























-  **June 1, 2018 Standard_Forms**
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No	Precedence Routine	HX	Org Station	Check	Org Location	Time	Date
<i>ALASKA State ARES</i> GENERAL MESSAGE ICS213 Vers 8							
1. Incident Name:							
2. To (Name/Position):							
3. From (Name/Position):							
4. Subject:				5. & 6. Date/Time:			
7. Message:							
8. Approved By:				Position/Title:			
Contact AG6SV for form information							

No	Precedence	HX	Org Station	Check	Org Location	Time	Date
ALASKA State ARES GENERAL MESSAGE ICS213 Vers 8							
1. Incident Name:							
2. To (Name/Position):							
3. From (Name/Position):							
4. Subject:				5. & 6. Date/Time:			
7. Message: {var Message}							
8. Approved By:				Position/Title:			
9. Reply:		Word Check					
10. Replied By:			Position/Title:			Date/Time:	

American Red Cross - GENERAL MESSAGE

Vers 16

DR #	Msg #	Incident Name
To (Name/Position)		
From (Name/Position)		
Subject	Date/Time	
Message		
Approved By	Positon/Title	

American Red Cross - GENERAL MESSAGE

Vers 16

DR #	Msg #	Incident Name
------	-------	---------------

To (Name/Position)

From (Name/Position)

Subject	Date/Time
---------	-----------

{var Message}

Approved By	Positon/Title
-------------	---------------

Reply

Replied By	Position/Title	Date/Time
------------	----------------	-----------

American Red Cross - Safe & Well Data Entry Form - Single Client Ver 10

Used to send information to another party by Winlink Express, so they can manually enter data into the: [ARC Safe and Well Data Base.](#)

This is a single client stop-gap form, until the Red Cross sets up a process to handle multiple client entries.

This message is formatted as plain text in the sent email and easy to read by the recipient.

[Operator Information - Read.](#)

Date/Time (Local)

Msg #

Items in RED are Mandatory for Entry in on-line Red Cross Data Base.

About Me (This form is for client info)

Disaster Event

NO
 YES

Is this Registration for an Organization?

First Name

Last Name (Or Organization Name)

Home Email (Optional)

Birth Date (Optional mm/dd/yyyy)

Home

Home Country

Primary Phone (+555 5555555555 or 555-555-5555) (Max 20 characters)

Work Phone (Optional)

Other Phone (Optional)

Home Address Line 1

Home Address Line 2

Home City

Home State

Home Zip Code

Best Contact Information

Current Country

Current Address Line 1

Current Address Line 2

Current City

Current State

Current Zip Code

Safe and Well Messages

Safe and Well Messages (Must select at least one - Multiples OK)

- I am safe and well
- Family and I are safe and well
- Currently at shelter
- Currently at home
- Currently at friend/family member/neighbors house
- Currently at hotel
- Will make phone calls when able
- Will email when able
- Will mail letter/postcard when able
- I am safe and in the process of evacuating
- I have evacuated and I am safe
- I am evacuating to a shelter
- I am evacuating to the house of a family member/friend
- I am currently/remaining at home

What is the Condition of Your Residence (Optional)

- I do not know the condition of my residence
- My residence has no damage & has electricity
- My residence has no damage & has no electricity
- My residence has been damaged but not destroyed
- My residence has been destroyed

Custom Message (If used - Max characters 325)

NATIONAL TRAFFIC SYSTEM MONTHLY REPORT FSD125-2 Ver 8

For use by Section or Local NTS nets only

1. Net Name:

	JAN	2017
	FEB	2018
2. Net Abbreviation:	MAR	2019
3. Month:	APR	4. Year: 2020
	MAY	

5. Nr. of Sessions: 6. Nr. of Messages Handled:

7. Nr. of Check-ins: 8. Manager's Call:

9. NTS Liaison is Maintained With: Net:

10. Approving Name: Call:

Comments:

If not sent electronically you should:

Mail to: ARRL Section Traffic Manager or American Radio Relay League
Section Manager 225 Main Street Newington, Connecticut 06111

You may print or save this form from your Sent Items folder of Express

Amateur Radio Emergency Service - ARRL
 PUBLIC SERVICE ACTIVITY REPORT FSD-157 1/04 VER 8

This is a modified ARES form for radio delivery by Express users. Text portion of message is formatted and easy to read for normal email.

Amateur Radio donates thousands of staff hours of supplementary public service communications in civil emergencies, official drills and events such as parades and marathons each year. Such events show Amateur Radio in its best light, and it is critically important that ARRL bring documentation of this public service work to the attention of the Congress, the FCC, and other public officials. Your information below is an important addition to the record. **Please complete and return this form to the Public Service Branch at ARRL Headquarters.**

Attach photos of amateurs in action, newspaper clippings, or other data if available

1. Nature of Activity (Select One) Communications Emergency Alert Special Exercise Test or Drill	Communications Emergency - Amateurs supplied communications to replace or supplement normal communications means. Alert - Amateurs were deployed for emergency communications, but emergency situation did not develop. Special exercise - Amateurs supplied communications for a parade, race, etc. Test or drill - A training activity in which amateurs participated.
--	---

2. Brief Description of Activity:

3. Places or Areas Involved:

4. Number of Amateurs Participating:

5. Event Start Date/Time: 6. Event End Date/Time:

7. Duration of Event in Hours: 8. Total Person-Hours: 9. Number of Repeaters Used:

10. Estimated Staffing Cost: (19\$/Hr per Person)

11. Estimated Cost of Equipment Used: (Ht's, Mobiles, Computers, Antennas, Etc.)

12. Total Estimated Cost of Service: (Add lines 10 & 11)

13. Nets and/or Frequencies Used : (Including Repeater Call Signs)

14. Number of Messages Handled:

15. Names of Agencies Receiving Communications Support:

16. List Calls Signs of Amateurs Who Were Major Participants:

17. Other Comments:

Name of Amateur Radio Organization Providing Service:

Location of Organization: (City) State:

Your Name: Call Sign: E-Mail:

Address: ARRL Appointment: (If Any)

Telephone: (Days) Phone: (Evenings)

I attest that the information provided above is true to the best of my knowledge, and that if my printed name is approval.

Approving Name: Date/Time:

MONTHLY DEC - EC REPORT
Amateur Radio Emergency Service FSD 212 Ver 3

Jurisdiction		JAN	2017
		FEB	2018
		MAR	2019
	Month	APR	Year 2020
		MAY	

		NA
Total Number of ARES Members	Changes Since Last Month	Plus Minus Same

Local Net Name	Total Sessions
----------------	----------------

NTS Liaison Maintained With *(net name)*

Number of Drills - Tests - Training this Month	Person Hours
--	--------------

Number of Public Service Events this Month	Person Hours
--	--------------

Number of Emergency Operations this Month	Person Hours
---	--------------

Total Number of ARES Operations this Month	Total Person Hours
--	--------------------

Comments:

Report by <i>(name)</i>	Title	EC DEC Other	Other	Call
-------------------------	-------	--------------------	-------	------

Send to your SEC or DEC as appropriate by 2nd of the month.

NATIONAL TRAFFIC SYSTEM AREA & REGION NET REPORT FSD-89 Ver 6

Net	Cycle	Net Session
Month		Traffic Handled
Managers		Average Per Session
Frequencies		Total Time in Session (Min)
Times		Rate (Traffic/Time)

Days

UTC	Net Control Stations by Session				Liaison Stations
	1	2	3	4	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Representation (Areas list Regions; Regions list Sections Represented)

Section/Region	Nr. of Times	Call Rep Section/Region
	-- 1 2 3 4	
	-- 1 2 3 4	
	-- 1 2 3 4	
	-- 1 2 3 4	
	--	

		--	
		1	
		2	
		3	
		4	
% of Section or Region Representation		Approving Name	
% of TCC Function Representation		Call	Date
Comments: (Be brief)			
You may print or save this form from your Sent Items folder of Express			

ARRL - the National Association for Amateur Radio

RADIOGRAM Text Creator Vers 24.0

This template creates a formatted TEXT only ARRL NTS Radiogram to send via Winlink Express.

Be sure in Winlink Express Settings > Preferences, to have OFF the feature to add /WI2K to subject line.

