Santa Clara County ARES®/RACES/ACS

Review of New Forms Outpost/PackItforms Installer

August 19, 2025

Agenda

- Background
- New Forms Overview
- Development Team and Testing Process
- Forms Purpose and Use – OEM
- Outpost Updates
- PackItForms Update / Website Navigation
- Documents affected by new forms
- Question & Answer

Background

- In June of 2025, Santa Clara County OEM started using a new software platform for emergency management.
- That new software (Veoci) replaced an older WebEOC platform and is being made available to all jurisdictions at no cost (paid for by the county).
- With this release comes a new set of forms (many of which are new to ARES/RACES).

Form changes/additions to support Veoci

MESSAGE FORMS TO REMAIN

- ICS-213
- RACES Mutual Aid Request
- Allied Health Status (for now)
- All Medical Forms (for now)

FORMS BEING REPLACED

- 213RR Resource Request
- Shelter Status
- Jurisdiction Status
- Radio Routing Slip (Instructions)

NEW FORMS

- CPOD Site Information
- CPOD Commodities Update
- Damage Assessment
- Notable Report
- Resource Request
- Road Closure
- Shelter
- Situation Report
- Windshield Survey

Development Team & BETA Testers

- Development team
  - Word files and Fillable PDF files
    - Jim Clark N6JRC
    - Jeff Walker N6ADE and OEM/Veoci Interface
  - PackItForms
    - Steve Roth KC6RSC
- BETA Testers
  - Mark Adler AD1M
  - Michael Byrne NG4N
  - Benedict Chua KN6WSI
  - Don Clendenin KJ6ACE
  - Sorin Constantinescu KN6YUH
  - Rick Van Mell KI6PUR
  - Brad Warwick W6BSW

Development Timeline

- County RACES received the new forms on June 17th
  - Developed Word files & Fillable PDFs for website
  - Developed PackItForms files
  - Internal testing and revisions by the development team
  - Worked with OEM on clarifications and updates
- Recruited a team of Beta Testers to conduct a Beta test on the forms
- Started Beta testing on July 28 – Completed on August 11th
- During 2 weeks of testing, over 500 PacketItForm messages were sent. Numerous issues were noted and corrected.
- New PackItForms 3.20 software was released on August 13th in conjunction with Outpost 3.8.0.10

New forms are now the standard

- The old WebEOC forms are no longer valid; jurisdictions and the county do not use them.
- The new forms are now the standard to be used.
- The new forms will be used by:
  - This week's Monthly Packet Message Passing Practice
  - This Saturday's Quarterly drill
  - Weekly Packet Practice starting in September
  - The Annual Countywide Exercise in September
- The weekly and monthly packet practice sessions will begin counting the use of old forms as a fail 30 days after the release date.
- Credential Evaluations will use the new forms, and those being evaluated will be expected to have the new forms in their Go-Kits.
- Exception for hospitals pending update of those forms.

Documentation Changes as a result of New Forms

Veoci is now live, and jurisdictions are being trained

- Documents have been updated that reference the new forms
  - Go-Kit List
  - Recommend Form Routing Sheet
  - Performance Standards and Best Practices
  - Message Handling Procedures
- Numerous website updates have been made. Some future training class pages still need to be updated
- Zip file on the website has all the forms for easy downloading

Forms Purpose and Use - OEM

Jeff Walker *Program Specialist II – Emergency Management*
N6ADE *Santa Clara County Office of Emergency Management*

CPOD Site Information

CPOD Commodities Update

Damage Assessment

Notable Report

Resource Request

Road Closure

Shelter

Situation Report

Windshield Survey

Outpost 3.8.0.10 Updates
Jim Oberhofer – KN6PE

PacketItForms 3.20 & Website Navigation
Steve Roth – KC6RSC

Q & A

CPOD Site Info

Page 1 of 2

CPOD Site Information Form		Veoci: 20250715 DOC: 20250724
Radio Operator Only:	Origin Msg #:	Destination Msg #:

CPOD Site Information Form

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

Date:	Time: (24hr):	Handling: O Immediate (ASAP) O Priority (<1 hr) O Routine (<2 hr)

TO		FROM	
ICS Position:		ICS Position:	
Location:		Location:	
Name:		Name:	
Contact Info:		Contact Info:	

General Site Information

Jurisdiction:

Prepared Date:	Prepared Time:

Site Name:

CPOD Type: O Type I O Type II O Type III O LSA (Logistics Staging Area) O Non-CPOD Distribution Point (smaller than a Type III CPOD)

Status: O Activated O Pending Activation O Pending Demobilization O Demobilization O Not Activated

Address:	City:	ZIP code:

Police Jurisdiction and Division/Region:

Fire Department Jurisdiction and Division/Region:

Additional Information:

Contact Information

Partner Point of Contact:	Site Point of Contact:

Site Details

Dimensions of Site in Feet:	Size of Site in Acres:

Road/Walkway Type: ☐ Concrete ☐ Gravel Hard-Stand ☐ Paved ☐ Other

Accessible at All Times: O Yes O No

Access Controlled by Gate: O Yes O No | Site Contact if Gate is Closed:

Location of Driveway(s)

Spike Strips at any of the driveways: O Yes O No

Site Safety

Site Safety Details:

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

Perimeter Fencing Details:

Site Accessibility:

- ☐ Sidewalks leading to the site have wheelchair access
- ☐ Uneven surfaces leading up to the site
- ☐ Is there a ramp from the staff parking location leading up to the POD location?

