accepting guests** ○ **b. Open, accepting guests** ○ **c. Full, not accepting guests** ○ **d. Closed**

26. Resources: (multi-select) ☐ **a. Warming Center** ☐ **b. Cooling Center** ☐ **c. Food & Drink** ☐ **d. Charging Stations**

27. Notes:

28. ADA Compliant: ○ **Yes** ○ **No**	**29. Pets Allowed:** ○ **Yes** ○ **No**	
30. Maximum Capacity:	**31. Total Registered:**	**32. Cot Numbers:**

33. AFN Considerations:

Contact Information

41. Managed By: ○ **a. American Red Cross** ○ **b. Private** ○ **c. Government** ○ **d. Community** ○ **e. Other**

42. Primary Contact Name:	**43. Primary Contact Phone Number:**
44. Primary Contact Email:	

Shelter Form

Radio Operator Only:				
Relay:	**Rcvd:**	**Sent:**		
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**	

SCCo ARES/RACES

Instructions: Shelter

Purpose: This Shelter form is used to both describe a shelter and also share the capacity and current utilization.

Instructions for Jurisdictions (only some fields documented here)**:**

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Shelter Name	Required. Enter a descriptive name for this shelter.
Location	Required. Enter a address for this shelter. If address is not known, a descriptive description of the location is sufficient.
Type	Required. Check all the attributes of this shelter.
Shelter Status	Required. Select the current status of this shelter.
Resources	Check all resources provided by this shelter.
Notes	Please describe any special conditions or other details not specified in the above fields.
ADA Compliant	Check whether this site has been evaluated and is confirmed as ADA compliant.
Pets Allowed	Check if pets are allowed at this shelter
Maximum Capacity	Required. Indicate the total capacity of this shelter site.
Total Registered	Required. Indicate the total number of guests currently registered.
Cot Numbers	Required. Indicate the total number of cots if this shelter is used for overnight accommodations.
AFN Considerations	Describe any information relating to AFN (Access and Functional Needs) accessibility (entrances, signage, languages supported, ASL available, etc.)
Contact Information	Required. Please check the correct management of this shelter as well as the primary contact with phone number (and email if available).

Instructions for Radio Operators:

Field	Instructions
Origin Msg #	Required. Enter the message number of the original sending station.
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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.

SCCo ARES/RACES

Shelter Form 1.1		Veoci: 20250721 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

General Site Information

21. Jurisdiction:

22. Shelter Name:

23. Location:

24. Type: (multi-select) ☐ **a. Congregate** ☐ **b. Non-Congregate** ☐ **c. Temporary Evacuation Point** ☐ **d. Pets Accepted** ☐ **e. Large Animals**

25. Shelter Status: ○ **a. Setup in progress, not accepting guests** ○ **b. Open, accepting guests** ○ **c. Full, not accepting guests** ○ **d. Closed**

26. Resources: (multi-select) ☐ **a. Warming Center** ☐ **b. Cooling Center** ☐ **c. Food & Drink** ☐ **d. Charging Stations**

27. Notes:

28. ADA Compliant: ○ **Yes** ○ **No**	**29. Pets Allowed:** ○ **Yes** ○ **No**	
30. Maximum Capacity:	**31. Total Registered:**	**32. Cot Numbers:**

33. AFN Considerations:

Contact Information

41. Managed By: ○ **a. American Red Cross** ○ **b. Private** ○ **c. Government** ○ **d. Community** ○ **e. Other**

42. Primary Contact Name:	**43. Primary Contact Phone Number:**
44. Primary Contact Email:	

Shelter Form

Radio Operator Only:				
Relay:	**Rcvd:**	**Sent:**		
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**	

SCCo ARES/RACES

Instructions: Shelter

Purpose: This Shelter form is used to both describe a shelter and also share the capacity and current utilization.