Number	Precedence R EMERGENCY P W	Handling Instructions (Help) --- HXA HXB HXC HXD	Station Of Origin	Check	Place of Origin	Time	Date	
							Change to Local Time/Date Default is UTC	

TO:

Name:

Call Sign:

Address:

City / Town:

State:

Zip:

Country:

Phone:

E-mail:

Op Note about this Radiogram:

MESSAGE TEXT ([ARL Message Numbering Help](#))

Signature:

Operator Note:

Heath and Welfare Information

BC EDS Operations

NTS 212 TSA

Salvation Army
Emergency Disaster
Services
British Columbia

Health and Welfare Information Request Form

Use this form for inquiry. This inquiry will be sent to the disaster area, where SATERN personnel will attempt to locate the person or persons inquiring about.

Please provide as much information as possible.

Person making the inquiry

First Name	Last Name
Address	City
Province	Post Code
Email Address	Phone/Mobile

Person whom the inquiry is about

First Name	Last Name
Address	City
Province	Postal Code
Email Address	Tel. Number
	Cell Phone

Additional information about the person:

RADIO OPERATOR ONLY

Relay Operator:	Rcvd:	<i>All times are in 24 Hr format.</i>
Radio Operator:	Rcvd:	Sent:

Version 1 {var Contactname}

9. Prepared by (Name and Position)

RADIO OPERATOR ONLY

Relay Operator:

Rcvd:

All times are in 24 Hr format.

Radio Operator:

Rcvd:

Sent:

Version 1 {var Contactname}

California Blood Bank Society Amateur Radio NET Roster Vers 9

Voice Net Frequencies - Summer 7245 (Daylight Savings Time) and Winter 3880 (Standard Time)

*This form is for Express to Express users for HTML viewing. The info is also in plain text within the sent message body.
This is to allow non Express users to read the info, such as delivered to a normal E-mail address.*

Date:

To Email or Radio Call:

Senders Call:

Operators(s) NCS:

Total Checkins:

Winlink Used On:

Telnet
VHF
UHF
80 mtrs
40 mtrs

NORTH STATE BLOOD BANKS

American Red Cross Blood Services - Oakland

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Mather - Alternates

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Merced Mobile

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Chico Relay - KA6GND

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Chico - KK6PAW

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Blood Source Shasta - KK6ESM

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Health Services Richmond Alternate

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					

Northern California Community Blood Bank - Eureka

Ck: Their RS: Our RS: Packet:

Call Sign					
Name					
Other			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
SOUTH STATE BLOOD BANKS					
Central California Blood Banks - Fresno			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
Houchin Community Blood Bank - Bakersfield			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
Life Stream - San Bernardino			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
San Diego Blood Bank - WB100D			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
Other			Ck:	Their RS:	Our RS: Packet:
Call Sign					
Name					
Relay Station:			Ck:	Their RS:	Our RS: Packet:
Relay Station:			Ck:	Their RS:	Our RS: Packet:
Relay Station:			Ck:	Their RS:	Our RS: Packet:
Packet / VHF Stations:					
Remarks (if needed):					

San Diego Blood Bank - Hospital Services Department 619 400-8250 Fax 619 725-3017 WB1OOD@winlink.org

This is a radio delivery form for Winlink Express to Winlink Express, info is also in message body as plain text. This template will auto add the TOTALS in the columns for you.

Requesting Hospital:

Hospital Technician Name:

Date/Time:

Leuko-Reduced Red Blood Cells (RBCL)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
O Positive			
O Negative			
A Positive			
A Negative			
B Positive			
B Negative			
AB Positive			
AB Negative			
TOTAL			

Leuko-Reduced Irradiated Red Blood Cells (RBCLI)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
O +, cmv-			
O -, cmv-			
A +, cmv-			
A -, cmv-			
TOTAL			

Leuko-Reduced Platelets (APLT)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
Platelets A/T			
Platelets Irr			
TOTAL			

Special Instructions:

Frozen Plasma (200-399ml)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
O			
A			
B			
AB			
TOTAL			

Single Cryo (CAF) Pooled Cryo (CAF PL)			
	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
CAF A			
CAF AB			
CAF PL A			
TOTAL			

Additional Comments from Requesting Hospital

California Emergency Services Net - Winlink Check In OES CESN Ver 9

Sending To: *You can change or add prior to posting.*

Date/Time: Organization:

Express Base Callsign: Sending Callsign: Operator Name:

Session Type: **Winlink Packet**
 Winlink Telnet
 Winlink Winmor
 Winlink Ardop
 Winlink Vara

Gateway Used:

HF Band if Used: **None**
 80 Meters
 40 Meters
 30 Meters
 20 Meters

VHF/UHF Frequency (if Used): Packet Digi/Node (if Used):

Message: (Be brief)

This Message is in the SENT ITEMS folder for future archive and printing. Contact: Jim Price KO6GM with form questions.

No	Precedence Routine	HX ---	Org Station	Org Location	Check	Time	Date
----	--------------------	-----------	-------------	--------------	-------	------	------

Clay County ARES **GENERAL MESSAGE** ICS213 Vers 10

1. Incident Name:

2. To (Name / Position):

3. From (Name / Position):

4. Subject: 5. & 6. Date / Time:

Message (one word per cell)

8. Approved by: Position / Title:

Reply (one word per cell)

Date: Time: Signature:

For form use and information contact Ray, WD4SEN

No	Precedence Routine	HX ---	Org Station	Org Location	Check	Time	Date
----	-----------------------	-----------	-------------	--------------	-------	------	------

Clay County ARES Extended Shelter Report Vers 2

To:	Position:
From:	Position: Shelter Manager
Subject:	Date: Time:

Message (one word per cell)

Rpt Date		Rpt Time		Guests		Oxygen		Electric	
Staff		Volunteers		Caregivers		Sheriff		Fire	
Pets		Other A		Other B					

8. Approved by: Position / Title:

For form use and information contact Ray, WD4SEN

DAILY SHELTER REPORT Ver 8

[Form Info](#)*This form also sends the information as plain text formatted in the message body, for non-Express users.*

Date Incident/DR # Shelter Name/County

SHELTER INFORMATION

Shelter Address

Shelter Phone Number (s)

SHELTERING STAFF

POSITION	NAME	PHONE
Shelter Manager		
Day Shift Supervisor		
2nd Shift Supervisor		
Night Shift Supervisor		

Total Number of Sheltering Workers	Day Shift	2nd Shift	Night Shift
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OTHER FUNCTIONS OR ACTIVITIES STAFF

# Disaster Health Services	# Casework and Recover Planning
# Disaster Mental Health	# Feeding
# Disaster Spiritual Care	Other #

SHELTER POPULATION

Age Groups (years)	0-3	4-7	8-12	13-18	19-65	65 +
Nighttime Population Submitted Last Night						
Daytime Population Today						
Total NEW Shelter Dormitory Registrations Since Last Night:						

OPERATIONAL REPORTING

	Breakfast	Lunch	Dinner	Snacks/Drinks	Cots	Blankets	Comfort Kits	Clean-up Kits	Other Bulk Items	Signage Kits		
# Used Today												
# Available Tomorrow												
# Needed Tomorrow												

NOTES:

Preparer Name:

(for radio delivery full name equals signature)

[Adapted from National Mass Care Strategy](#) - DCS Daily Shelter Report for Winlink System Delivery.

