This file contains the new forms announced on June 4, 2026 that need to be updated right away in each operator's Go Kit. It has the proper quantity of each form.

It does not include all Go Kit forms. (There's a separate file that does.) This file only includes the forms that need to be replaced right away.

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.

Remember to remove the old versions of these forms from your kit.

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

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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.

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.
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	8. Name:		12. Name:
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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.
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.

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

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.

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.
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.
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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.

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>
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<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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<tr><td>Requested By Details</td><td>Required. All fields (name, signature, phone, email, and requesting party’s position/title) are required.</td></tr>
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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)**:**

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<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>
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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:**
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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**	
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	33c. Description:	
	33d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
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	34c. Description:	
	34d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
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62. Name of the County Incident:

Comments

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
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SCCo ARES/RACES

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