Instructions for Jurisdictions (only some fields documented here)**:**

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
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Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Shelter Name	Required. Enter a descriptive name for this shelter.
Location	Required. Enter a address for this shelter. If address is not known, a descriptive description of the location is sufficient.
Type	Required. Check all the attributes of this shelter.
Shelter Status	Required. Select the current status of this shelter.
Resources	Check all resources provided by this shelter.
Notes	Please describe any special conditions or other details not specified in the above fields.
ADA Compliant	Check whether this site has been evaluated and is confirmed as ADA compliant.
Pets Allowed	Check if pets are allowed at this shelter
Maximum Capacity	Required. Indicate the total capacity of this shelter site.
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SCCo ARES/RACES

Shelter Form 1.1		Veoci: 20250721 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

General Site Information

21. Jurisdiction:

22. Shelter Name:

23. Location:

24. Type: (multi-select) ☐ **a. Congregate** ☐ **b. Non-Congregate** ☐ **c. Temporary Evacuation Point** ☐ **d. Pets Accepted** ☐ **e. Large Animals**

25. Shelter Status: ○ **a. Setup in progress, not accepting guests** ○ **b. Open, accepting guests** ○ **c. Full, not accepting guests** ○ **d. Closed**

26. Resources: (multi-select) ☐ **a. Warming Center** ☐ **b. Cooling Center** ☐ **c. Food & Drink** ☐ **d. Charging Stations**

27. Notes:

28. ADA Compliant: ○ **Yes** ○ **No**	**29. Pets Allowed:** ○ **Yes** ○ **No**	
30. Maximum Capacity:	**31. Total Registered:**	**32. Cot Numbers:**

33. AFN Considerations:

Contact Information

41. Managed By: ○ **a. American Red Cross** ○ **b. Private** ○ **c. Government** ○ **d. Community** ○ **e. Other**

42. Primary Contact Name:	**43. Primary Contact Phone Number:**
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Shelter Form

Radio Operator Only:				
Relay:	**Rcvd:**	**Sent:**		
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**	

SCCo ARES/RACES

Instructions: Shelter

Purpose: This Shelter form is used to both describe a shelter and also share the capacity and current utilization.

Instructions for Jurisdictions (only some fields documented here)**:**

Field	Instructions
Date	Required. Enter the date created.
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Date	Required. Enter the date the message was sent/received.
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SCCo ARES/RACES

Shelter Form 1.1		Veoci: 20250721 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)	
TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

General Site Information

21. Jurisdiction:

22. Shelter Name:

23. Location:

24. Type: (multi-select) ☐ **a. Congregate** ☐ **b. Non-Congregate** ☐ **c. Temporary Evacuation Point** ☐ **d. Pets Accepted** ☐ **e. Large Animals**

25. Shelter Status: ○ **a. Setup in progress, not accepting guests** ○ **b. Open, accepting guests** ○ **c. Full, not accepting guests** ○ **d. Closed**

26. Resources: (multi-select) ☐ **a. Warming Center** ☐ **b. Cooling Center** ☐ **c. Food & Drink** ☐ **d. Charging Stations**

27. Notes:

28. ADA Compliant: ○ **Yes** ○ **No**	**29. Pets Allowed:** ○ **Yes** ○ **No**	
30. Maximum Capacity:	**31. Total Registered:**	**32. Cot Numbers:**

33. AFN Considerations:

Contact Information

41. Managed By: ○ **a. American Red Cross** ○ **b. Private** ○ **c. Government** ○ **d. Community** ○ **e. Other**

42. Primary Contact Name:	**43. Primary Contact Phone Number:**
44. Primary Contact Email:	

Shelter Form

Radio Operator Only:				
Relay:	**Rcvd:**	**Sent:**		
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**	

SCCo ARES/RACES

Instructions: Shelter

Purpose: This Shelter form is used to both describe a shelter and also share the capacity and current utilization.

Instructions for Jurisdictions (only some fields documented here)**:**

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Shelter Name	Required. Enter a descriptive name for this shelter.
Location	Required. Enter a address for this shelter. If address is not known, a descriptive description of the location is sufficient.
Type	Required. Check all the attributes of this shelter.
Shelter Status	Required. Select the current status of this shelter.
Resources	Check all resources provided by this shelter.
Notes	Please describe any special conditions or other details not specified in the above fields.
ADA Compliant	Check whether this site has been evaluated and is confirmed as ADA compliant.
Pets Allowed	Check if pets are allowed at this shelter
Maximum Capacity	Required. Indicate the total capacity of this shelter site.
Total Registered	Required. Indicate the total number of guests currently registered.
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AFN Considerations	Describe any information relating to AFN (Access and Functional Needs) accessibility (entrances, signage, languages supported, ASL available, etc.)
Contact Information	Required. Please check the correct management of this shelter as well as the primary contact with phone number (and email if available).