Initial Damage Assessment / Windshield Survey Ver 8

Jurisdiction Mission or Incident #

Exercise
REAL EVENT

- Tornado/Winds
- Hurricane
- Flood
- Earthquake

Event

Selected Other? Describe

Survey Area

Survey Team

Date of the Event

Date of this Survey

	Affected 10 %	Minor 25 %	Major 50 %	Totaled 100 %	Total Number	\$ Loss
CATEGORY	#	#	#	#	COUNT	\$ Estimate
HOUSES						
APARTMENT COMPLEX						
MOBILE HOMES						
RESIDENTIAL HIGH RISE BUILDING						
COMMERCIAL HIGH RISE BUILDING						
PUBLIC BUILDINGS						
SMALL BUSINESS						
FACTORIES / INDUSTRIAL COMPLEX						
ROADS						
BRIDGES						
ELECTRICAL DISTRIBUTION						
SCHOOLS						
Total Dollar Amount:						

Comments (if needed-be brief)

Use your jurisdictions guidelines or these generic suggestions on habitable buildings. On other facilities get direction as needed

AFFECTED: Structure currently habitable. Cosmetic damage e.g. missing shingles. Generally less than \$100 in damage. 0 to 6 inches of water in single-family dwelling. **MINOR:** Structure currently uninhabitable. Will require minor repairs to be made habitable. 7 to 24 inches of water in structure and 0 to 6 inches of water in a mobile home. **MAJOR:** Structure currently uninhabitable. Will require major repairs to be made habitable. 25 to 47 inches of water in a single-family dwelling or apartment. 7 to 23 inches of water in a mobile home. **TOTALED:** Structure permanently uninhabitable. Cannot be repaired. 48 or more inches of water in a single-family dwelling or apartment. 24 or more inches of water in a mobile home

[If Needed - Download Attached Field Work Sheet to Print.](#) (rtf format)

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
MISSION ASSIGNMENT (MA)

O.M.B. No. 1660-0002

I. TRACKING INFORMATION (FEMA Use Only)

State	Resource Request Number
Program Code/Event Number	Date/Time Received

II. REQUESTING ASSISTANCE (To be completed by Requestor)

See Attached

Assistance Requested

Delivery Location	Internal Control Number	Date/Time Required	
Initiator/Requestor Name	24 Hour Phone Number	Email Address	Date
Site POC Name	24 Hour Phone Number	Email Address	Date

III. INITIAL FEDERAL COORDINATION (Operations Section)

Action to:	ESF/OFA:	Date/Time	Priority	
	RSF/OFA:		Lifesaving	Life Sustaining
	Other:		High	Normal

IV. DESCRIPTION (Assigned Agency Action Officer)

Statement of Work		
Assigned Agency	Projected Start Date	Estimated Projected End Date
New or Amendment to MA #:	Total Cost Estimated	Total Required this Obligation Cycle
ESF/OFA/RSF Action Officer	Phone Number	Email

V. COORDINATION (FEMA Use Only)

Type of MA: Direct Federal Assistance State Cost Share (0%, 10%, 25%)		Federal Operations State Share (0%)
State Cost Share Percent	%	State Cost Share Amount: \$
Fund Citation: 20 -06- -6- XXXX-250 -D		Appropriation code: 70X0702
Mission Assignment Manager (Preparer)		Date
**FEMA Project Manager/Branch Director (Program Approval)		Date
**Comptroller/Funds Control (Funds Review)		Date

VI. APPROVAL

*State Approving Official (Required for DFA)	Date
**Federal Approving Official (Required for all)	Date

VII. OBLIGATION (FEMA Use Only)

Mission Assignment Number	Amount This Action \$	Date/Time Obligated
Amendment Number	Cumulative Amount \$	Initials

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name	2. Title	3. Phone No.
4. Requestor's Organization	5. Fax No.	6. E-Mail

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance:

2. Quantity	3. Priority Lifesaving Life Sustaining High Normal	4. Date and Time Needed	
5. Delivery Site Location		6. Site Point of Contact (POC)	
		7. 24 Hour Phone No	8. Fax No.
9. State Approving Official Signature		10. Date and Time	

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1.Reviews OPS Review by: LOG Review by: Other Coordination: Other Coordination: Other Coordination:	2. Source: Donations Requisitions Procurement Interagency Agreement Mission Assignment Other (Explain)	3. Assigned to: ESF/OFA: RSF/OFA: Other: Date/Time
4. Immediate Action Required: YES NO		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work		
8. Estimated Completion Date	9. Estimated Cost	

V. ACTION TAKEN (Operations Section Only)			
Accepted	Rejected	Requestor Notified	
Reason / Disposition			
TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	Originated as verbal
Received by (Name)	State		
FEMA FORM 010-0-7			Ver 1.8 KE4LWT

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Evento RNE F1 Ver 7

**** Procure escribir SIN ACENTOS ****

	Simulacro	----
	Moderada	VHF
	Urgente	UHF
Tipo	EMERGENCIA	Winlink Banda 80
		40

Nombre

Indicativo

Descripcion del Evento

Lugar

Requerimientos

**** Procure escribir SIN ACENTOS ****

Mensaje

**** Procure escribir SIN ACENTOS ****

Sugerir solicitar una confirmación de lectura

www.fmre.mx

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Anuncio RNE F2 Ver 5

**** Procure escribir SIN ACENTOS ****

Para (Nombre o Grupo)

De (Nombre o Grupo)

Indicativo

Asunto

Informacion
Leer En Breve
LEER AHORA

Importancia

Anuncio

**** Procure escribir SIN ACENTOS ****

www.fmre.mx

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Temblor RNE F3 Ver 5

**** Procure escribir SIN ACENTOS ****

Simularco
TEMBLOR

Tipo

Indicativo Nombre

AREA AFECTADA

Estado Ciudad/Poblacion

Colonia/Delegacion Otra

Su calle (opcional)

CONDICIONES DEL EVENTO OBSERVADO O SENTIDO

Escala de Intensidad Mercalli Modificada

INTENSIDAD DEL TEMBLOR

II Muy Debil
III Debil
IV Ligero
V Moderada
VI Fuerte

En su Area

?
SI

?
SI

Hay Lesionados?

Hay Fallecidos?

Informacion Adicional
Procure escribir SIN ACENTOS

II.MUY DEBIL.- Es sentido bastante notable por las personas en interiores, especialmente en los pisos superiores de los edificios Mucha gente no lo reconoce como un temblor. Automoviles detenidos pueden oscilar ligeramente. La vibracion es similar al paso de un Camion.

III. DEBIL.- Sentido adentro por muchos, al aire libre por pocos durante el día. Por la noche, algunos son despertados por platos, ventanas, puertas perturbadas; Las paredes hacen sonidos al agrietarse . Sensación como si un camion pesado golpeará el edificio. Automóviles detenidos oscilan notablemente.

IV. LIGERO.- Sentido por casi todo el mundo; Muchos son despertados. Algunos platos y ventanas rotas. Objetos inestables volcados. Sentidos por todos, muchos asustados. Algunos muebles pesados movidos; Algunos pedazos de yeso caído. Daño leve.

V. MODERADO.- Daños insignificantes en edificios bien diseñados y construidos; Daño leve a moderado en estructuras comunes bien construidas; Considerable daño en estructuras mal construidas o mal diseñadas; Algunas chimeneas rotas.

VI. FUERTE.- Daño ligero en estructuras especialmente diseñadas; Daños considerables en edificaciones comunes con colapso parcial. Daño grande en estructuras mal construidas. Caída de chimeneas, apilados de fábricas, columnas, monumentos, paredes. Muebles pesados volcados.

VII. MUY FUERTE.- Daños considerables en estructuras especialmente diseñadas; Estructuras de bastidor bien diseñadas tiradas de plomada. Daños grandes en edificios sustanciales, con colapso parcial. Los edificios se desplazaron de las cimentaciones.

VIII. SEVERO.- Algunas estructuras de madera bien construidas, destruidas; La mayoría de las estructuras de mampostería y armazón con cimientos, destruidas. Rieles doblados.

IX. VIOLENTO.- Pocas estructuras de albañilería, si es que ninguna, permanecen de pie. Puentes destruidos. Los rieles se doblaron mucho..

X. EXTREMO.- Daño total. Las líneas de vista y nivel están distorsionadas. Objetos arrojados al aire.

www.fmre.mx

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Huracan RNE F4 Ver 6

**** Procure escribir SIN ACENTOS ****

Si es posible, registre un reporte final después del paso del Huracan, para reportar cualquier novedad relevante de su reporte inicial y/o comentarios finales.

Simulacro
 Reporte Inicial
 ACTUALIZACION

Hora Local: Fecha: Reporte:

Radioaficionado: Nombre:

Ciudad: Municipio/Delegacion:

Estado: Pais:

SU COORDENADAS GEOGRAFICAS

Latitud: (si la sabe) Longitud: (si la sabe)

Grid Localizador: (si lo sabe)

SU SERVICIOS AFECTADOS

Funcionando Bien
 Sin Servicio
 Intermitente

¿Su Servicio de Corriente Electrica?

