





























Winlink Templates in Standard Library (version 1.0.81.0)

-  **Standard Templates** - 1 files,
 -  **AK_STATE_Forms** - 3 files,
 - Alaska_ARES_ICSD213_Initial.html
 - Alaska_ARES_ICSD213_SendReply.html
 - Alaska_ISNAP_Initial.html
 -  **AMERICAN_RED_CROSS** - 6 files,
 - ARC_ICSD213_Initial.html
 - ARC_Requisition_6409.html
 - ARC_Safe_Well_Form_Initial.html
 - ARC_Staff_Request_Form_Initial.html
 - ARC_Staff_Request_initial.txt
 - Daily_Shelter_Report_Initial.html
 -  **ARRL_Forms** - 4 files,
 - ARRL_ARES_FSD125-2_Initial.html
 - ARRL_ARES_FSD157_Initial.html
 - ARRL_ARES_FSD212_Initial.html
 - ARRL_ARES_FSD89_Initial.html
 -  **CANADIAN_Forms** - 4 files,
 -  **BC_Forms** - 4 files,
 - BC_CheckIn_Initial.html
 - BC_EOC_Expenditure_Authorization_Initial.html
 - BC_Radiogram_Initial.html
 - BC_Resource_Request_initial.html
 -  **BC_SA_Forms** - 3 files,
 - BC_EDS_SA_212_Health_Welfare_Initial.html
 - BC_EDS_SA_214_Activity_Log_Initial.html
 - SA-FIA-730_Initial.html
 - Halifax_ICSD202_Initial.html
 - Halifax_ICSD205_Initial.html
 - HRM_Emergency_Management_Message_Initial.html
 - IMS1001_IAP_Initial.html
 -  **CA_STATE_Forms** - 3 files,
 -  **SDG-ARES-ACS_Forms** - 3 files,
 - SDG_ARES_Casualty_Report_Initial.html
 - SDG_ARES_Check_In_Initial.html
 - SDG_ARES_Hospital_Status_Initial.html
 - CA_Blood_Bank_Net_Roster_Initial.html
 - CA_Blood_Bank_Order_Form_Initial.html
 - CESN_Winlink_Check_In_Initial.html
 -  **FEMA_Forms** - 2 files,
 - FEMA_Mission_Assignment_FORM_Initial.html
 - FEMA_RESOURCE_REQUEST_FORM_Initial.html
 -  **FL_STATE_Forms** - 4 files,
 - CLAY_Cnty_ICSD213_Initial.html
 - Clay_County_Extended_Shelter_Initial.html

- Clay_County_Shelter_Initial.html
- Hillsborough_Bed_Report_Initial.html
-  **FMRE_Forms** - 6 files,
 - FMRE_RNE_F1_Evento_Initial.html
 - FMRE_RNE_F2_Anuncio_Initial.html
 - FMRE_RNE_F3_Temblor_Initial.html
 - FMRE_RNE_F4_Huracan_Initial.html
 - FMRE_RNE_F5_Reporte_Initial.html
 - Simple_Message_ES_Initial.html
-  **GENERAL_Forms** - 5 files,
 - Damage_Assessment_Initial.html
 - Generic_Hospital_Bed_Report_Initial.html
 - Hospital_Status_Report_Initial.html
 - Incident-Event_After_Action_Report_Initial.html
 - Information_Form_Initial.html
-  **HICS_Forms** - 5 files,
 - HICS205A_Initial.html
 - HICS213_Initial.html
 - HICS214_Initial.html
 - HICS254_Initial.html
 - Shelter_Log_Initial.html
-  **HI_STATE_Forms** - 1 files,
 - HI_CheckIn_Initial.html
-  **IARU_Forms** - 1 files,
 - IARU_Message_Form_Initial.html
-  **ICS_USA_Forms** - 10 files,
 - ICS205A_Initial.html
 - ICS205_Initial.html
 - ICS206_Initial.html
 - ICS210_Initial.html
 - ICS213RR_Initial.html
 - ICS213_Initial.html
 - ICS214A_Initial.html
 - ICS214_Initial.html
 - ICS217A_Initial.html
 - ICS309_Initial.html
-  **IHS_Forms** - 1 files,
 - IHS Field Patient Report Initial.html
-  **OH_STATE_Forms** - 1 files,
 - POD_General_Message_Initial.html
-  **OR_STATE_Forms** - 7 files,
 - Oregon_Activate_Deactivate_Initial.html
 - Oregon_Declaration_Emergency_Initial.html
 - Oregon_ICS213_Initial.html
 - Oregon_Public_Event_Initial.html
 - Oregon_Request_Assistance_Initial.html
 - Oregon_SITREP_Initial.html
 - Oregon_Winlink_Check_In_Initial.html
-  **RADIOGRAM_RRI_Forms** - 1 files,