Instructions for Radio Operators:

Field	Instructions
Origin Msg #	Required. Enter the message number of the original sending station.
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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.

SCCo ARES/RACES

Situation Report 1.1		Veoci: 20250521 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Prepared Date:	**22. Prepared Time:**
23. Jurisdiction:	**24. Incident Name:**

25. Emergency Declaration: ○ Unknown ○ Yes ○ No

26. EOC Activation: ○ a. Normal ○ b. Partial ○ c. Duty Officer ○ d. Full ○ e. Monitor

27. Incident Description:

28. Additional Incident Information:

Reported By

31. Prepared By:	**32. Contact Number:**
33. Email:	

Government Office Status

41. Office Status ○ Unknown ○ Open ○ Closed

42. Expected to Open Date:	**43. Time:**
44. Expected to Close Date:	**45. Time:**

Approved By

51. Approved By:	**52. Contact Phone:**
53. ICS Position:	**54. Location:**

Situation Report

Current Situation	
Communications	**61a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **61b. Comments:**
Debris	**62a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **62b. Comments:**
Flooding	**63a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **63b. Comments:**
HazMat	**64a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **64b. Comments:**
Emergency Services	**65a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **65b. Comments:**
Causalities	**66a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **66b. Comments:**
Utilities (Gas)	**67a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **67b. Comments:**
Utilities (Electric)	**68a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **68b. Comments:**
Infrastructure (Power)	**69a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **69b. Comments:**
Infrastructure (Water Systems)	**70a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **70b. Comments:**
Infrastructure (Sewer Systems)	**71a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **71b. Comments:**
Search and Rescue	**72a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **72b. Comments:**
Transportation (Roads)	**73a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **73b. Comments:**
Transportation (Bridges)	**74a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **74b. Comments:**

Civil Unrest	**75a. Status:** ○ **Normal** ○ **Problem** ○ **Failure** ○ **Unknown** **75b. Comments:**
Animal Issues	**76a. Status:** ○ **Normal** ○ **Problem** ○ **Failure** ○ **Unknown** **76b. Comments:**

Lifeline Status

81. Lifeline Status: ○ **Stable** ○ **Stabilizing** ○ **Unstable** ○ **Unknown**

82. Update:

83. Unmet Needs:

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Situation Report

Purpose: This Situation Report form is used to send Situational Awareness information from a jurisdiction to the County Operational Area. This form conveys details of the incident, EOC activation levels, infrastructure statuses, and descriptive paragraph or bulleted list of both current status and unmet needs.

Instructions for Jurisdictions (only some fields documented here)**:**

Field	Instructions
Date & Time	Required. Enter the date and time created (use 24hr time).
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approx. maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position / location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Incident Name	Required. Enter the name of this jurisdiction's incident.
Emergency Declaration	Please check the status of the jurisdiction's declaration of an emergency.
EOC Activation	Indicate the activation level of the EOC.
Incident Description	Please describe the incident.
Prepared By/Number/Email	Enter the name and contact details for the author of this report.
Office Status	Enter the status of the jurisdiction's office.
Expected to Open Date/Time	If the government offices are closed due to this incident, please fill in the date and time it is expected to open.
Expected to Close Date/Time	If the government offices are planning on closing due to this incident, please fill in the date and time it is expected to close.
Approved by, Contact Phone, ICS Position, Location	Provide the details of the jurisdiction's staff member who has approved this report for dissemination.
Current Situation	For each infrastructure item, please fill out only relevant sections (or sections that have changed their status). Provide the status and descriptive comments.
Lifeline Status	Required. Provide the status of the jurisdiction's response to this incident.
Update	Required. Provide sufficient detail of the jurisdiction's response and recovery efforts of this incident. This can be a paragraph or bulleted list.
Unmet Needs	Required. Provide a listing of all shortcomings from this jurisdiction's response and recovery efforts. This is usually a bulleted list of needs the jurisdiction wishes to advise the OA.

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.

