






























# Winlink Templates in Standard Library version 1.0.86.0

-  **Standard\_Forms** - 0 files,
  -  **- User Information** - 4 files,
    - How to change a Winlink Account Call.txt
    - HTML Form Features.txt
    - ICS Forms Modification.txt
    - White List & Spam Control.txt
  -  **AK STATE Forms** - 2 files,
    - AK ARES ICS213.txt
    - AK ISNAP.txt
  -  **ARC Forms** - 5 files,
    - ARC Daily Shelter Report.txt
    - ARC ICS213.txt
    - ARC Requisition 6409.txt
    - ARC Safe & Well Form.txt
    - ARC Staff Request.txt
  -  **ARRL Forms** - 4 files,
    - ARRL ARES FSD125-2.txt
    - ARRL ARES FSD157.txt
    - ARRL ARES FSD212.txt
    - ARRL ARES FSD89.txt
  -  **CA STATE Forms** - 3 files,
    -  **SDG ARES ACS\_Forms** - 3 files,
      - SDG ARES Casualty Report.txt
      - SDG ARES Check In.txt
      - SDG ARES Hospital Status.txt
    - CA Blood Bank Net Roster.txt
    - CA Blood Bank Order Form.txt
    - CESN Winlink Check In.txt
  -  **CANADIAN Forms** - 4 files,
    -  **BC Forms** - 4 files,
      - BC Checkin.txt
      - BC EOC Expenditure Authorization.txt
      - BC Radiogram.txt
      - BC Resource Request.txt
    -  **BC SA Forms** - 3 files,
      - BC SA 212 Health Welfare.txt
      - BC SA 214 Activity Log.txt
      - BC SA FIA 730.txt
    - Halifax ICS202.txt
    - Halifax ICS205.txt
    - Halifax Message.txt
    - IMS1001 IAP.txt
  -  **FEMA Forms** - 2 files,
    - FEMA Mission Assignment.txt
    - FEMA Ressource Rrequest.txt
  -  **FL STATE Forms** - 4 files,
    - Clay County Extended Shelter.txt
    - Clay County ICS213.txt
    - Clay County Shelter.txt
    - Hillsborough Bed Report.txt

-  **FMRE Forms** - 5 files,
  - FMRE RNE F1 Evento.txt
  - FMRE RNE F2 Anuncio.txt
  - FMRE RNE F3 Temblor.txt
  - FMRE RNE F4 Huracan.txt
  - FMRE RNE F5 Reporte.txt
-  **GENERAL Forms** - 10 files,
  - Bulletin.txt
  - Hospital Bed Report.txt
  - Hospital Status.txt
  - Incident Action Plan.txt
  - Incident After Action Report.txt
  - Incident Status Report.txt
  - Information.txt
  - Narrative Situation Report.txt
  - Welfare Message.txt
  - Winlink Check In.txt
-  **HI STATE Forms** - 1 files,
  - HI Checkin.txt
-  **HICS Forms** - 5 files,
  - HICS Shelter Log.txt
  - HICS205A.txt
  - HICS213.txt
  - HICS214.txt
  - HICS254.txt
-  **IARU Forms** - 1 files,
  - IARU Message Form.txt
-  **ICS USA Forms** - 10 files,
  - ICS205.txt
  - ICS205A.txt
  - ICS206.txt
  - ICS210.txt
  - ICS213.txt
  - ICS213RR.txt
  - ICS214.txt
  - ICS214A.txt
  - ICS217A.txt
  - ICS309.txt
-  **IHS Forms** - 1 files,
  - Field Patient Report.txt
-  **OH STATE Forms** - 1 files,
  - POD General Message.txt
-  **OR STATE Forms** - 7 files,
  -  **QUARTERLY\_Test** - 3 files,
    - Quarterly Test Message.txt
    - Quarterly Test Report.txt
    - READ ME.txt
  - Oregon Activate Deactivate.txt
  - Oregon Declaration Emergency.txt
  - Oregon ICS213.txt
  - Oregon Public Event.txt
  - Oregon Request Assistance.txt
  - Oregon SITREP.txt
  - Oregon Winlink Check In.txt
-  **RADIOGRAM RRI Forms** - 3 files,
  - RadioGram Work Sheet.rtf
  - Radiogram.txt

-  **SATERN Forms** - 1 files,
  - SATERN ICS213.txt
-  **SHARES Forms** - 3 files,
  - SHARES Message Form2.txt
  - SHARES Radio Interference.txt
  - SHARES Spotrep-2.txt
-  **TX STATE Forms** - 1 files,
  - TX STAR Form.txt
-  **VA STATE Forms** - 2 files,
  - VA Local SITREP.txt
  - VA Resource Request.txt
-  **WA STATE Forms** - 5 files,
  - WA Emergency Workers Activity.txt
  - WA ICS213RR.txt
  - WA ISNAP.txt
  - WA R4 EOC Sitrep.txt
  - WA RR WebEOC.txt
-  **WEATHER Forms** - 2 files,
  - Hurricane Report.txt
  - Severe WX Report.txt

General AFTER ACTION REPORT

Your feedback can assist in making improvements.

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

[Click to add an agency or group name](#)

[Form Info](#)

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)

Ver 6.1

No	Precedence Routine	HX	Org Station	Check	Org Location	Time	Date
ALASKA State ARES GENERAL MESSAGE Vers 9							
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							

## American Red Cross ICS 213

[Form Info](#)

DR #: Incident Name:

Precedence: Routine Do NOT use this form for an Emergency message

To (Name/Position):

From (Name/Position):

Subject: Date: Time:

Message:

Approved by: Position / Title:

Senders Call: V20

ARC Disaster Requisition - FORM 6409 Ver 3.4

Form Information

DR# (if applicable): DR Name: Date: Requisition # :

Requestor Name : Signature:  
 Title : Phone:

Delivery Information

Site POC Name : Phone: Email:  
 Address:  
 City: State: Zip:

Description of product(s) and/or service(s)

Stock No.	Quantity	Unit of measure (EA/PK/CS/BX)	Total QTY (each)	Description	Date needed

Special Instructions :

The following information must be filled in by the APROVER ONLY:

*Approval includes verification of need; need consistent with Service Delivery Plan and budget.*

Approver Name : Signature:  
 Title : Phone:

Procurement Method (This section is optional) :

Account string to charge: - - - - -  
 Procurement tool to use: Donation ReQuest Concur Invoice P-card Transfer Loan  
 Other: (Explain) :

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

This template will create a text based message and send to "safe@redcross.org". Formatted as TAB seperated data for copy and past into a spreadsheet. For multiple client entries, use the ARC Safe & Well Helper Tool. Data matches the ARC Web Site entry form, and the fields in the ARC Helper Tool 9-25-17

Date/Time DR # Disaster Event

Items in this area are added to the sent message subject line only.