Sin Servicio
 Fijo y Celular
 Solo Fijo
 Solo Celular

¿Su Servicio Telefonico? Su Numero:

EN SU AREA

?
 SI

?
 SI

¿Hay Lesionados?

¿ Hay Fallecidos?

 KM/h
 MP/h
 Nudos

Velocidad de Viento:

Saffir-Simpson Escala de Huracanes - Categoria

C1 - Minimo
 C2 - Moderado
 C3 - Extensivo
 C4 - Extremo
 C5 - Catastrofico

	---		---
	Norte		Debil
	NorEste		Moderada
Direccion del Viento:	Este	Intensidad de la Lluvia:	Fuerte
	Sureste		Muy Fuerte

Llene lo mas que pueda y utilice el area de COMENTARIOS para informacion adicional.

COMENTARIOS ** Procure escribir SIN ACENTOS **

Categoria	Velocidad del Viento	Mareas de Tempestad Altura	Danos
1	119 - 153 kph	1.2 - 1.5 m	Minimo Elementos normalmente no estructurales
2	154 - 177 kph	1.8 - 2.4 m	Moderado Techos de materiales ligeros, danos en ventanas y puertas, algunos arboles caidos
3	178 - 209 kph	2.7 - 3.7 m	Extensivo Danos estructurales menores en residencias, en bodegas, algunas fallas en nuros, danos en puertas y ventanas
4	210 - 249 kph	3.9 - 5.5 m	Extremo Danos estructurales, desprendimiento de techos ligeros, explosion de ventanas y puertas
5	> 249 kph	> 5.5 m	Catastrofico Danos estructurales severos, destruccion total casas moviles, evacuacion masiva de areas residenciales entre 8 y 16 km de las csota podria ser requerida

www.fmre.mx

Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Reporte RNE F5 Ver 7

INCIDENTE o EVENTO POSTERIOR AL REPORTE DE ACCION

Su retroalimentacion ayuda a realizar mejoras.

Envie a quien sea responsable de recabar esta informacion dentro de su organizacion.

Fecha/Hora Reporte :

Fecha de Evento - Incidente:

Nombre del incidente - evento:

Ubicacion:

Su nombre:

Indicativo:

Su correo electronico:

Telefono(opcional):

Cual fue su asignacion o rol en este incidente -evento?

Haga un resumen del evento - incidente y; describa algunas actividades en las que estuvo involucrado.

RETROALIMENTACION - Recomendaciones (Sea breve y profesional)

www.fmre.mx

Hawaii ARES/RACES Winlink Check In Form ver 6

Test Exercise
REAL EVENT

Date/Time

Net Control Form Sent To

You can add or change address's prior to posting.

Express Base Call Sign

Call Sign/Tactical Sending

Assigned Location

	Winlink Telnet	None	
	Winlink WebMail	80 Mtrs	
	Winlink Packet	60 Mtrs	
Session Type	Winlink WINMOR	Band Used 40 Mtrs	OTHER
	Winlink ARDOP	30 Mtrs	

	None	
	NH6NN (HF Kaneohe Bay, Oahu)	
	NH6NN-10 (VHF Packet Kaneohe Bay, Oahu)	
	KH6HPZ-10 (VHF Packet Diamondhead, Oahu)	
Gateway	Used	OTHER
	KH6SP (HF Whitmore Village, Oahu)	
	KH6UL (HF Whitmore Village, Oahu)	

Comments
(Please be brief)

HICS254 - DISASTER VICTIM / PATIENT TRACKING
 HICS - Hospital Incident Command System

Vers 5

1. Incident Name

Page Of

2. Operational
 Period (#):

Date From

To

Time From

To

3. Area (Triage or Specific Treatment Area)

Field Tag Number	Medical Record #	Name (Last Name, First Name)	Sex	DOB - Age (Use numbers only)	Triage Category	Location of Procedures (CT, X-ray, Etc)	Time of Procedures	Disposition	Disposition Time
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer	

			M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer
			--- M F		--- Immediate Delayed Minor Expectant			--- Discharge Admit Surgery Transfer

4. Prepared By:

Date

Time:

Facility:

COMPILED BED REPORT **Vers 4**
 Hospital Emergency Communications, Marion County FL.

As of Time: Date:

Please Report Immediately

Name of Reporting Facility:

Contact Person:

Contact Phone Number:

Contact Email Address:

TYPE	IMMEDIATE
Critical Care	CC
Pediatrics	MC
Medical / Surgery	MM - SS
Psychiatry	MP
Burn	SBN
TOTAL:	
DEFINITION: Physical Available Beds = Staffed + Unstaffed Beds	

Comments:

Contact W2SRP for Form Info

HOSPITAL STATUS REPORT Vers 7

This is a radio delivery form for Express to Express users. However the information is in plain text in the message body and easily read by those that do not have the HTML template to view, such as a normal Internet email address.

Report Time: Report Date: Event Occurrence Date/Time:

NO NO
 YES YES

Do You Need Assistance? Exercise? Report # of (change if needed)

Hospital: Address:

Event Name: County:

Person Submitting Report: Phone(s):

Submitting Persons Email:

Briefly Describe Emergency as it Relates to Your Facility - Include any Expected Needs or Challenges?

Hospital Command Center Activated? Level of Activation:
 NO Normal
 YES Monitoring
 Partial
 FULL

Current Conditions: Conditions Expected to:
 Unknown Unknown
 Worsening Worsen
 Improving Improve
 Stable Stabilize
 CONCLUDED CONCLUDE

NO YES
Are You on Generator Power? Estimated Hours of Fuel?

NO NO
 YES YES
Evacuating Now or Will Evacuate in Next 12 Hours? Structural Damage or Imminent Danger?

Detailed Facility Report
Complete the following best you can - Do not delay on reporting - If information is unknown indicate so

<p>Emergency Department</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>ICU</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Operating</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Ambulance Access</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Nursery/NICU</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Medical/Surgical</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Diagnostic Imaging</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Labs</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Pharmacy</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Dialysis</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Admin/Business</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Behavioral Health</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Respiratory Therapy</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Medical Practices</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Physical Therapy</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Morgue</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>

<p>HVAC</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Heliport</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Water</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Parking/Access</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Linens</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Medical Supplies</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>General Supplies</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Sewage</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Generators/Fuel</p> <p>Functional N/A DEGRADED !DESTROYED! Unknown</p>	<p>Medical Gases</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Communications</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Info Tech (IT)</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Housekeeping</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Electrical</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Structural</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Receiving</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>Facilities Management</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Staffing</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Medical Records</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Food Services</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>
<p>----- Functional</p>	<p>----- Functional</p>	<p>----- Functional</p>	<p>----- Functional</p>

----- Functional DEGRADED *DISABLED* !DESTROYED!	----- Functional DEGRADED *DISABLED* !DESTROYED!	----- Functional DEGRADED *DISABLED* !DESTROYED!	----- Functional DEGRADED *DISABLED* !DESTROYED!
<i>Briefly Explain any DEGRADED, *DISABLED*, or !DESTROYED! Functions</i>			

Senders Comments:

Contact KC8EGV for Form Info

HALIFAX		MESSAGE FORM		Ver 9
ACTION Precedence	Routine Priority IMMEDIATE	INFO Precedence	None Routine Priority IMMEDIATE	Date-Time-Group
FROM				
TO				
INFO				
Number MESSAGE				
ORIGINATING NAME				
Track #				

HURRICANE REPORT

Ver 11

Fill in as much information as possible. This form sends the message in plain text and easy to read.

Report Time in UTC UTC Date **Report Status**

First Report
 Update Report
 Final Report

Radio Station Sending Are you the Reporting Party? *NO, means you are sending the report for another*

YES
 NO

Reporting Party Email

Reporting Party Phone Number

Geographic Area of Observed Event

City County

State Country

Latitude (if known) Longitude (if known)

Estimated
 Measured

Measurements Weather Instruments Used

Unk Unk
 MPH/h MPH/h
 KM/h KM/h
 Wind Speed Knots Gust Speed Knots

Unk Unk
 N Inches
 NE Millibars
 Wind Direction E Degrees Barometric Pressure
 SE

Comments, damage seen, any thing of use to quantify the intensity of this event.