Situation Report 1.1		Veoci: 20250521 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Prepared Date:	**22. Prepared Time:**
23. Jurisdiction:	**24. Incident Name:**

25. Emergency Declaration: ○ Unknown ○ Yes ○ No

26. EOC Activation: ○ a. Normal ○ b. Partial ○ c. Duty Officer ○ d. Full ○ e. Monitor

27. Incident Description:

28. Additional Incident Information:

Reported By

31. Prepared By:	**32. Contact Number:**
33. Email:	

Government Office Status

41. Office Status ○ Unknown ○ Open ○ Closed

42. Expected to Open Date:	**43. Time:**
44. Expected to Close Date:	**45. Time:**

Approved By

51. Approved By:	**52. Contact Phone:**
53. ICS Position:	**54. Location:**

Situation Report

Current Situation	
Communications	**61a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **61b. Comments:**
Debris	**62a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **62b. Comments:**
Flooding	**63a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **63b. Comments:**
HazMat	**64a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **64b. Comments:**
Emergency Services	**65a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **65b. Comments:**
Causalities	**66a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **66b. Comments:**
Utilities (Gas)	**67a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **67b. Comments:**
Utilities (Electric)	**68a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **68b. Comments:**
Infrastructure (Power)	**69a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **69b. Comments:**
Infrastructure (Water Systems)	**70a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **70b. Comments:**
Infrastructure (Sewer Systems)	**71a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **71b. Comments:**
Search and Rescue	**72a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **72b. Comments:**
Transportation (Roads)	**73a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **73b. Comments:**
Transportation (Bridges)	**74a. Status:** O **Normal** O **Problem** O **Failure** O **Unknown** **74b. Comments:**

Civil Unrest	**75a. Status:** ○ **Normal** ○ **Problem** ○ **Failure** ○ **Unknown** **75b. Comments:**
Animal Issues	**76a. Status:** ○ **Normal** ○ **Problem** ○ **Failure** ○ **Unknown** **76b. Comments:**

Lifeline Status

81. Lifeline Status: ○ **Stable** ○ **Stabilizing** ○ **Unstable** ○ **Unknown**

82. Update:

83. Unmet Needs:

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Situation Report

Purpose: This Situation Report form is used to send Situational Awareness information from a jurisdiction to the County Operational Area. This form conveys details of the incident, EOC activation levels, infrastructure statuses, and descriptive paragraph or bulleted list of both current status and unmet needs.

Instructions for Jurisdictions (only some fields documented here)**:**

Field	Instructions
Date & Time	Required. Enter the date and time created (use 24hr time).
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approx. maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position / location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Incident Name	Required. Enter the name of this jurisdiction's incident.
Emergency Declaration	Please check the status of the jurisdiction's declaration of an emergency.
EOC Activation	Indicate the activation level of the EOC.
Incident Description	Please describe the incident.
Prepared By/Number/Email	Enter the name and contact details for the author of this report.
Office Status	Enter the status of the jurisdiction's office.
Expected to Open Date/Time	If the government offices are closed due to this incident, please fill in the date and time it is expected to open.
Expected to Close Date/Time	If the government offices are planning on closing due to this incident, please fill in the date and time it is expected to close.
Approved by, Contact Phone, ICS Position, Location	Provide the details of the jurisdiction's staff member who has approved this report for dissemination.
Current Situation	For each infrastructure item, please fill out only relevant sections (or sections that have changed their status). Provide the status and descriptive comments.
Lifeline Status	Required. Provide the status of the jurisdiction's response to this incident.
Update	Required. Provide sufficient detail of the jurisdiction's response and recovery efforts of this incident. This can be a paragraph or bulleted list.
Unmet Needs	Required. Provide a listing of all shortcomings from this jurisdiction's response and recovery efforts. This is usually a bulleted list of needs the jurisdiction wishes to advise the OA.

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.

Windshield Survey 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

Windshield Survey

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:

22. Team:

23. Location:

24. Item: ☐ **Building** ☐ **Road**

25. Building Type:
- ○ **a. Single Family Home**
- ○ **b. Townhouse or Condo**
- ○ **c. Apartment**
- ○ **d. Mobile Home or Trailer**
- ○ **e. Business**
- ○ **f. Other** (describe below)

26. Damage Categorization:
- ○ **Affected**
- ○ **Minor**
- ○ **Major**
- ○ **Destroyed**

27. Safety Hazards / Other Damage Observed:

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Windshield Survey

Purpose: This form is used by any team that observes damage that requires logging for secondary inspections. This does not require stepping on the property or engaging with property occupants. It is a 'view from the street'.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Team	Required. Enter the name of this individual or team observing this damage.
Location	Required. The address or other descriptive information on the physical location of this report.
Item	Required. Check if this is a building or roadway (public infrastructure).
Building Type	Check the type of structure where the damage is observed.
Damage Categorization	Required. Identify the severity of the damage observed.
Safety Hazards / Other Damage Observed	Please describe any safety concerns or details of the damage observed.