Items in RED are Mandatory

## Client Info

Click only if this entry is an organization!

**First Name**

**Last Name** (Or Organization Name)

Email (Optional)

Birth Date (Optional mm/dd/yyyy)

## Client Home

**Home Country** Select Home Country

**Primary Phone** (+555 5555555555 or 555-555-5555) (Max 18 characters)

Work Phone (Optional)

Other Phone (Optional)

**Home Address Line 1**

Home Address Line 2

**Home City**

**Home State** Select Home State

**Home Zip/Postal Code**

## Best Contact Information

**Current Country** Select Current Country

Current Address Line 1

Current Address Line 2



Current City

Current State Select Current State

Current Zip/Postal Code

Safe and Well Messages

Safe and Well Messages (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 and has electricity
- My residence has no damage, and has no electricity
- My residence has been damaged but not destroyed
- My residence has been destroyed

Custom Message (If used - Max characters 255 - Be Brief)

Info about the [ARC Safe and Well Data Base](#). (if you have Internet)

Ver 2

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:

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		

BC ARES <i>Winlink Check In Form</i>			
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Test Exercise</div> REAL EVENT			
Date/Time			
Net Control Form sent to	VE7PEP - PECC      Other:		
Sender Call Sign			
Assigned Location			
<p style="text-align: center;">We will keep active on these PREOC voice frequencies</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;">                             VIR VHF/UHF                              147.570 Simplex                              148.685 Simplex                              Island Trunk Repeater System                              444.925 (+5MHz T100Hz )                              D-Star VE7VIC                              Other:                         </td> <td style="width: 50%; vertical-align: top; padding: 5px;">                             HF                              3.735 LSB (Night Time)                              7.060 LSB (Day Time)                               Off Air                              We are shutting down all radios at this time                         </td> </tr> </table>		VIR VHF/UHF 147.570 Simplex 148.685 Simplex Island Trunk Repeater System 444.925 (+5MHz T100Hz ) D-Star VE7VIC Other:	HF 3.735 LSB (Night Time) 7.060 LSB (Day Time)  Off Air We are shutting down all radios at this time
VIR VHF/UHF 147.570 Simplex 148.685 Simplex Island Trunk Repeater System 444.925 (+5MHz T100Hz ) D-Star VE7VIC Other:	HF 3.735 LSB (Night Time) 7.060 LSB (Day Time)  Off Air We are shutting down all radios at this time		
We have access to a CMS Winlink Gateway	Yes      No		
Comments			
<div style="float: right; border: 1px solid black; padding: 2px;">Version 1.1 VA7MPG</div>			

## Health 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 1.1






9. Prepared by (Name and Position)

**RADIO OPERATOR ONLY**

Relay Operator:

Rcvd:

*All times are in 24 Hr format.*

Radio Operator:

Rcvd:

Sent:

Version 2.0 {var Contactname}

BC RADIOGRAM							
Number	Precedence	Handling Instructions <a href="#">(Help)</a>	Station Of Origin	Check	Place of Origin	Time	Date
	R EMERGENCY P W	--- HXA HXB HXC HXD					
						Change to Time/Date to UTC	
<p>Message Subject:</p> <p>TO:</p> <p>Name:</p> <p>Position:</p> <p>Organization:</p> <p>Phone: <span style="margin-left: 200px;">E-mail:</span></p>							
MESSAGE TEXT <a href="#">(ARL Message Numbering Help)</a>							
<p>Name/Position; <span style="margin-left: 200px;">Organization:</span></p> <p>Operator Note:</p>							
						Version 3.3 VA7MPG	

Winlink BULLETIN	
<a href="#">Click to add agency/group name</a>	<a href="#">Form Info</a>
For (Name/Group)	Bulletin Nr.
From (Name/Group)	Date/Time
Subject	<b>Information</b> Read Soon READ NOW
Select	
Bulletin	
Ver 13.1	

California Blood Bank Society Amateur Radio NET Roster

[Form Info](#)

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			20		

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							
<b>SOUTH STATE BLOOD BANKS</b>							
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 - WB1OOD				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 / Inventory Order Form Vers 14.0

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

Requesting Hospital:  
[Info](#)

[Form](#)

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			
<b>TOTAL</b>			

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-			
<b>TOTAL</b>			

Leuko-Reduced Platelets (APLT)

	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
Platelets A/T			
Platelets Irr			
<b>TOTAL</b>		<b>22</b>	

Special Instructions:

Frozen Plasma (200-399ml)

	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
O			
A			
B			
AB			
<b>TOTAL</b>			

Single Cryo (CAF) Pooled Cryo (CAF PL)

	<i>Stock Level</i>	<i>Actual</i>	<i>Order</i>
CAF A			
CAF AB			
CAF PL A			
<b>TOTAL</b>			

Additional Comments from Requesting Hospital

## How to Change Your Winlink Account To A Different Call Sign

1. Refresh yourself with the help file topics about setup and configuration of the client program you're using.
2. If you use Winlink Express, leave the old account settings intact, and set up an entirely new account by clicking the pull-down in the upper left corner of the main screen and choose "add call sign". Complete the form and choose 'Update' to register your new account. *That's all you need to do with Winlink Express!*
3. If you use Airmail or another client than Winlink Express, enter the setup screen/form and change your callsign from the old to the new one. Remove the old password and leave it blank. Make any other necessary changes. Click save. If you have difficulty with this in certain client programs, delete the .ini file in the program's install directory, restart the program, and start this step again.
4. Compose a short message and address it to '[TEST@winlink.org](mailto:TEST@winlink.org)'. Make a connection using telnet or radio, send the message. Sending to this address also delivers the same message to your '[CALLSIGN@winlink.org](mailto:CALLSIGN@winlink.org)' address (you can't send a message to your callsign account address from within the system). This creates a new account with your new call. Wait a minute, then connect again and retrieve the message you sent (a good test) plus an automatic message sent from the system containing your new password for the new call. Go back to the setup screen/form and enter it. The password is needed for all subsequent connections.
5. As was possible in the past, setting up forwarding on your old callsign account to your new one is no longer possible for US and many other countries. The system now validates callsigns on login and if voided or cancelled by your licensing authority, the system will not let you use your old callsign and password to gain access to your old account.
6. If you've supported the system by registering your software, your old registration key will not be recognized with your new call. **Write to Lor at w3qa dot net**, and ask to have your contribution for the old key transferred to a new key for the new call. We do this at no charge. Or, if you're feeling generous, register your software again using the new callsign at [arsfi.org](http://arsfi.org). You'll get an immediate and automatic reply containing a new key.