CPOD Site Info

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Time Opened / Time Closed			
Date Opened:		Time Opened:	
Date Closed		Time Closed	
Commodities			
Item 1	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 2	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 3	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 4	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 5	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 6	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 7	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 8	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:

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

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CPOD Commodities

CPOD Commodities Update Form		Veoci: 20250715 DOC: 20250724
Radio Operator Only:	Origin Msg #:	Destination Msg #:

CPOD Commodities Update Form

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)			
Date:	Time:	Handling: O Immediate (ASAP) O Priority (<1 hr) O Routine (<2 hr)	
TO	ICS Position:	FROM	ICS Position:
	Location:		Location:
	Name:		Name:
	Contact Info:		Contact Info:

Overview	
Jurisdiction:	
Prepared Date:	Prepared Time:

General Site Information			
Site Name:			
Status Update:	O Activated	O Pending Demobilization	O Not Activated
	O Pending Activation	O Demobilization	

Commodities			
Item 1	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 2	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 3	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 4	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 5	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 6	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 7	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:
Item 8	Type of Commodity:		
	Starting Quantity:	Qty Distributed:	Qty Available:

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

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Damage Assessment

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Damage Assessment		Veoci: 20250715 DOC: 20250724
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

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

Date:	Time: (24hr):	Handling: O Immediate (ASAP) O Priority (<1 hr) O Routine (<2 hr)

TO		FROM	
ICS Position:		ICS Position:	
Location:		Location:	
Name:		Name:	
Contact Info:		Contact Info:	

Overview

Jurisdiction:	Incident Name:
Address:	Unit/Suite:

Type of Structure: O Single Family O Mobile Home O Non-Profit Orgs O Multi-Family O Business O Outbuilding

Number of Stories:

Own/Rent: O Own O Rent

Types of damage: ☐ Flooding ☐ Structural ☐ Roof / Windows / Other Exterior ☐ Other (define in comments)

Basement Type: O Basement O Basement and Crawlspace O Crawlspace O N/A

What is the damage classification for this property?

O Destroyed O Minor O No Visible Damage
O Major O Affected (Superficial or Cosmetic Damage Only)

Tag: O Green Tagged O Yellow Tagged O Red Tagged

Insurance: O Yes O No | Estimated Damage ($):

Comments:

Contact Name:	Contact Phone:

Damage Assessment

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

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Notable Report

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Notable Report

Veoci: 20250523
DOC: 20250812

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

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

Initial Information

Date:	Time: (24hr):	Handling: O Immediate (ASAP) O Priority (<1 hr) O Routine (<2 hr)

TO	ICS Position:	FROM	ICS Position:
	Location:		Location:
	Name:		Name:
	Contact Info:		Contact Info:

Jurisdiction:	Originator:

Severity: (Pick One) O High O Medium O Low

Escalate to County Op Area? O Yes O No

If Yes, is this event Incident Specific? O Yes O No

If above question is Yes, name of Op Area Incident:

Event Details

Title:

Date:	Time:

Event Type:

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

Details:

Contact Information

Point of Contact Name:	Contact Phone Number:

Contact Email:

Event Expiration

Do you want this event to expire?: O Yes O No	If Yes, Date to Expire:

Notable Report

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

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Resource Request

Page 1 of 2

Resource Request		Veoci: 20250811 PDF: 20250804
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

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

Date:	Time: (24hr):	Handling: ◯ Immediate (ASAP) ◯ Priority (<1 hr) ◯ Routine (<2 hr)

TO	ICS Position:	FROM	ICS Position:
	Location:		Location:
	Name:		Name:
	Contact Info:		Contact Info:

Resource Order

Title:

Jurisdiction:

Date:	Time:

Item 1	Item Name:	Quantity Requested:
	Description:	
	Includes Items for Demobilization? ◯ Yes ◯ No	
Item 2	Item Name:	Quantity Requested:
	Description:	
	Includes Items for Demobilization? ◯ Yes ◯ No	
Item 3	Item Name:	Quantity Requested:
	Description:	
	Includes Items for Demobilization? ◯ Yes ◯ No	
Item 4	Item Name:	Quantity Requested:
	Description:	
	Includes Items for Demobilization? ◯ Yes ◯ No	
Item 5	Item Name:	Quantity Requested:
	Description:	
	Includes Items for Demobilization? ◯ Yes ◯ No	
Item 6	Item Name:	Quantity Requested:
	Description:	
	Includes Items for Demobilization? ◯ Yes ◯ No	

Resource Request

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Resource Request

Page 2 of 2

Priority		
Priority: (Pick One)	◯ Urgent (As soon as possible)	◯ Medium (1 - 2 days)
	◯ High (within 24 hours)	◯ Low (2 – 3 days)