IARU RADIOGRAM

Number	Priority	Station of Origin	Word Count	Place of Origin	Filing Date/Time
	Routine				{DateTime}

Subject: //WL2K R/ Radiogram from {Callsign @ {DateTime}} -- Severity: Routine

Name

Phone

Email

Street Address

City, State, Province, **Country**

Special Delivery Instructions

Subject WL2K compatible
 Subject ARRL National Traffic System compatible

Change Punctuation to Text [About Change Punctuation to Text](#)

Express Ver 36 (Credits to OE3VRW)

INCIDENT RADIO COMMUNICATIONS PLAN

ICS205 Ver 9

[Form Info](#)

1. Incident Name:

2. Date / Time Prepared:

3. Operational Period:

Date From:

Date To:

Time From:

Time To:

4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name / Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone / NAC	TX Freq N or W	TX Tone / NAC	Mode (A, D, or M)	Remarks
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	

5. Special Instructions: (Be Brief)

6. Approved by (CUL) Name:

IAP Page:

Date/Time:

1. Incident Name:

2./3. Date/Time Prepared:

4. Operational Period:

5. Incident Medical Aid Stations

Medical Aid Stations	Location	Paramedics
		YES NO --
		YES NO --
		YES NO --
		YES NO --
		YES NO --

6. Transportation

A. Ambulance Services

Name	Address and Phone	Paramedics
		YES NO --
		YES NO --
		YES NO --
		YES NO --
		YES NO --

B. Incident Ambulances

Name	Location	Paramedics
		YES NO --
		YES NO --

		YES NO --
		YES NO --
		YES NO --

7. Hospitals

Name	Address	Travel	Phone	Helipad	Burn Center
		AIR GND --		YES NO --	YES NO --
		AIR GND --		YES NO --	YES NO --
		AIR GND --		YES NO --	YES NO --
		AIR GND --		YES NO --	YES NO --
		AIR GND --		YES NO --	YES NO --

8. Medical Emergency Procedures (Be brief)

9. Prepared by (MUL):

10: Reviewed by (Safety Officer):

	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				
	<p>-----</p> <p>Available Assigned OUT OF SERVICE</p>				

8. Comments

9. Prepared By

Date/Time

General Message (ICS 213)

1. Incident Name: {var inc_name}

Msg #: {var SeqNum}

2. To (Name/Position): {var to_name}

3. From (Name/Position): {var fm_name}

4. Subject: {var Subjectline}

5. Date: {var Mdate}

6. Time: {var Mtime}

7. Message:

{var Message}

8. Approved by: {var Approved_Name}

Position / Title: {var Approved_PosTitle}

9. Reply:

10. Replied By (Name):

Position / Title:

Replied Date / Time:

Ver 29

RESOURCE REQUEST MESSAGE

ICS 213 RR Ver 9

[Form Info](#)

1. Incident Name 2. Date/Time

3. Resource Request Number Page Of

REQUESTER

4. Order *Use additional forms when requesting from a different source or vendor to fill request (s)*

Detailed Item Description; Vital characteristics, brand, specs, experience, size, etc.				Needed Date/Time (local 24 hr)		
Qty	Kind	Type	Item Description	Requested	Estimated	Cost

5. Delivery/Reporting Location

6. Substitutes and/or Suggested Sources

7. Requested by Name/Position

8. Priority

Low
Routine
URGENT

9. Section Chief Name for Approval

LOGISTICS

10. Logistics Order Number

11. Supplier Phone/Fax/Email

12. Name of Supplier

12A Point of Contact

13. Notes

14. Name of Auth Logistics Rep

15. Date/Time

16. Order Was Requested By

Indicate Unit / Section or Person who is to get this order.

FINANCE

17. Reply/Comments from Finance

18. Finance Section Chief Name

19. Date/Time

4. Prepared By	Date/Time

7. Prepared by	Date/Time

COMMUNICATIONS RESOURCE AVAILABILITY WORKSHEET ICS217A Vers 10

[Form Info](#)

Frequency Band
800
OTHER
--

Description

Work sheet Incident or Event Name

Date/Time (optional)

#	Channel Configuration	Channel Name/Trunked Radio System Talkgroup	Eligible Users	RX Freq N/W	RX Tone/NAC	TX Freq N/W	TX Tone/NAC	Mode A, D or M	Remarks
1								-	
2								-	
3								-	
4								-	
5								-	
6								-	
7								-	
8								-	
9								-	
10								-	
11								-	
12								-	
13								-	
14								-	
15								-	
16								-	
17								-	
18								-	
19								-	
20								-	

The convention calls for frequency lists to show 4 digits after the decimal place, followed by either an N or a W, depending on whether the frequency is narrow or wide band. Mode A or D indicates analog or digital, M indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

To Email or Radio Call

(Can be changed prior to posting)

From Team Name

Date/Time {DateTime} (Local Time or UTC)

Patient Name

Patient Age

Patient Gender

Male
Female

Patient Village

Other

Patient Complaint / Problem

Care Already Given

Meds Already Given

Type of Care Requested

Caregiver Contact

Additional Information

This form if sent to a normal internet address, will have plain text properly formatted in message body.

CONSOLIDATED INCIDENT ACTION PLAN (IMS1001) Emergency Management Ontario Vers 3			
1. Incident Name	2. Operational Period: Date From Date To Time From Time To		
Site Level IAP <input type="checkbox"/> NO <input type="checkbox"/> YES Incident Command <i>Additional Details</i>	3. Type of Incident Action Plan		EOC-Level IAP <input type="checkbox"/> NO <input type="checkbox"/> Incident Support <input type="checkbox"/> Area Command <input type="checkbox"/> Incident Command <i>Additional Details</i>
4. Current Situation [From IMS 201]			
5. Mission [From IMS 202]			
6. Objectives for this Operational Period [From IMS 202]			
7. Strategies to Achieve Objectives [From IMS 215G]			
8. Tactics (Optional) [From IMS 215G]			
9. Weather Forecast for Operational Period [From IMS 202]			
10. General Safety Message [From IMS 215A or 202]			
11. Key Media Messages [From IMS 202]			
12. Future Outlook			
13. Briefing / Planning Cycle			
14. Organization Assignment [From IMS 203] Incident or EOC Commander			Command Model <input type="checkbox"/> Single Command <input type="checkbox"/> Unified Command
Safety Officer		Information Officer	
Operations Section Chief		Planning Section Chief	

Liason Officer (s)			
Logistics Section Chief		Legal Advisor	
Fin / Admin Section Chief		Other	

15. Detailed Forms (are attached as necessary)

<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Incident Objectives [IMS 202]	Organization Assigment List [IMS 203]	Resources Assignment List [IMS 204]
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
Incident Telecommunications Plan [IMS 205]	Medical Plan [IMS 206]	Incident Map
<input type="checkbox"/> NO <input type="checkbox"/> YES		
Traffic Plan	Other Attachments	

16. Prepared By (Planning Section Chief) Name

17. Approved By (Incident or EOC Commander) Name Date /Time

INCIDENT or EVENT AFTER ACTION REPORT

Ver 5

Your feedback can assist in making improvements.

Send to whomever is responsible for gathering such information within your organization.

Report Date/Time:

Incident - Event Date:

Incident - Event Name:

Location:

Your Name:

Call Sign:

Your Normal Internet Email:

Telephone (optional):

What was your assignment or role on this incident - event?

Give a brief re-cap of the incident - event & describe any major occurrences that you were involved with.

FEEDBACK - Recommendations (Be Brief and Professional)

INFORMATION FORM Ver 6

Event or Use Name

Form Creation Date/Time

Description or Form Information

[Form Info](#)

Create whatever column name you need for each category

#			
1			
2			
3			
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28			
29			
30			

Senders Comments or Additional Information

OREGON Activation - Deactivation Report Vers 6

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

EXERCISE
REAL EVENT

ACTIVATION
DEACTIVATION

Report Status

Report Type

TO

CC

If known, enter call or email of your DEC, EC, and Emergency Manager above. Separate with semicolon ;

1. Requesting Parties Name

2. Requesting Parties Position

3. Jurisdiction

4. Date & Time of Activation or Deactivation

5. Reason for ARES Participation

6. Agency Requesting Assistance

7. Incident Number

8. Expected Duration of Activity

9. Call Sign Used at EOC/OES for Traffic VOICE DATA

10. FM Frequencies in use HF Frequencies in use

11. Number of Operators Activated

12. Other Information *(be brief)*

13. Name & Call Sign of EC or Rep

14. County of EC or Rep

15. Date and Time Template Filled in

A copy is in your Express Sent Items folder.