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.

SCCo ARES/RACES

Windshield Survey 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

Windshield Survey

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:

22. Team:

23. Location:

24. Item: ☐ **Building** ☐ **Road**

25. Building Type:
- ○ **a. Single Family Home**
- ○ **b. Townhouse or Condo**
- ○ **c. Apartment**
- ○ **d. Mobile Home or Trailer**
- ○ **e. Business**
- ○ **f. Other** (describe below)

26. Damage Categorization:
- ○ **Affected**
- ○ **Minor**
- ○ **Major**
- ○ **Destroyed**

27. Safety Hazards / Other Damage Observed:

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Windshield Survey

Purpose: This form is used by any team that observes damage that requires logging for secondary inspections. This does not require stepping on the property or engaging with property occupants. It is a 'view from the street'.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.
Team	Required. Enter the name of this individual or team observing this damage.
Location	Required. The address or other descriptive information on the physical location of this report.
Item	Required. Check if this is a building or roadway (public infrastructure).
Building Type	Check the type of structure where the damage is observed.
Damage Categorization	Required. Identify the severity of the damage observed.
Safety Hazards / Other Damage Observed	Please describe any safety concerns or details of the damage observed.

Instructions for Radio Operators:

Field	Instructions
Origin Msg #	Required. Enter the message number of the original sending station.
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SCCo ARES/RACES

Windshield Survey 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

Windshield Survey

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:

22. Team:

23. Location:

24. Item: ☐ **Building** ☐ **Road**

25. Building Type:
- ○ **a. Single Family Home**
- ○ **b. Townhouse or Condo**
- ○ **c. Apartment**
- ○ **d. Mobile Home or Trailer**
- ○ **e. Business**
- ○ **f. Other** (describe below)

26. Damage Categorization:
- ○ **Affected**
- ○ **Minor**
- ○ **Major**
- ○ **Destroyed**

27. Safety Hazards / Other Damage Observed:

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Windshield Survey

Purpose: This form is used by any team that observes damage that requires logging for secondary inspections. This does not require stepping on the property or engaging with property occupants. It is a 'view from the street'.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
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SCCo ARES/RACES

Windshield Survey 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

Windshield Survey

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:

22. Team:

23. Location:

24. Item: ☐ **Building** ☐ **Road**

25. Building Type:
- ○ **a. Single Family Home**
- ○ **b. Townhouse or Condo**
- ○ **c. Apartment**
- ○ **d. Mobile Home or Trailer**
- ○ **e. Business**
- ○ **f. Other** (describe below)

26. Damage Categorization:
- ○ **Affected**
- ○ **Minor**
- ○ **Major**
- ○ **Destroyed**

27. Safety Hazards / Other Damage Observed:

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Windshield Survey

Purpose: This form is used by any team that observes damage that requires logging for secondary inspections. This does not require stepping on the property or engaging with property occupants. It is a 'view from the street'.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
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SCCo ARES/RACES

Windshield Survey 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

Windshield Survey

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:

22. Team:

23. Location:

24. Item: ☐ **Building** ☐ **Road**

25. Building Type:
- ○ **a. Single Family Home**
- ○ **b. Townhouse or Condo**
- ○ **c. Apartment**
- ○ **d. Mobile Home or Trailer**
- ○ **e. Business**
- ○ **f. Other** (describe below)

26. Damage Categorization:
- ○ **Affected**
- ○ **Minor**
- ○ **Major**
- ○ **Destroyed**

27. Safety Hazards / Other Damage Observed:

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Windshield Survey

Purpose: This form is used by any team that observes damage that requires logging for secondary inspections. This does not require stepping on the property or engaging with property occupants. It is a 'view from the street'.

Instructions for Jurisdictions:

Field	Instructions
Date	Required. Enter the date created.
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