*From Winlink Web Site October, 2018*



**California Emergency Services Net Winlink Check In**

OES CESN Ver 12.1

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

Date/Time: Organization:

Sending Callsign: Operator Name: Operator Callsign:

Session Type: Winlink Packet HF Band if Used: None Gateway Used:

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 W6SIG with form questions.

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

*Clay County ARES*    GENERAL MESSAGE    ICS213    Vers 11

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	Time	Date
----	-----------------------	-----------	-------------	--------------	------	------

*Clay County ARES* Extended Shelter Report Vers 2.1

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

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

*Clay County ARES Shelter Report* Vers 2.1

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

Message Hourly Report one word per cell

RPT DATE		RPT TIME		GUESTS		STAFF		VOLUNTEERS	
OTHER A		OTHER B							

8. Approved by: \_\_\_\_\_ Position / Title: \_\_\_\_\_

For form use and information contact Ray, WD4SEN

## ARC DAILY SHELTER REPORT Ver 12

[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
------------------------------------	-----------	-----------	-------------

## 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](#)

**STATE OF WASHINGTON**  
**EMERGENCY WORKER DAILY ACTIVITY REPORT** Ver 4

County in Which Mission Took Place

Mission #

Mission Name

Date From

Date To

Unit Name

Address

Indicate Actual Incident Check In and Out Times			Date		Date		Date		Page	Of
#	Emergency Worker Name	Card #	Time		Time		Time		Total Hours	Round Trip Miles
			In	Out	In	Out	In	Out		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										

25										
----	--	--	--	--	--	--	--	--	--	--

Total Personnel                  Total Hours                  Total Miles

Name and Title Of Verifying Authority

Phone #

THIS FORM NEEDS TO INDICATE FULL NAME & TITLE OF LOCAL EMERGENCY MANAGEMENT DIRECTOR / COORDINATOR OR SHERIFF'S DEPUTY

Comments

EMD-078 (Rev. 08/2017-Winlink)

EYEWARN Situation Report (SITREP) vers 5  
Clark County Washington

Routine  YES  
 Welfare  NO  
 Priority  
**Precedence**  EMERGENCY Is This An Exercise Message?

TO EOC Situation Unit  
NCS

LOCATION CRESA  
LOCATION

1. Date/Time	2. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final	3. Activation Type <input type="checkbox"/> Self-Activation <input type="checkbox"/> CRESA Activation	4. Mission Number
--------------	---	---	-------------------

5. Type of Incident

6. Total Number of Zip Codes Reporting

7. Total Check-ins

8. Question(s)

9. INFRASTRUCTURE DAMAGE

B = Bridges

C = Cell Towers

H = Hospitals

P = Power Lines/Towers

R = Roads

S = Schools

10 Other Local Damage



Note If relaying this report by voice radio, only say the line numbers and not their title.

Relay Operator	Rcvd	Sent	(24 Hr format)
----------------	------	------	----------------

Radio Operator	Rcvd	(24 Hr format)
----------------	------	----------------

Contact K7GJT for form info	<a href="http://www.eyewarn.net">www.eyewarn.net</a>
-----------------------------	--

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

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: RSF/OFA: Other:	Date/Time	Priority Lifesaving      Life Sustaining 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

DEPARTMENT OF HOMELAND SECURITY O.M.B. No. 1660-0002  
 Federal Emergency Management Agency  
 RESOURCE REQUEST FORM (RRF)

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 1.9 KE4LWT

*Federacion Mexicana de Radio Experimentadores, A.C*

Red Nacional de Emergencia - Evento RNE F1 Ver 8

	<b>Simulacro</b>	----
	Moderada	VHF
	Urgente	UHF
<b>Tipo</b>	EMERGENCIA	Winlink Banda 80 40

Nombre

Indicativo

Descripcion del Evento

Lugar

Requerimientos

Mensaje

Sugerir solicitar una confirmación de lectura

[www.fmre.mx](http://www.fmre.mx)

*Federacion Mexicana de Radio Experimentadores, A.C*

Red Nacional de Emergencia - Anuncio RNE F2 Ver 6

Para (Nombre o Grupo)

De (Nombre o Grupo)

Indicativo

Asunto

Informacion

Leer En Breve

LEER AHORA

Importancia

Anuncio

[www.fmre.mx](http://www.fmre.mx)

**Federacion Mexicana de Radio Experimentadores, A.C**

Red Nacional de Emergencia - Temblor RNE F3 Ver 6

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

**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](http://www.fmre.mx)

## Federacion Mexicana de Radio Experimentadores, A.C

Red Nacional de Emergencia - Huracan RNE F4 Ver 7

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.

Hora Local:

Fecha:

Reporte:

Simulacro  
 Reporte Inicial  
 ACTUALIZACION

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?

Velocidad de Viento:

---  
 KM/h  
 MP/h  
 Nudos

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

Categoria	Velocidad del Viento	Mareas de Tempestad Altura	Danos
1	119 - 153 kph	1.2 - 1.5 m	<b>Minimo</b> Elementos normalmente no estructurales
2	154 - 177 kph	1.8 - 2.4 m	<b>Moderado</b> Techos de materiales ligeros, danos en ventanas y puertas, algunos arboles caidos
3	178 - 209 kph	2.7 - 3.7 m	<b>Extensivo</b> Danos estructurales menores en residencias, en bodegas, algunas fallas en nueros, danos en puertas y ventanas
4	210 - 249 kph	3.9 - 5.5 m	<b>Extremo</b> Danos estructurales, desprendimiento de techos ligeros, explosion de ventanas y puertas
5	> 249 kph	> 5.5 m	<b>Catastrofico</b> 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 8

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](http://www.fmre.mx)

INCIDENT RADIO COMMUNICATIONS PLAN (Halifax ICS205) Ver 2.1

1. Incident Name:	2. Date / Time Prepared:	3. Operational Period: Date From: <span style="float: right;">Date To:</span> Time From: <span style="float: right;">Time To:</span>
-------------------	--------------------------	--