[Winlink Express Senders Call Sign](#)

EXERCISE
REAL EVENT

OREGON Declaration of Emergency Vers 6

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

To: Governor, State of Oregon
Through: Director, Office Oregon Emergency Management

From:

TO

CC

If known, enter call or email of your DEC in CC.

1. Name of County

2. Type of Incident

3. Beginning Date and Time of Incident

CONTINUING
ENDED

4. Incident is ? If Incident has Ended - Enter End Date/Time

5. Brief Description of Problem and Type of Assistance Needed

6. Brief Initial Assessment of Damage, Number of Injuries - Deaths (No Victim Names)

7. Brief List of Actions Pending or Taken by County and/or other Local Governments

8. Request Date and Time - Form Filled Out

9. Name of Authorizing Official (s)

Note: Send an initial SITREP Report, separate from this form as soon as possible.

Winlink Express Senders Call Sign

Exercise
REAL EVENT

OREGON *GENERAL MESSAGE* ICS213 Vers 7

Important be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

1. Incident Name

2. To (Name / Position)

3. From (Name / Position)

4. Subject

5./6. Date & Time

7. Message

8. Approved By

Position/Title

OREGON GENERAL MESSAGE ICS213 Vers 7

Important be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

1. Incident Name: {var Incident_Name}

2. To (Name / Position): {var To_Name}

3. From:(Name / Position): {var From_Name}

4. Subject: {var Subjectline} 5./6. Date & Time: {var DateTime}

7. Message

{var Message}

8. Approved By: {var Approved_Name} Position/Title: {var Approved_PosTitle}

9. Reply

10. Replied By:

Position/Title:

Reply Date & Time:

EXERCISE
REAL EVENT

OREGON *Public Event* Vers 7

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

TO

CC

If known, enter call or email of your DEC

1. Agency/Group Requesting Assistance

2. Person Requesting Services

3. Position of Requester

4. Name & Description of Event

5. Location of Event

6. Start Date and Time of Event

7. Expected Event Duration

8. Brief Description of Support Services Provided

9. Number of Operators

10. Other Information or Comments

11. Name and Call Sign of Person Submitting Report

Call Sign

12. Position of Person Submitting Report

Winlink Express Senders Call Sign

Report Filled in Date/Time

EXERCISE
REAL EVENT

OREGON *Request for Assistance* Vers 6

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

TO

CC

If known, enter call or email of your DEC

1. Date and Time of Request

2. County/Tribe

3. Requesting Agency

4. OERS Event Name

5. OERS Number

6. Brief Situation Description

7. Brief Description of Materials - Equipment - Personnel - Resources Needed

8. Report To

9. Phone

10. Delivery Location

11. Delivery Time

12. Requester

13. Phone

14. Authorizing Official Name

15. Authorizing Official Position

Winlink Express Senders Call Sign

EXERCISE
REAL EVENT

OREGON *Situation Report SITREP* Vers 6

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

TO

CC

If known, enter call or email of your DEC

1. To

Agency Name and Office Routing

2. SITREP

3. Categories with Brief Description

4. Event Name

Initial Report
Sequential Number
Final Report

5 . If Report is "Sequential Number" then increment # here

6. Brief Situation Summary

7. Past 24 Hours Brief Summary

8. Next 24 Hours Planned Actions

9. Efforts by Other Agencies or Organizations

10. Date and Time Approved

11. Authorizing Officials Name

12. Authorizing Officials Position

Note: In a real event content is prepared by Emergency Management, not ARES.
SITREP's can be done hourly, or every 2 to 4 hours, event dependent.

Winlink Express Senders Call Sign

Report Filled in Date/Time

OREGON *Winlink Check In Notice* Vers 4

Important : be sure to TURN OFF in Settings > Preferences > Message Sending Options, the //WL2K "add to subject line feature".

Test Exercise
REAL EVENT

Date/Time

Status

Send To EOC Call

Winlink Base Call Sign

Sending Call

Assigned Location

Session Type
Winlink Packet
Winlink Telnat
Winlink Winmor
Winlink Ardop
Winlink Vara

Winlink Gateway Call *If Used*

Band Used
None
VHF
220
UHF
80 Mtrs

Comments

POINT OF DISPENSE GENERAL MESSAGE FORM (Medical) Vers 6

1. Incident Name

2. To (Name / Position)

3. From (Name / Position)

4. Subject

5. Date

6. Time

7. Message Priority
 LOW
 MEDIUM
 HIGH

7A. This concerns a Vaccine
 NO
 UPDATE
 REQUEST

Vaccine Name	Doses Remaining	Time

8. Message (Be brief and accurate)

9. Approved By

Position

POINT OF DISPENSE GENERAL MESSAGE FORM (Medical) Vers 6

1. Incident Name

2. To (Name / Position)

3. From (Name / Position)

4. Subject

5. Date

6. Time

7. Message Priority

7A. This concerns a Vaccine

Vaccine Name	Doses Remaining	Time

8. Original Message

{var Message}

9. Approved By

Position

10. Reply (Be brief and accurate)

11. Replied By

Date & Time

Position

Facility

Quick IAP (Incident or Event Action Plan) Ver 3

Incident Name:

Date/Time:	Prepared by:	Title:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Initial</div> Update Final
Report Type:			

1	Type of Incident And give a geographical location and start DATE of occurrence	
2	Area of Operations And indicate the limits of Commands responsibility?	
3	Objectives What does Command want to achieve?	
4	Current Status What is currently happening? Updates from last report?	
5	Upcoming Tactics What is the plan to accomplish the objectives?	
6	Assignments Who is filling what positions? Who is doing what tasks?	
7	Safety Issues Are there any hazards and if so, what is being done about them?	
8	Resources Assigned, available and still needed	
9	Communications Describe the communications links or methods	

Quick Health & Welfare - Status or Information Message

Vers 15

This form is used to send information or a status report to family members or friends.

Suggest more than one email address to increase the chances that someone will get this message.

>> NO REPLY is expected. The requester needs to be informed this is a ONE WAY outbound message. <<

[Operator Info - Read Please](#)

From Name

Date / Time (Local)

To Email (s)

Incident / Event Location or Region / Area Name

Message

The message is formatted as plain text in the body of the sent email and easy to read by the recipient (s).

ICS Forms Modification Information 4/24/2018

Excerpt from NIMS FEMA ICS booklet

ICS Forms are designed to serve all-hazards, cross-discipline needs for incident management across the Nation. These forms include the essential data elements for the ICS process they address, and create a foundation within ICS for complex incident management activities.

However, the flexibility and scalability of NIMS should allow for needs outside this foundation, so the following are possible mechanisms to add to, extend, or adapt ICS Forms when needed.

Because the goal of NIMS is to have a consistent nationwide approach to incident management, jurisdictions and disciplines are encouraged to use the ICS Forms as they are presented here – unless these forms do not meet an organization's particular incident management needs for some unique reason. If changes are needed, the focus on essential information elements should remain, and as such the spirit and intent of particular fields or "information elements" on the ICS Forms should remain intact to maintain consistency if the forms are altered. Modifications should be clearly indicated as deviations from or additions to the ICS Forms. The following approaches may be used to meet any unique needs.

ICS Form Adaptation

When agencies and organizations require specialized forms or information for particular kinds of incidents, events, or disciplines, it may be beneficial to utilize the essential data elements from a particular ICS Form to create a more localized or field-specific form. When this occurs, organizations are encouraged to use the relevant essential data elements and ICS Form number, but to clarify that the altered form is a specific organizational adaptation of the form. For example, an altered form should clearly indicate in the title that it has been changed to meet a specific need, such as "ICS 215A, Hazard Risk Analysis Worksheet, Adapted for Story County Hazmat Program."