- Radiogram_Initial.html
-  **SATERN_Forms** - 1 files,
 - SATERN_IC213_Initial.html
-  **SHARES_Forms** - 3 files,
 - SHARES Radio Interference Report.html
 - SHARES_Message_Form2_Initial.html
 - Shares_Spotrep-2_Initial.html
-  **SIMPLE_QUICK_Forms** - 4 files,
 - Quick IAP Initial.html
 - Quick_Welfare_Message_Initial.html
 - Simple_Bulletin_Initial.html
 - Winlink_Quick_Check_In_Initial.html
-  **TX_STATE_Forms** - 1 files,
 - STAR_Form_TX_Initial.html
-  **VA_STATE_Forms** - 2 files,
 - Virginia_Local_SITREP_Initial.html
 - Virginia_Resource_Request_initial.html
-  **WA_STATE_Forms** - 7 files,
 - Emergency_Workers_Activity_WA_Initial.html
 - EyeWarn_Form_Initial.html
 - ICS213RR_WA_Initial.html
 - ISNAP_WA_Initial.html
 - R4_EOC_Sitrep_WA_Initial.html
 - RR_WebEOC_WA_Initial.html
 - SitRep_King_Cnty_WA_Initial.html
-  **WEATHER_Forms** - 2 files,
 - Hurricane_Report_Initial.html
 - Severe_WX_Report_Initial.html
- White List and Spam Control.html

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
<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: {var Message}							
8. Approved By:				Position/Title:			
9. Reply:		Word Check					
10. Replied By:			Position/Title:			Date/Time:	

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 1.5

American Red Cross Staff Request Form

[Form Info](#)

DR#: _____ Date of Request : _____

Request for Skilled DRO Workers

G/A/P Positions/Specialty Track: SA and Above	DRO Scheduled hours	How many workers?	Where do these workers report?	For how many days?	First day workers needed	Who do they report to?
	to					
	to					
	to					
Request for Virtual Workers	During these hours	How many workers ?	How many days?	First day needed	Who do they report to?	Contact Phone/Email
	to					
	to					
Request for EBVs						
	to					
	to					

Printed Name and Signature of Person Submitting Request	Date Requested	Email Address used on this DRO
Requestor's Position	DRO Phone Number	Work Location
Approver Name and Signature	Approver's Position	Approver DRO Phone Number

Staff Services Only:

Date & Time Received in Staff Services:	Volunteer Connection Data Entry:
	Date & Time: _____ SS Worker's Name: _____

DCS JT DMWT Staff Request Form V30

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 <i>Amateur Radio Emergency Service</i> FSD 212 Ver 4			
Jurisdiction		JAN 2017 FEB 2018 MAR 2019 APR Year 2020 MAY	
Total Number of ARES Members	Changes Since Last Month	NA Plus Minus Same	
Local Net Name	Total Sessions		
NTS Liaison Maintained With <i>(net name)</i>			
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			