4. System/Type	Channel	Function	Frequency/Tone	Assignment	Remarks

5. PREPARED BY (Communications unit)	SIGNATURE (Name)
--------------------------------------	------------------

Hawaii ARES/RACES <i>Winlink Check In Form ver 6</i>				
<input type="checkbox"/> Test Exercise <input type="checkbox"/> REAL EVENT				
Date/Time				
Net Control Form Sent To <i>You can add or change address's prior to posting.</i>				
Express Base Call Sign		Call Sign/Tactical Sending		
Assigned Location				
Session Type	<input type="checkbox"/> Winlink Telnet	<input type="checkbox"/> None		
	<input type="checkbox"/> Winlink WebMail	80 Mtrs		
	<input type="checkbox"/> Winlink Packet	60 Mtrs		
	<input type="checkbox"/> Winlink WINMOR	Band Used	40 Mtrs	OTHER
	<input type="checkbox"/> Winlink ARDOP	30 Mtrs		
Gateway	Used	<input type="checkbox"/> None <input type="checkbox"/> NH6NN (HF Kaneohe Bay, Oahu) <input type="checkbox"/> NH6NN-10 (VHF Packet Kaneohe Bay, Oahu) <input type="checkbox"/> KH6HPZ-10 (VHF Packet Diamondhead, Oahu) <input type="checkbox"/> KH6SP (HF Whitmore Village, Oahu) <input type="checkbox"/> KH6UL (HF Whitmore Village, Oahu)		OTHER
Comments (Please be brief)				

HICS205A - COMMUNICATIONS LIST Vers 9  
*HICS - Hospital Incident Command System*

1. Incident Name

2. Operational Period (#):

Page Of Facility

Date From To

Time From To

- All Contacts
- Internal Contacts Only
- External Contacts Only

3. Select Type of List

Default is ALL Contacts. Create a separate list for **Internal** and **External** Contacts if desired and Submit

[Paste Assignment Data from a Spreadsheet](#)

Agency/Assignment/Name	Radio Ch # Frequency	Radio Call	Fax	Email	Cell Phone	Phone	ID # of Device Issued & Comments

4. Special Instructions

5. Prepared by (CUL)

Date 47 Time





HICS214 - ACTIVITY LOG		Vers 9	
HICS - Hospital Incident Command System			
1. Incident Name		2. Operational Period (#):	
		Date From	To
		Time From	To
3. Name		4. HIMT Position	
5. Activity Log Page #			
Date / Time	Notable Activities		
6. Prepared by		Date/Time	Facility

**HICS254 - DISASTER VICTIM / PATIENT TRACKING**      Vers 8  
*HICS - Hospital Incident Command System*

1. Incident Name

Page      Of

2. Operational Period (#):

Date From

To

Time From

To

3. Area (Triage or Specific Treatment Area) [Paste Field Data Below from a Spreadsheet](#)

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)	Procedure Time	Disposition	Disposition Time
				50					

4. Prepared By:	Date	Time:	Facility:

# Hillsborough County AVAILABLE HOSPITAL BEDS

Hospital Name:	Filing Date/Time:
----------------	-------------------

Total Licensed:	Adult ICU:	Burn:	Operating Room:	Med/Surg/Tele:	Pediatric ICU:	Pediatric Med/Surg:	OB/Gyn:	NICU Level 2:

NICU Level 3:	Neg Flow Isolation:	Adult Psychiatric:	Adult Substance Abuse:	Child Psychiatric:	Child Substance Abuse:	Comp Med Rehab:	Long Term:	Skilled Nursing Unit:

Electricity Problem: Yes No	Water Available: Yes No	Physical Damage: Yes No
-----------------------------------	-------------------------------	-------------------------------

Comments

General HOSPITAL BED REPORT

Click to add your agency or group

[Form Info](#)

As of Time:                      Date:                      Jurisdiction/Group:

Please Report Immediately

Name of Reporting Facility:

Contact Person:

Contact Phone Number:

Contact Email Address:

TYPE	Available Beds	Notes
------	----------------	-------

Critical Care		
---------------	--	--

Pediatrics		
------------	--	--

Medical / Surgery		
-------------------	--	--

Psychiatry		
------------	--	--

Burn		
------	--	--

TOTAL:		
--------	--	--

*DEFINITION: Physical Available Beds = Staffed + Un-staffed Beds*

Additional Comments:

Version 9.0

## HOSPITAL STATUS REPORT (Short HICS251)

Click to add your agency or group name to title

[Form Info](#)

Email:		<u>Report Type (check one)</u>				
		Initial	Update #	Final		
1. Incident Name		2a. Date:	2b Time:			
3a. Facility Name		3b. Facility Type	Hospital	Clinic	LTCF	Other, specify:
4a. Contact Name		4b. Contact Phone	X			
4c. Cell Phone		4d. Contact Email Address				
5. FACILITY OPERATING STATUS						
Normal		Modified partially functional - no assistance needed (explain)		Limited partially functional,- Some assistance needed (explain)		
UNKNOWN		Impaired- major assistance needed (explain)		Not functional major assistance needed (explain)		
Check ability to provide essential care services	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
6. COMMUNICATIONS						
Email	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Landline Phone	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Fax	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Internet	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Cell Phone	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Satellite Phone	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Amateur Radio	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
7. UTILITIES						
Power	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Water	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Sanitation	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
Heating/Ventilation/AC	NORMAL	MODIFIED	LIMITED	IMPAIRED	NOT FUNCTIONAL	UNKNOWN
8. EVACUATION						
Evacuating?	YES	NO	IF Yes, evacuation is: Anticipated In progress Completed			
Partial Evacuation	YES	NO	IF Yes, evacuation is: Anticipated In progress Completed			
Total Evacuation	YES	NO	IF Yes, evacuation is: Anticipated In progress Completed			
Shelter in place	YES	NO	IF Yes, evacuation is: Anticipated In progress Completed			
9. IMPACT/CASUALTIES-provide estimated numbers and any comments:						
Immediate injuries = Critical care needed RED	Estimated #					
Delayed injuries = Moderate care needed YELLOW	Estimated # 54					

Minor injuries = Care not needed immediately GREEN	Estimated #									
Fatalities BLACK = Deceased	Estimated #									
10. ADDITIONAL INFORMATION:										
Internal disaster plan activated?	YES    NO	Facility Command Center activated?								
Emergency generator power in use?	YES    NO	Will you send Resource Request within 4 hours?								
<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>YES</td> <td>NO</td> <td>YES</td> <td>NO</td> </tr> </table>			YES	NO	YES	NO	YES	NO	YES	NO
YES	NO	YES	NO							
YES	NO	YES	NO							
Version 1.1										

HALIFAX

MESSAGE FORM

Ver 12

<input type="checkbox"/> Routine Priority IMMEDIATE	<input type="checkbox"/> None Routine Priority IMMEDIATE	
ACTION Precedence	INFO Precedence	Date-Time-Group

FROM

TO

INFO

Number

MESSAGE

ORIGINATING NAME



# HTML Form Features Information 3/12/19

HTML forms (templates) have new features added. Some forms have them all, some do not.

## Load / Save

This allows you to save your form data as a text file with the form name and saved date/time as the file name. You can change the file name to whatever you wish. This will allow you to re-load data that you have already entered. It does load previous date/times, etc, so change as needed prior to submitting. This feature is much like using Firefox and its add-on called Formlet. But now you can use any browser.