Extending ICS Form Fields

Particular fields on an ICS Form may need to include further breakouts or additional related elements. If such additions are needed, the form itself should be clearly labeled as an adapted form (see above), and the additional sub-field numbers should be clearly labeled as unique to the adapted form. Letters or other indicators may be used to label the new sub-fields (if the block does not already include sub-fields).

Modifications are done not only to meet a served agency or groups need, but to operate within the constraints of radio delivery and Winlink Express software structure. Forms are designed to be rendered as HTML from Express to Express. All info is sent as plain text properly formatted, for those that are not using Winlink Express.

A written signature block is not expected since these forms are primarily for radio delivery, the typed in name will suffice.

Mike Burton XE2/N6KZB *Winlink Forms Manager*

Greg Kruckewitt KJ6SJT *Primary Forms Writer*

CASUALTY REPORT FORM
San Diego County ARES - ACS Vers 9

Excercise
REAL EVENT

Select Incident-Event Location

Report Form Tracking # Report Time Date Verified By

Destination Hospital

Casualty Tracking Number

Minor
Delayed
IMMEDIATE

Extent of Injury Describe

Ambulance

Comments on this Casualty if Any

Casualty Tracking Number

Minor
Delayed
IMMEDIATE

Extent of Injury Describe

Ambulance

Comments on this Casualty if Any

Casualty Tracking Number

Minor
Delayed
IMMEDIATE

Extent of Injury Describe

Ambulance

Comments on this Casualty if Any

Additional comments if needed

Auto CC to:

SDG ARES - ACS Operator Check In		Vers 30
Set Winlink Express to allow acks to be acknowledged and to request read receipts. You can set back to what you want after the event. If using a Tactical call, set it as the default and restart Express. You can change it back to your base call when event is done.		
Date/Time	Winlink Express Base Call	Call or Tactical Sending
Pre-set TO: address(s) <i>You may add additional addresses after you submit this form, prior to posting to out box if desired.</i>		
Assigned Location		Phone
Auto GPS Coordinates	Click for more GPS Information	
Comments if Needed (max characters 400)		
Contact Rob K6RJF about this form.		Express Version

BLOCK 6 UTILITY STATUS (YES or NO)				BLOCK 7 SUPPLY LEVELS ADEQUATE	
[6A] All utilities normal	YES	NO		[7A] Food / Water	YES NO
[6B] Elevator	YES	NO		[7B] Linen / Laundry	YES NO
[6C] HVAC	YES	NO		[7C] Medical / Surgical Supplies	YES NO
[6D] Information services (IT)	YES	NO		[7D] Pharmaceuticals	YES NO
[6E] Natural gas	YES	NO		[7E] Staffing	YES NO
[6F] Phone	YES	NO		[7F] Remarks and Supplies Needed	
[6G] Water	YES	NO			
[6H] Waste water/sewer	YES	NO			
[6I] Electrical	Commercial	Generator			
[6J] Electrical generator tested	YES	NO		BLOCK 8 HOW LONG WITHOUT ASSISTANCE	
[6k] Gen fuel status	>48 hours	<48 hours	<12 hours	[8A] Longer then 48 hours	Up to 48 hours Up to 12 hours
[6L] Remarks				[8B] Remarks	

BLOCK 9 - DAMAGE ASSESSMENT		BLOCK 10 SURGE		COUNT
Evacuation ("TRAIN" Categories)	TOTAL COUNT	[10A] Casualty Information (in last 12 hours)		
[9A] Ambulatory to Evacuate (blue)		[10B] Patients Not Yet Seen		
[9B] Basic Life Support (BLS) to Evacuate (green)		[10C] Patients Treated and Released		
[9C] Advanced Life Support (ALS) to Evacuate (yellow)		[10D] Patients Admitted (in last 12 hours)		
[9D] Critical Care Transport (CCT) (orange)		[10E] Remarks		
[9E] Specialized (red)				
[9F] Remarks				

BLOCK 11 OTHER REMARKS

BLOCK 12

SEVERE WEATHER REPORT

Ver 11

First Report
Update Report
Final Report

Report Date/Time (local)

Report Status

Message Sender

Fill in what you can. This form sends data as plain text and is easy to read by recipient (s).

Reporting Party Name

Reporting Party Phone Number

Reporting Party Email Address

EVENT AREA

State/Province/Region

County

City

Other

GPS Coordinates if available

OBSERVED EVENT CONDITIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
YES	YES	YES			
Tornado	Funnel Cloud	Wall Cloud			
<input type="checkbox"/>	<input type="checkbox"/>				
YES	0.25 (pea)				
	0.50				
Hail	Size	0.75 (penny)			
		0.88 (nickel)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MPH	Estimated	North			
KM/h	Measured	North East			
Wind Speed		East			
		South East			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
YES	YES		.25		
Area Flooding	Flash Flooding	Estimated 1 Hour Rainfall Inches	.50		
			.75		
			1.0		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
YES		Unk			
Snow Storm or Winter Weather	Temperature	F			
		C			
Other Conditions (not listed above)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
UNK		UNK			
YES		YES			
Any Known Damages?	Any Known Injuries?	(No injured party names in comments)			

Additional Information or Damage Descriptions

NCC SHARES RADIO INTERFERENCE REPORT Ver 3

Send to NCCSHARES@DHS.GOV If you need assistance call 1-703-235-5329

1. Information Concerning *SOURCE* of Interference

a. Call Sign, Bearing or Other Identification

b. Measured Frequency in kHz

To be completed by SPO: Assigned Freq. in kHz

RFA SER.

c. Class of Emission and Nature of Traffic Transmitted

d. Measured Bandwidth of Interfering Signal

e. Signal Strength

f. Date and Time Interference Started (indicate which time zone, e.g. EST or EDT)

Date Interference Started

Time

Time Zone (e.g. EST, EDT...)

Duration in Minutes or Hours

2. Information Concerning Station *RECEIVING* Interference

a. Call Sign, Bearing or Other Identification

b. Measured Frequency in kHz

c. Class of Emission and Nature of Traffic Transmitted

d. Authorized Bandwidth and Measured Bandwidth

e. Geographical Location (street address or city and state; format for lat/lon: ddmmsN dddmssW - degrees, minutes, seconds, no decimals; North or South, East or West)

REMARKS

3. Information Concerning Person or Office Submitting Report

POC INFO

Name	Address
Phone	Email
This template generates a formatted text message for email sending	

SHARES HF RADIO PROGRAM MESSAGE FORM

Ver 7

Message Sent To:

(seperate multiple address with semicolon;)

Originating Station:

Operator Name:

Optional Msg #:

TIME / MONTH / YEAR: *(Zulu)**(can be overwritten)*

FROM: Name:

Agency:

City:

Telephone:

State:

TO: Name:

Agency:

City:

Telephone:

State:

Routine Message

Exercise

ACTUAL EVENT

Para 1: This is a SHARES:

Para 2: Message Follows:

End Of Message

Over

Message Status:

Originating Station Remarks:

If the person receiving does not have Express templates, the info is formatted and readable in the message body text.

For Non-Express recipients, this form is also sent as plain text in the message body, properly formatted.

R

FM

TO

INFO

Calls or E-mails entered into the TO or INFO fields above, can be multiples separated by a semicolon; You can modify or add prior to posting.

1. City/State/Territory:

YES
NO

2. LandLine works? Comments

YES
NO

3. Cell Phone Works? Comments

4. AM/FM Broadcast Stations Status

5. TV Stations Status

6. Public Water Works Status

7. Commercial Power Status

YES
NO

8. Internet Working? Comments

Additional Comments

Brief summary of how situation is - expected outage times,etc.

POC

For form use/info contact: Dan Midyett/NNB4DW/NCS361

General Log
Manager Log

SHELTER LOG Vers 6

[Form Info](#)

This form sends plain text in message body easy to read. Most recipients will not be using Winlink Express.

Date Incident/DR # Shelter Name/Location

Date & Time	Name	Log Entry <i>(Be brief and concise)</i>	Follow-Up Action
			---- Required Completed
			---- Required Completed
			---- Required Completed
			---- Required Completed
			---- Required Completed
			---- Required Completed
			---- Required Completed
			---- Required Completed
			---- Required Completed
			---- Required Completed
			---- Required Completed

Page of

[Adapted from National Mass Care Strategy](#) - DCS Shelter Log for Winlink System Delivery.