Requested By Details	
Requested By Name:	**Signature:**
Requested By Phone:	**Requested By Email:**
Requested By Position:	

Incident Details		
Is this request related to a current JURISDICTION activation?	◯ Yes	◯ No
If above question is Yes, name of Jurisdiction's incident:		
Is this request related to a current COUNTY activation?	◯ Yes	◯ No
If above question is Yes, name of County incident:		

Comments

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

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Road Closure

Page 1 of 1

Road Closure		Veoci: 20250722 PDF: 20250812
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

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

Date:	Time: (24hr):	Handling: ◯ Immediate (ASAP) ◯ Priority (<1 hr) ◯ Routine (<2 hr)

TO		FROM	
ICS Position:		ICS Position:	
Location:		Location:	
Name:		Name:	
Contact Info:		Contact Info:	

Road Closure

Initial Information

Jurisdiction:

Road/Intersection:

Location:

Details:

Status: ◯ Planned Closure ◯ Closed ◯ Reopened

Closure Time

Closure Start Date:	Closure Start Time:
Closure End Date:	Closure End Time:

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

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Shelter

Page 1 of 1

Shelter Form

Veoci: 20250721
PDF: 20250812

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

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

Date:	Time: (24hr):	Handling: ◯ Immediate (ASAP) ◯ Priority (<1 hr) ◯ Routine (<2 hr)

TO		FROM	
	ICS Position:		ICS Position:
	Location:		Location:
	Name:		Name:
	Contact Info:		Contact Info:

General Site Information

Jurisdiction:

Shelter Name:

Location:

Type: (multi-select) ☐ Congregate ☐ Non-Congregate ☐ Temporary Evacuation Point ☐ Pets Accepted ☐ Large Animals

Shelter Status: ◯ Setup in progress, not accepting guests ◯ Open, accepting guests ◯ Full, not accepting guests ◯ Closed

Resources: (multi-select) ☐ Warming Center ☐ Cooling Center ☐ Food & Drink ☐ Charging Stations

Notes:

ADA Compliant: ◯ Yes ◯ No	Pets Allowed: ◯ Yes ◯ No

Maximum Capacity:	Total Registered:	Cot Numbers:

AFN Considerations:

Contact Information

Managed By: ◯ American Red Cross ◯ Government ◯ Community ◯ Private ◯ Other

Primary Contact Name:	Primary Contact Phone Number:

Primary Contact Email:

Shelter Form

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

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Situation Report

Page 1 of 3

Situation Report		Veoci: 20250521 PPDF: 20250812
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

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

Situation Report

Date:	Time: (24hr):	Handling: ◯ Immediate (ASAP) ◯ Priority (<1 hr) ◯ Routine (<2 hr)	
TO	ICS Position:	FROM	ICS Position:
	Location:		Location:
	Name:		Name:
	Contact Info:		Contact Info:

Overview

Prepared Date:	Prepared Time:
Jurisdiction:	Incident Name:
Emergency Declaration: ◯ Unknown ◯ Yes ◯ No	
EOC Activation: ◯ Normal ◯ Duty Officer ◯ Monitor ◯ Partial ◯ Full	
Incident Description:	
Additional Incident Information:	

Reported By

Prepared By:	Contact Number:
Email:	

Government Office Status

Office Status	◯ Unknown	◯ Open	◯ Closed
Expected to Open Date:	Time:	Expected to Close Date:	Time:

Approved By

Approved By:	Contact Phone:
ICS Position:	Location:

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Situation Report

Page 2 of 3

Current Situation	
Communications	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Debris	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Flooding	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
HazMat	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Emergency Services	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Causalities	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Utilities (Gas)	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Utilities (Electric)	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Infrastructure (Power)	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Infrastructure (Water Systems)	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Infrastructure (Sewer Systems)	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Search and Rescue	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Transportation (Roads)	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Transportation (Bridges)	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:

Situation Report

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Civil Unrest	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:
Animal Issues	Status: ◯ Normal ◯ Problem ◯ Failure ◯ Unknown Comments:

Lifeline Status

Lifeline Status: ◯ Stable ◯ Stabilizing ◯ Unstable ◯ Unknown

Update:

Unmet Needs:

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

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Windshield Survey

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Windshield Survey		Veoci: 20250523 PDF: 20250812
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

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

Date:	Time: (24hr):	Handling: ◯ Immediate (ASAP) ◯ Priority (<1 hr) ◯ Routine (<2 hr)

TO		FROM	
ICS Position:		ICS Position:	
Location:		Location:	
Name:		Name:	
Contact Info:		Contact Info:	

Overview

Jurisdiction:

Team:

Location:

Item: ☐ Building ☐ Road

Building Type: ◯ Single Family Home ◯ Mobile Home or Trailer ◯ Townhouse or Condo ◯ Business ◯ Apartment ◯ Other (describe below)

Damage Categorization: ◯ Affected ◯ Major ◯ Minor ◯ Destroyed

Safety Hazards / Other Damage Observed:

Windshield Survey

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

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