BC ARES <i>Winlink Check In Form</i>			
<div style="background-color: #cccccc; display: inline-block; padding: 2px 5px;">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 5px;">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 {var Contactname}

Health and Welfare Information

BC EDS Operations

Salvation Army
 Emergency Disaster
 Services
 British Columbia

NTS 214 TSA

1. Incident Name:	2. Date Prepared:	3. Time Prepared:
4. Unit Name:	5. Unit Leader/Pos:	6. Operation Period:

7. Personnel Roster Assigned		
Name	ICS Position	Home Base

8. Activity Log	
Time	Major Events

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

Message Subject:

TO:

Name:

Position:

Organization:

Phone:

E-mail:

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

Name/Position;

Organization:

Operator Note:

Version 3.3 VA7MPG

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			18		

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 - 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: [Form](#)
[Info](#)

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		20	

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 11.1

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
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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:
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For form use and information contact Ray, WD4SEN

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

Clay County ARES Shelter Report Vers 2

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
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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](#)

Initial Damage Assessment / Windshield Survey Ver 9

Jurisdiction Mission or Incident #

Exercise
REAL EVENT

Event
 Hurricane
 Tropical Storm
 Tornado/Winds
 Flood
 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)

**STATE OF WASHINGTON
EMERGENCY WORKER DAILY ACTIVITY REPORT Ver 3**

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	<input type="checkbox"/>	YES
Welfare	<input type="checkbox"/>	NO
Priority	<input type="checkbox"/>	
EMERGENCY	<input type="checkbox"/>	

Msg. # **Precedence** Is This An Exercise Message?

TO <u>EOC Situation Unit</u>	LOCATION <u>CRESA</u>
NCS	LOCATION

1. Date/Time	2. Report Type Initial Update Final	3. Activation Type Self-Activation 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

www.eyewarn.net

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 8

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

Nombre

Indicativo

Descripcion del Evento

Lugar

Requerimientos

Mensaje

Sugerir solicitar una confirmación de lectura

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

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..

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.

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:

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

Saffir-Simpson Escala de Huracanes - Categoria

	---	---
	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	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 nueros, 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 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

COMPILED HOSPITAL BED REPORT

[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:

INCIDENT RADIO COMMUNICATIONS PLAN (Halifax ICS205) Ver 2.1

1. Incident Name:	2. Date / Time Prepared:	3. Operational Period: Date From: Date To: Time From: Time To:
-------------------	--------------------------	--