BULLETIN Ver 11	
For (Name/Group)	Bulletin Nr.
From (Name/Group)	Date/Time
Subject	Information Read Soon READ NOW Read Level
Bulletin	
Information will also be in plain text within message body, for those recipients not using Winlink Express.	

Mensaje Simple

SIMPLE MESSAGE Ver 20 ES

**** Procure escribir SIN ACENTOS ****

Para (to name)

De Nombre (from name)

Indicativo (message sender)

(local)

Asunto (subject)

Mensaje (message)

Mensaje Simple

SIMPLE MESSAGE Ver 20 ES

**** Procure escribir SIN ACENTOS ****

Mensaje original de envio (original sender)

Asunto (subject)

(local)

Mensaje (message)

{var Message}

Respuesta (reply)

(local)

SIMPLE MESSAGE		Vers 7	
Attn			
From Name	Date/Time	{DateTime}	(Local or UTC)
Subject			
Message			

SIMPLE MESSAGE		Vers 7
Attn	From	
Subject	Date/Time	
{var Message}		
Reply		
Reply Date/Time	{DateTime}	Reply with same date/time format as above

SIMPLE REQUEST FORM Ver 9

This is a simple **SINGLE** request for materials or services. Information is also sent in plain text format for non-Express users.
This will also help you to maintain a record of outgoing requests. A copy is in your Sent Items folder.

Date/Time:

Event Name:

Message #:

Requester:

Title:

Organization:

Phone (s):

Material or Service Request:

Delivery Location:

Requested Delivery Date/Time:

Delivery Point of Contact:

Other Notes:

EXAMPLE:

Requester: Juan Smith
Title: Mayor
Organization: City of San Juan
Phone: 555-555-5555 OR none
Material or Service Request: 500 bottles of water
Delivery Location: 30.0808 -81.7195 OR 1256 Boddy Road, Paso PR
Requested Delivery Time: 1200 OCT 4

If the request is for service, such as transportation, please list the specifics in "Material or Service Request." Include the location for pick up with that information, such as, "Transportation for individual to Hope Medical Center located at 123 Main Street, Bolder City." *Please identify the pick up location in the Delivery Location.*

If there is no normal way to identify the "Delivery Location", such as landmarks, street signs, address, or buildings due to the disaster, then use GPS coordinates. If needed provide additional travel/location instructions in "Other Notes".

OR by 1200 hrs local
Delivery Point of Contact: Scott
Roberts Area Manager
Other Notes: Scott can be found at the
rear of the building

[Suggest sending a Read Receipt Request](#)

STATE OF TEXAS ASSISTANCE REQUEST (STAR) Vers 8

Incident Name	Initial Request Date/Time {UDateTime}
Requesting County	Request #
<input type="checkbox"/> NO <input type="checkbox"/> YES	Other Tracking Numbers

Requested Item Description

Qty	Unit	Item Name	Item Description	Cost	Demob?
					NO

Justification - Purpose for Request?

When is this Resource Needed?

Estimated Needed Time Frame of Item?

Delivery Information - Way Point Information

Point of Contact Name	Phone # (s)	Facility Name	Zip
Facility Address	City	State	
Additional Instructions			

Final Destination

Point of Contact Name	Phone # (s)	Facility Name	Zip
Facility Address	City	State	
Additional Instructions			

Requester Information

Requested by Position / Name	Email	Phone # (s)

If the person receiving does not have Winlink Express, the info is formatted and readable in the message body text.

Incident Name	Initial Request Date/Time
Requesting County	Request #
Is this RR Tied to Another Request?	Other Tracking Numbers

Requested Item Description					
Qty	Unit	Item Name	Item Description	Cost	Demob?
Justification - Purpose for Request?					
When is this Resource Needed?			Estimated Needed Time Frame of Item?		

Delivery Information - Way Point Information			
Point of Contact Name	Phone # (s)	Facility Name	Zip
Facility Address	City	State	
Additional Instructions			

Final Destination			
Point of Contact Name	Phone # (s)	Facility Name	Zip
Facility Address	City	State	
Additional Instructions			

Requester Information		
Requested by Position / Name	Email	Phone # (s)

Updating Agency FILL 1

POC Name / Position	Qty Filled
Phone (s)	ETA
Email	Est. Cost
Provider Notes	

Approver Name	Date & Time
---------------	-------------

Updating Agency FILL 2

POC Name / Position	Qty Filled
Phone (s)	ETA
Email	Est. Cost
Provider Notes	

Approver Name	Date & Time
---------------	-------------

Updating Agency FILL 3

POC Name / Position	Qty Filled
---------------------	------------

Phone (s)	ETA
-----------	-----

Email	Est. Cost
-------	-----------

Provider	Notes
----------	-------

Approver Name	Date & Time
---------------	-------------

Additional Notes

Virginia Local Situation Report

VA SitRep Ver 7

If sending this message via Peer-to-Peer, only one recipient is permitted in the "TO:" field, and no recipients are permitted in the "CC:" field.

Items in RED are required

TO:

CC:

If known, enter call sign or E-mail of your DEC

00. Incident:

Use same Incident Name throughout event

AGENCY OVERVIEW

01. Sitrep Status: Initial
 Update
 Final

02. Sitrep #: (Note: Sitrep number must be manually incremented when using this form)

03. Political Subdivision: Accomack County
 Albemarle County
 Alexandria City
 Alleghany County

04. As of:

04a: Report Prepared Date/Time:

05. Emergency Type: Civil Disturbance/Riots
 Dam - Slowly Developing
 Dam - Rapidly Developing
 Dam - Failure Imminent

06. Provide Brief Description of Emergency:

LOCALITY STATUS

07. Current Emergency Declaration Status: None
 Declared
 Terminated
 Rescinded

07a. Date/Time Emergency Declared:

07b. Date/Time Emergency Terminated:

07c. Date/Time Declaration Rescinded:

08. Current EOC Status: Closed
 Open - Monitoring
 Open - Virtual
 Open - Partial

08a. Date/Time EOC Opened:

08b. Date/Time EOC Closed:

09. Government Offices Status: Open
 Closed
 Delay
 Early Release

10. School System Status (K-12):

Open
Closed
Delay
Early Release

11. Current Shelter Status:

Closed
Full
Open

12. Evacuation Status:
None
Voluntary
Mandatory

13. Additional Status Information:

14. Estimated Number Evacuated:

15. Areas Evacuated:

16. Amateur Radio Status:

Inactive
Active

17. Number of People in Impacted Area:

CASUALTY REPORT

18. Injured:

19. Missing:

20. Dead:

SIGNIFICANT ISSUES

21. Impact Summary:

22. Provide a synopsis of significant issues being faced by the locality:

23. Anticipated Issues:

EMERGENCY SUPPORT FUNCTIONS

24. ESF 1 - Transportation:

Please include rail, bus, airports, non-state maintained roads, waterways, and major road closings.

25. ESF 2 - Communications:

26. ESF 3 - Public Works and Engineering:

27. ESF 4 - Firefighting:

28. ESF 5 - Emergency Management:

29. ESF 6 - Mass Care, Housing, and Human Services:

30. ESF 7 - Logistics:

31. ESF 8 - Health and Human Services:

32. ESF 9 - Search and Rescue:

33. ESF 10 - Hazardous Materials Response:

34. ESF 11 - Agriculture and Natural Resources:

35. ESF 12 - Energy:

36. ESF 13 - Public Safety and Security:

37. ESF 14 - Recovery:

38. ESF 15 - External Affairs:

39. ESF 16 - Military Affairs:

40. ESF 17 - Volunteers and Donations:

GENERAL

41. Additional Comments:

42. Prepared By:

43. Job Title:

44. Call Back Number:

45. Fax Number:

46. Email:

In a real event, content is to be authored by Emergency Management, not ARES. SITREPs can be done hourly, or 2 to 4 hours, event dependent.

Contact KW6GB for form use and information

Winlink Quick Check In Ver 10

This is for a quick initial check in via Winlink Express. For nets, drills, or active events.

Net Check In
Exercise
REAL EVENT

Date/Time

Status

Send To:

Call Sign or Tactical Sending

Callsigns of Initially Assigned Radio Operators

Location

Comments (be brief)