## Custom Template Title

[Click to add your agency or group](#)

If in the upper left of the form there is a button labeled SETUP, you can use it to set the form title. This will allow you to customize the template's title name for your group, agency, whatever. It will stay as such until you change it, or the form is updated via the internet.

## Spreadsheet Import

Some forms will allow you to import data direct into the form from a spreadsheet. The spreadsheet you create must match the templates field names and sizes.

### **Copy and Paste Data From Spreadsheet**

Copy the data from the spreadsheet and paste in box below, then click "Parse Data"  
Ensure fields match and entered data does not exceed field lengths, or printed HTML may miss some data.

## Export Data to Spreadsheet Format

A few forms have an Export for spreadsheet button.

The data in the form will be exported as a .xls File with the spreadsheet column header information preceding the data. The format is TAB delimited.

Programs such as Excel and Open Office/Libre Office can easily read the fil

## Clear Activity Log

If present, it allows you to just reset the logged information and not have to re-type all the header info.

---

[For any questions about the form features contact Greg KG6SJT \(kg6sjt@gmail.com\) WDT Primary Form Writer.](#)

We hope the new changes will find utility and save time on events.

Adios Mike XE2/N6KZB WDT

## HURRICANE REPORT

Ver 12

*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?                      YES  
 NO

*NO, means you are sending the report for another*

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

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

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

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

<b>IARU MESSAGE</b>						
NUMBER	PRECEDENCE	STATION OF ORIGIN	WORD COUNT	PLACE OF ORIGIN	FILING Time	FILING DATE
	Routine					
					Change to Local Time / Date	
Use the template "Amateur Radio RADIOGRAM Text Creator", if you want to send traffic into the NTS/RRI network. Located in RADIOGRAM_RRI Forms						
TO:						
<b>Special Delivery Instructions</b>						
FROM:						
For radio operator use only:						
RECEIVED FROM	DATE	TIME	SENT TO	DATE	TIME	
				Express Ver 42 (Original credits to OE3VRW)		



COMMUNICATIONS LIST ICS205A Ver 11

[Form Info](#)

1. Incident or Event Name

2. Operational Period

DATE *From* *To*

TIME *From* *To*

3. Basic Local Communication Information

Assignment	Name	Method(s) of contact: radio frequency, phone, cell #, etc.

4. Approved by (CUL)

Date/Time

1. Incident Name:

2./3. Date/Time Prepared:

4. Operational Period:

[Form Info](#)

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

8. Comments

RESOURCE REQUEST MESSAGE ICS 213 RR Ver 11

1. Incident Name 2. Date/Time [Form Info](#)

3. Resource Request Number

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 67 12A Point of Contact

13. Notes

14. Name of Auth Logistics Rep	15. Date/Time
16. Order Was Requested By <i>Indicate Unit / Section or Person who is to get this order.</i>	
FINANCE	
17. Reply/Comments from Finance	
18. Finance Section Chief Name	19. Date/Time

WASHINGTON STATE RESOURCE REQUEST MESSAGE (ICS 213RR WA) Vers 7

*Grayed Areas to be Filled in by Logistics Section Only*

1. Mission # & Incident Name

2. Requesting Agency

3. Date & Time (mm/dd/yy - 0000)

4. Requester Tracking #

5. Order (Detailed Item Description. Vital characteristics, brand, specs, experience, size, etc.)

Needed Date/Time

a. Qty	b. Kind	c. Type	d. Item Description	e. Requested	f. Estimated	g. Cost

6. Personnel/Support Needed

7. Duration Needed

8. Requested Delivery/Report Location

9. Delivery/Reporting Location POC (Name and Contact Info)

10. Suitable Substitutes &/or Suggested Sources

Life Saving  
Incident Stabilization  
Property Preservation

NO  
YES

11. Priority

12. Requester Provides Funding?

13. If Requester not providing funds (full or partial) Why?

14. Requested by Name/Position

a. Phone/ Email

15. Request Authorized by

16. EOC/ECC Logistics Section Tracking #

17. Name of Supplier/POC (Phone/Fax/Email)

18. Notes (Be Brief)	
19. Typed Name of Authorized Logistics Rep	20. Date/Time (mm/dd/yy - 0000)
21. Order Placed by Ordering Unit Procurement Unit Other ----- a. Other	
22. Elevate to State? NO YES -----	23. State Tracking #
	24. Mutual Aid Tracking #
25. Reply/Comments from Finance	
26. Finance Section Typed Name	27. Date/Time (mm/dd/yy - 0000)
Original to Documentation Unit Copies to Logistics Section, originating ESF/Agency, & Finance & Administration Section.	

COMMUNICATIONS RESOURCE AVAILABILITY WORKSHEET ICS217A Vers 14

[Form Info](#)

Frequency Band

--

Description

Work sheet Incident or Event Name

Date/Time (optional)

[Paste Field Data Below from a Spreadsheet](#)

#	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					71			-	
20								-	

To Email or Radio Call

(Can be changed prior to posting)

From Team Name

Date/Time

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 4

Form Info

1. Incident Name

2. Operational Period:

Date From

Date To

Time From

Time To

Site Level IAP

3. Type of Incident Action Plan

EOC-Level IAP

NO  
 YES

Incident Command

Additional Details

NO  
Incident Support  
Area Command  
Incident Command

Additional Details

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

Single Command  
 Unified Command

14. Organization Assignment [From IMS 203] Incident or EOC Commander

Command Model

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
---	------	------------

--

## IAP (Incident or Event Action Plan)

[Click to add your agency or group](#)

[Form Info](#)

Incident Name:			
Date/Time:	Prepared by:	Title:	Report Type:
			<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final

1	Type of Incident And give a geographical location and <b>start DATE</b> 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	

test  
INCIDENT STATUS REPORT

[Click to add your agency or group](#)

[Form Info](#)

1. Incident Name:		2. WebEOC Incident (as applicable):		
3. Incident Date/Time:		4. Report Version (Check one):    Initial    Update    Final		
5. Type of Incident (Check all that apply):				
Severe Storm/Flood	Pre-Planned Event	HAZMAT		
Severe Winter Weather	Dam/Levee	Utility Disruption		
Public Health	Active threats/ Civil Disturbance	Earthquake		
Fire	Aircraft Disaster	Other (Specify):		
6. Situation Summary as of Time of Report:				
7. Future Outlook/Goals/Needs/Issues:				
8. County Emergency Operations Center (EOC) Status (Check one):				
Closed	Activated Hours of Operation:	Monitoring (minimal staffing) Hours of Operation:		
9. Local Disaster Declaration Status (Check one):				
No declaration/Declaration not anticipated	Declaration anticipated	Local disaster declaration Date/time of declaration:		
10. Number of Confirmed Incident Injuries:		11. Number of Confirmed Incident Fatalities:		
12. Number and Location(s) of Shelters Established:				
13. Have Evacuations Been Implemented?				
No / None anticipated	Yes (If yes, describe):	Evacuations anticipated (Describe):		
14. Date/Time of Report:	15. Report Submitted By:	16. Contact Info:		