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

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

Hawaii ARES/RACES Winlink Check In Form ver 6																																		
<div style="background-color: #cccccc; display: inline-block; padding: 2px;">Test Exercise</div> 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																																		
<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"></td> <td style="text-align: center;"><div style="background-color: #cccccc; display: inline-block; padding: 2px;">Winlink Telnet</div></td> <td colspan="2"></td> <td style="text-align: center;"><div style="background-color: #cccccc; display: inline-block; padding: 2px;">None</div></td> </tr> <tr> <td colspan="2"></td> <td>Winlink WebMail</td> <td colspan="2"></td> <td>80 Mtrs</td> </tr> <tr> <td colspan="2"></td> <td>Winlink Packet</td> <td colspan="2"></td> <td>60 Mtrs</td> </tr> <tr> <td style="text-align: center;">Session Type</td> <td>Winlink WINMOR</td> <td style="text-align: center;">Band Used</td> <td>40 Mtrs</td> <td colspan="2" style="text-align: center;">OTHER</td> </tr> <tr> <td colspan="2"></td> <td>Winlink ARDOP</td> <td colspan="2"></td> <td>30 Mtrs</td> </tr> </table>							<div style="background-color: #cccccc; display: inline-block; padding: 2px;">Winlink Telnet</div>			<div style="background-color: #cccccc; display: inline-block; padding: 2px;">None</div>			Winlink WebMail			80 Mtrs			Winlink Packet			60 Mtrs	Session Type	Winlink WINMOR	Band Used	40 Mtrs	OTHER				Winlink ARDOP			30 Mtrs
		<div style="background-color: #cccccc; display: inline-block; padding: 2px;">Winlink Telnet</div>			<div style="background-color: #cccccc; display: inline-block; padding: 2px;">None</div>																													
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<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"></td> <td colspan="3" style="text-align: center;"><div style="background-color: #cccccc; display: inline-block; padding: 2px;">None</div></td> </tr> <tr> <td colspan="2"></td> <td colspan="3">NH6NN (HF Kaneohe Bay, Oahu)</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">NH6NN-10 (VHF Packet Kaneohe Bay, Oahu)</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">KH6HPZ-10 (VHF Packet Diamondhead, Oahu)</td> </tr> <tr> <td style="text-align: center;">Gateway</td> <td style="text-align: center;">Used</td> <td colspan="2">KH6SP (HF Whitmore Village, Oahu)</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">KH6UL (HF Whitmore Village, Oahu)</td> </tr> </table>							<div style="background-color: #cccccc; display: inline-block; padding: 2px;">None</div>					NH6NN (HF Kaneohe Bay, Oahu)					NH6NN-10 (VHF Packet Kaneohe Bay, Oahu)					KH6HPZ-10 (VHF Packet Diamondhead, Oahu)			Gateway	Used	KH6SP (HF Whitmore Village, Oahu)		OTHER			KH6UL (HF Whitmore Village, Oahu)		
		<div style="background-color: #cccccc; display: inline-block; padding: 2px;">None</div>																																
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Gateway	Used	KH6SP (HF Whitmore Village, Oahu)		OTHER																														
		KH6UL (HF Whitmore Village, Oahu)																																
Comments (Please be brief)																																		

HICS205A - COMMUNICATIONS LIST Vers 8
HICS - Hospital Incident Command System

1. Incident Name

Page Of Facility

2. Operational Period (#):

Date From To

Time From To

- All Contacts
- Internal Contacts Only
- External Contacts Only

3. Select Type of Contact List

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

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 45 Time

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

HOSPITAL STATUS REPORT

Vers 9

[Form Info](#)

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?

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?

NO Normal
 YES Monitoring
 Partial
 FULL

Hospital Command Center Activated?

Level of Activation:

Unknown Unknown
 Worsening Worsen
 Improving Improve
Current Conditions: Stable Conditions Expected to: 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 **50** 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! Nursery/NICU</p>	<p>ICU</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Medical/Surgical</p>	<p>Operating</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Diagnostic Imaging</p>	<p>Ambulance Access</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Labs</p>
<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Pharmacy</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Dialysis</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Admin/Business</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Behavioral Health</p>
<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Respiratory Therapy</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Medical Practices</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Physical Therapy</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Morgue</p>
<p>HVAC</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Linens</p>	<p>Heliport</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Medical Supplies</p>	<p>Water</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! General Supplies</p>	<p>Parking/Access</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Sewage</p>
<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Generators/Fuel</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Medical Gases</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Communications</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Info Tech (IT)</p>
<p>Unknown Housekeeping</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>!DESTROYED! Electrical</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Staffing</p>	<p>!DESTROYED! Structural</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Medical Records</p>	<p>!DESTROYED! Receiving</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED! Food Services</p>
<p>Facilities Management</p> <p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</p>	<p>Functional N/A DEGRADED *DISABLED* !DESTROYED!</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>			

HALIFAX			MESSAGE FORM		Ver 12
ACTION Precedence		<input type="checkbox"/> Routine Priority IMMEDIATE	INFO Precedence	<input type="checkbox"/> None Routine Priority IMMEDIATE	Date-Time-Group
FROM					
TO					
INFO					
Number					
MESSAGE					
ORIGINATING NAME					