Version 2.1

INFORMATION FORM Ver 7

Click to add your agency or group

Event or Use Name

Form Creation Date/Time

Description or Form Information

[Form Info](#)

Create whatever Column Name you want for each category

#			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Sender's Comments or Additional Information

ISNAP - Incident Snapshot for Counties / Tribal Nations Ver 5			
1. Date: Time:	2. ISNAP Version: <b>Initial</b> Update FINAL	3. Incident Type:	4. State Mission Number:
5. Affected Jurisdictions:			6. Reporting Jurisdiction
7. Point of Contact:		8. EOC Status:	9. County Status:
10. Briefly describe the situation:			

\*Overall Incident Impact to Municipality, Department, District, or Agency: (see page below for rating guidelines)  
 Select one of these statuses (Red, Yellow, Green, or Black) in the 'Status' column box(es), as appropriate with guidelines.

Red - Critical	Yellow - Significant	Green - Limited	Black - Unknown
----------------	----------------------	-----------------	-----------------

11. Impacts	12. Status	13. Comments
14. Government	15. <b>Black</b> Green Yellow RED	16.
17. Transportation	18. <b>Black</b> Green Yellow RED	19.
20. Utilities	21. <b>Black</b> Green Yellow RED	22.
23. Medical	24. <b>Black</b> Green Yellow RED	25. 78

26. Communications	Black Green Yellow RED 27.	28.
29. Public Safety	Black Green Yellow RED 30.	31.
32. Environment	Black Green Yellow RED 33.	34.

Guidelines for Status Ratings - ISNAP Form

(The following is not transmitted nor copied to the form submitted.)

Category	Issue	Check all that are Impacted.	Suggested Threshold for "Red"
Government	Intact line of succession.	Elected Officials unavailable.	Red = Box Checked.
Transportation	Damage or shutdown to major transportation system(s) <i>with overlapping system impacts.</i>	Freeway/Highway Mass Transit Ferry Airport Seaport Freight Rail Passenger Rail Arterials Fuel Pipeline	Red = One or more boxes are checked, causing an imminent life safety issue or escalation to the event.
Utilities	Breadth of damage/outage to utilities.	Natural Gas Water Sewer Electric	Red = Any one box checked.
Medical	Capacity overwhelmed and/or critical medical infrastructure destroyed.	EMS Hospital Fatality Management	Red = Any one box checked.
Communications	Capacity overwhelmed and/or critical communications infrastructure damage and/or System shutdown.	Landline Cell Internet TV Commercial Radio Ham Radio	Red = Any TWO boxes checked.
Public Safety	Capacity overwhelmed.	Fire Police Public Safety Communications Public Safety Radio 911 System	Red = Any one box checked.
Environment	Overwhelming damage or imminent life safety	Air Quality Water Quality 79	Red = Any one box checked.

issue.

Landslide/Avalanche  
HAZMAT  
Flood/Dam Failure

[Back up to the TOP of page.](#)



## 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 <span style="margin-left: 20px;">VOICE</span> <span style="margin-left: 20px;">DATA</span>
10. FM Frequencies in use <span style="float: right;">HF Frequencies in use</span>
11. Number of Operators Activated
12. Other Information <i>(be brief)</i>
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

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 Sender

Report Filled in at:

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 Sender

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 4 hours, event dependent.*

OREGON *Winlink Check In Notice* Vers 5.1

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 Telnnet  
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 7

1. Incident Name

2. To (Name / Position)

3. From (Name / Position)

4. Subject

5. Date

6. Time

7. Message Priority     LOW

7A. This concerns a Vaccine     NO

Vaccine Name	Doses Remaining	Time

8. Message (Be brief and accurate)

9. Approved By

Position



WA Region 4 - EOC SITREP Report Vers 5

Region 4  
 Clark  
 Cowlitz  
 Skamania  
 Wahkiakum

Select Origination EOC:

To: Date:

Incident Name: Mission #:

Report #: Time:

Reporting Period: EOC Email:

EOC Manager: EOC Phone:

Situation Overview (Be brief)

Community Impacts

# Missing: # Confirmed Dead:

# Injured: # Homeless:

Impacted Area/Damage Assessment:

Transportation Status:

Utility Status:

Secondary Incidents:

Weather:

Damage/Disaster Costs Summary:

Other:

Incident Management:	
Evacuation Status:	
Shelter Status:	
Hospital Status:	
Resource Status:	
Emergency Ops Center Status:	
Business Continuity Activities:	
Future Outlook/Planned Actions:	
Other:	
<b>Public Information</b>	
Public Information:	
Issued Advisories & Guidance:	
Reference Information:	
Other:	
Prepared By:	Approved By (EOC Manager):

Amateur Radio RADIOGRAM Text Creator <a href="#">Read Help and Instructions</a>							
Number	Precedence	Handling Instructions <span style="color: green;">Select</span>	Station Of Origin	Check	Place of Origin	Time	Date
SVC	<div style="background-color: #cccccc; padding: 2px;">R</div> <b>EMERGENCY</b> P W TEST P <span style="color: red;">Emergency not in use at this time.</span>	<div style="background-color: #cccccc; padding: 2px;">NONE</div> HXA HXB HXC HXD	Change if not you.			Change to Local Time / Date Default is UTC	
<p>TO:</p> <p>Name: <span style="float: right;">Call Sign:</span></p> <p>Address:</p> <p>City / Town: <span style="float: right;">State or Province: <span style="color: red;">2 Letter Codes</span> Zip:</span></p> <p>Country:</p> <p>Phone: <span style="margin-left: 100px;">Extension:</span> <span style="margin-left: 100px;">E-mail:</span></p> <p>Op Note about this Radiogram:</p>							
<p>MESSAGE TEXT Check: <a href="#">ARL Message Numbering Help</a></p>							
<p>Signature (name) of person for whom message <span style="color: red;">originated</span>:</p> <p>Operator Note:</p>							
<a href="#">&gt;&gt;&gt; NOW CLICK HERE and select a Liaison Station &lt;&lt;&lt;</a>						Contact KB1TCE about this form: Ver 8	

## ICS Forms Modification Information 3/124/2019

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).

#### *Express Modifications*

*Winlink Template 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 program. As such they can differ from the printed form and have HTML features to assist the user. 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*

WASHINGTON STATE RESOURCE REQUEST (WebEOC Format) Vers 2

Request For Assistance or Resources

Blue boxes are required fields

Date (mm/dd/yyyy): Time (hh:mm):

Creator:

Requesting Agency:

County:

City / Tribe:

Requester Tracking #

State Tracking #

Generated by State

Priority: Incident Stabilization **Set by Logistics or Operations Only**

Overall Status: Unassigned

Requestor Name: Phone: (XXX-XXX-XXXX)

FAX: (XXX-XXX-XXXX) Email: (email@xxx.xxx)

Resource Requested: Enter a one or two word description (ie: Generator or Debris Removal)

Detailed Description:

Detailed description of Capability Needed (What do you want to accomplish?)

Request Specific Resources

Description/Kind: Size/Type: Quantity:

Delivery Location Name:

On-site Point of Contact POC: POC Phone Number: (XXX-XXX-XXXX)

POC Email:

**format example: 08/05/2015 / 1500**

Required delivery (Date and Time): (Enter date and time needed. ASAP is not an answer.)

Duration Needed:

Delivery Needed: Yes No

Address: (Street, City, Zip)

Description using landmark or LAT/LON:

- Yes No Have all local resources been exhausted or predicted to be exhausted in the near future?
- Yes No Has mutual aid been exhausted or predicted to be exhausted in the near future?
- Yes No Have all commercial resources been exhausted or predicted to be exhausted in the near future?
- Yes No Is the originating jurisdiction/agency willing to pay for the assistance?

[Form Info](#)

DISASTER:	Task #	COUNTRY:	
UNIT:		COMMUNITY:	
PERIOD:	Single Day	Cumulative	thru

LOCATION DETAILS (building, address, route)	CONTACT NUMBERS (phone, fax, e-mail):

FACILITY TYPE:	Feeding Operations Mobile      Fixed	Command Post Phone Bank	Assistance Center Distribution Center	Staging Area Warehouse	Shelter Other
----------------	---	----------------------------	--	---------------------------	------------------

DISASTER FOOD SERVICES:		MASS SHELTERING:	
Prepared Meals (hot and cold)	5202	Lodging Provided	5221
Drinks (coffee, soda, juice, water)		MEDICAL / SANITATION:	
Snacks (donuts, cakes, chips)	5206	Medical Services Provided	
		Showers Provided	

EMERGENCY FINANCIAL AID:		
Client Interviews		6310
Referrals to Other Agencies		6410
Total Cases Opened		
Total Individuals Assisted		5125
FINANCIAL ASSISTANCE:		
Vouchers	# Issued	Total Cost
Cleanup / Reconstruction		
Clothing		5231
Energy		5236
Furniture		5233
Gift Cards / Debit Cards		5245
Groceries		5207
Housing (Rent / Mortgage)		5223
Transient Lodging (Hotel)		5222
Transportation		5241
Other (specify)		
TOTALS:		

IN-KIND DISTRIBUTION:	
Blankets (per item)	
Bibles, Brochures, Tracts (per item)	
Cleanup Kits (per kit)	5236
Cleaning / Rebuild (per order)	
Comfort Kits (per kit)	5236
Clothing (per item)	5230
Furniture (per item)	5232
Groceries / Food Boxes (per order)	5207
Ice (per bag)	
Infant Supplies (per order)	
Tarps / Plastic Sheeting (per item)	
Toys (per order)	5250
Water (per gallon or case)	
NOTES: (254 char max)	

EMOTIONAL & SPIRITUAL CARE		
Spiritual Care Provided Prayer		6310

FINANCE ADMINISTRATION		
Personnel	Number on Site	Hours Served

Adult Seekers		2405		Officers		4350		4350
Youth Seekers (Under Age 14)		2415		Employees		4360		4360
Mental Health Care Provided (CISM)		6310		Volunteers		4130		4130
				Totals				
	#		ATTENDANCE					
Worship Services		2360		2360				
Memorial Services		2350		2350				

SUBMITTED BY:		
NAME	TITLE	DATE SUBMITTED

FOR COMMAND USE ONLY:		
Current	Operational Assets	Unduplicated Totals
	Mobile Canteens	4325
	Other S.A. Vehicles	4320
	Assistance Centers	
	Command Posts	
	Distribution Centers	
	Feeding Facilities	
	Phone Banks	
	Shelters	
	Staging Areas	
	Warehouses	
	Other S.A. Facilities	
	Govn't EOCs*	4330
	Govn't DRCs*	4340
* where The Salvation Army has representation		
Notes:		

Precedence Routine	Org Station	Org Location	Time	Date
<b>Salvation Army Team Emergency Radio Network</b>				
SATERN General Message ICS213				
1. Incident Name:				
2. To:				
Phone:	Email:	Town, State, Country:		
3. From:				
Phone:	Email:	Town, State, Country:		
4. Subject:		5. & 6. Date/Time:		
7. Message:				
8. Sent By:		Operator Name :		
Version 2 WA5EEZ				



CASUALTY REPORT FORM  
San Diego County ARES - ACS Vers 11

[Form Info](#)

Exercise  
REAL EVENT

Select Incident-Event Location

Report Time Date Verified By

Destination Hospital

Casualty Tracking Number

Minor  
Delayed  
IMMEDIATE

Extent of Injury Describe

Ambulance

Additional Comments on this Casualty if Any

Casualty Tracking Number

Minor  
Delayed  
IMMEDIATE

Extent of Injury Describe

Ambulance

Additional Comments on this Casualty if Any

Casualty Tracking Number

Minor  
Delayed  
IMMEDIATE

Extent of Injury Describe

Ambulance

Additional Comments on this Casualty if Any

*Senders comments if any*

Auto CC to:

SDG ARES - ACS Operator Check In		Vers 36
<a href="#">Operators Please Read This</a>		
Local Date/Time	Call Sign or Tactical-Auxillary Call Checking In	
Pre-set TO: address(s)		
<i>You may add or change addresses after you submit this form, prior to posting to outbox.</i>		
Assigned Location	Phone	
Auto Coordinates if a GPS is Connected	<a href="#">Click for more GPS Information</a>	
Comments as Needed (max characters 400)		
<i>Contact Rob K6RJF about this form.</i>		

SEVERE WEATHER REPORT

Ver 12

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**

-

YES

-

YES

-

YES

Tornado

Funnel Cloud

Wall Cloud

-

YES

0.25 (pea)

0.50

Hail

Size

0.75 (penny)

0.88 (nickel)

-

MPH

KM/h

Estimated

Measured

Direction From

North

North East

East

South East

Wind Speed

-

YES

-

YES

-

.25

.50

Area Flooding

Flash Flooding

Estimated 1 Hour Rainfall Inches

.75

1.0

-

YES

Unk

F

C

Snow Storm or Winter Weather

Temperature

Other Conditions (not listed above)

UNK

YES

UNK

YES

Any Known Damages?

Any Known Injuries?

(No injured party names in comments)

Additional Information or Damage Descriptions

## NCC SHARES RADIO INTERFERENCE REPORT Ver 4

Send to [NCCSHARES@DHS.GOV](mailto: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: ddmssN dddmmssW - 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 only for email sending

## SHARES HF RADIO PROGRAM MESSAGE FORM

Ver 9

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:

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

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*



SHELTER LOG Vers 8

[Form Info](#)

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

General Log  
Manager Log

Date Incident/DR # Shelter Name/Location

Date & Time	Name	Log Entry	Follow-Up Action
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed

*Adapted from National Mass Care Strategy - DCS Shelter Log for Winlink System Delivery.*

General *Situation Report SITREP* Vers 7.4

[Click to add your agency or group name](#)

[Form Instructions](#)

Exercise    REAL EVENT    Initial Report    *If this is an "update" indicate in .4 below from what previous report date/time.*

To Email/Radio Call

*Seperate multiple address with semicolon ; You can add/change prior to posting if needed.*

1. To *Individual, Agency Name and/or Office Routing*

2. Event Name

3. Event Type and **Location or Area** with Brief Description

4. Current Situation Summary

5. Current Operational Period Planned Actions

6. Next Operational Period Planned Actions

7. Efforts by Other Agencies or Organizations

8. Date and Time Approved *You may overwrite or click to create a new date/time.*

9. Authorizing Officials Name Position or Title

*This form is also sent as plain text in the message body, for those not using Winlink Express.*

STATE OF TEXAS ASSISTANCE REQUEST (STAR)

Vers 9

Incident Name Initial Request Date/Time

Requesting County Request #

NO  
YES

Is this RR Tied to Another Request? 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 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 8

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:

-----  
Open  
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*

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).*

## White List and Winlink System Spam Control 12/10/2017

Winlink SPAM Control Options (Without Internet via radio-only)

Updated June 1, 2015

The WL2K White list mail filter is an account feature in all Winlink accounts. It is a mechanism for the positive control of spam from Internet accounts sending mail inbound to users of the Winlink system. *Winlink user-to-Winlink user mail is not subject to its action.* Here is how it works:

To be delivered to a Winlink user, ANY MESSAGE FROM THE INTERNET must have a sender's 'from' address or domain name listed in the recipient's white list, OR, the sender must include the character sequence "//WL2K" in the subject line of the message. If the "//WL2K" character string is found in the subject line, the message will bypass filtering and be forwarded to all of the Winlink addresses in the message 'to' and 'cc' lines. Messages inbound from the Internet which do not pass these rules are not delivered and are bounced back to the sender with a service message.

Example:

Subject://WL2K (then any other normal subject content to follow).

There are certain exceptions: Messages from the sail docs.com, sail mail.com, and certain other domains will be accepted unconditionally except where a recipient specifically blocks that domain name in their white list.

### ***How does an address get added to my white list?***

1. Each message you send from your Winlink account to a recipient at an Internet E-mail address will be automatically recorded in your White list.
2. You may send a special message to the SYSTEM, giving it instructions for changes to your white list. (See below).

### ***How to manage your white list via Winlink mail messages: For use when you are radio-only sans Internet.***

Changes are made by sending special messages containing instructions to the system, outlined below, one line per individual instruction:

From your @Winlink account, send a message as follows:

To: [SYSTEM@winlink.org](mailto:SYSTEM@winlink.org)

Subject: WHITE LIST

[In the message body, the following commands are available.]

LIST: [will return a list of all white list entries]

ACCEPT: [name@somewhere.com](mailto:name@somewhere.com)

[will allow messages from [name@somewhere.com](mailto:name@somewhere.com) to be accepted and delivered to you. You may send multiple lines with any command, each containing one e-mail address.

REJECT: [name@somewhere.com](mailto:name@somewhere.com)

[will reject any messages from [name@somewhere.com](mailto:name@somewhere.com). You may send multiple lines, each containing one e-mail address.

DELETE: [name@somewhere.com](mailto:name@somewhere.com)

[will remove [name@somewhere.com](mailto:name@somewhere.com) from your White list. You may send multiple lines, each containing one e-mail address per line.

Addresses without an "@" will be treated as "domain names". For example, if "ACCEPT: arrl.org" were entered, then any message bearing any address using that domain (arrl.org) will be accepted.

### ***Examples;***

[Suggestion. Send this first, and retrieve the reply containing your list as the system currently has it. Use it as a reference to modify your list with further system messages.]

TO: [SYSTEM@winlink.org](mailto:SYSTEM@winlink.org)

Subject: WHITE LIST

In message body:

=====

List:

TO: [SYSTEM@winlink.org](mailto:SYSTEM@winlink.org)

Subject: WHITE LIST

In message body:

=====

Accept: [Joe@somewhere.com](mailto:Joe@somewhere.com)

TO: [SYSTEM@winlink.org](mailto:SYSTEM@winlink.org)

Subject: WHITE LIST

In message body:

=====

Accept: [Joe@somewhere.com](mailto:Joe@somewhere.com)

Accept: [Bill@someplace.net](mailto:Bill@someplace.net)

Accept: [Judy@noplace.org](mailto:Judy@noplace.org)

Delete: [joan@overthere.com](mailto:joan@overthere.com)

Delete: [steve@someplace.net](mailto:steve@someplace.net)

Reject: [ed@thatplace.net](mailto:ed@thatplace.net)

Reject: nogood.com

Accept: yadda.com

Accept: ARRL.org

Accept: ARRL.net

-----

NOTE: Using your Winlink account via the Web-site and accessing your Whitelist from there allows easier managemnt of your list.

### Check In

Click to add your agency or group name to title

Ver 15

*This is for an initial check in via Winlink Express. Also sent as plain text in message body for non-Express users.*

<input type="checkbox"/> Net Check In	<input type="checkbox"/> None	<input type="checkbox"/> Telnet
<input type="checkbox"/> Exercise	<input type="checkbox"/> VHF	<input type="checkbox"/> Arden/Mesh
<input type="checkbox"/> REAL EVENT	<input type="checkbox"/> 220	<input type="checkbox"/> WebMail
	<input type="checkbox"/> UHF	<input type="checkbox"/> Packet
	<input type="checkbox"/> 80 Mtrs	<input type="checkbox"/> Winmor

Date/Time

Status

Band

Session

Send To:

Sender

Callsigns of Initially Assigned Operators

Location

Comments (be brief)