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
MPH/h
KM/h
Knots

Gust Speed

Unk
MPH/h
KM/h
Knots

Wind Direction

Unk
N
NE
E
SE

Degrees

Barometric Pressure

Unk
Inches
Millibars

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

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

INCIDENT RADIO COMMUNICATIONS PLAN ICS205 Ver 16

1. Incident Name: <p style="text-align: center; color: red;"><u>Form Information</u></p>	2. Date /Time Prepared	3. Operational Period: Date From: Date To: Time From: Time To:
---	------------------------	--

4. Basic Radio Channel Use: [Paste Channel Data from a Spreadsheet](#)

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:	Date/Time:	IAP Page:
----------------------------	------------	-----------

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):

RESOURCE STATUS CHANGE						ICS210	Ver 8
1. Incident Name			2. Operational Period				
Form Info			DATE		From	To	
			TIME		From	To	
3. Resource #	4. New Status	5. From (Assignment & Status)		6. To (Assignment & Status)		7. Time & Date of Change	
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE						
	----- Available Assigned OUT OF SERVICE	60					

	<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>				
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	<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

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 62 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 6

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	NO
Incident Stabilization	YES
Property Preservation	

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 12

[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					66			-	
20								-	

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 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

--

INCIDENT or EVENT AFTER ACTION REPORT

Your feedback can assist in making improvements.
Send to whomever is responsible for gathering such information within your organization.

[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

INFORMATION FORM Ver 7

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			
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14			
15			
16			
17			
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20			
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22			
23			
24			
25			
26			
27			
28			
29			
30			

Sender's Comments or Additional Information

ISNAP - Incident Snapshot for Counties / Tribal Nations Ver 4			
1. Date:	Time:	2. ISNAP Version: <div style="text-align: center; font-size: small; margin-top: 5px;">Initial Update FINAL</div>	3. Incident Type:
5. Affected Jurisdictions:			4. State Mission Number:
7. Point of Contact:		8. EOC Status:	6. Reporting Jurisdiction:
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. <div style="text-align: center; font-size: small; margin-top: 5px;">Black Green Yellow RED</div>	16.
17. Transportation	18. <div style="text-align: center; font-size: small; margin-top: 5px;">Black Green Yellow RED</div>	19.
20. Utilities	<div style="text-align: center; font-size: small; margin-top: 5px;">Black Green Yellow</div>	72

	21.	Black Green Yellow RED	22.
23. Medical	24.	Black Green Yellow RED	25.
26. Communications	27.	Black Green Yellow RED	28.
29. Public Safety	30.	Black Green Yellow RED	31.
32. Environment	33.	Black Green Yellow RED	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 issue.	Air Quality Water Quality Landslide/Avalanche HAZMAT Flood/Dam Failure	Red = Any one box checked.

[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 VOICE DATA
10. FM Frequencies in use HF Frequencies in use
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 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 5

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 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

Quick IAP (Incident or Event Action Plan)

[Form Info](#)

Incident Name:

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

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	

Ver 4

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).

WA Region 4 - EOC SITREP Report Vers 4

Select Origination EOC:
 Region 4
 Clark
 Cowlitz
 Skamania
 Wahkiakum

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:

Response Operations

Incident Management:

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

Amateur Radio RADIOGRAM Text Creator Read Help and Instructions							
Number	Precedence	Handling Instructions Select	Station Of Origin	Check	Place of Origin	Time	Date
SVC	<div style="background-color: #cccccc; padding: 2px;">R</div> EMERGENCY P W TEST P Emergency not in use at this time.	<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: Call Sign:</p> <p>Address:</p> <p>City / Town: State or Province: 2 Letter Codes Zip:</p> <p>Country:</p> <p>Phone: Extension: E-mail:</p> <p>Op Note about this Radiogram:</p>							
<p>MESSAGE TEXT Check: ARL Message Numbering Help</p>							
<p>Signature (name) of person for whom message originated:</p> <p>Operator Note:</p>							
>>> NOW CLICK HERE and select a Liaison Station <<<						Contact KB1TCE about this form: Ver 8	

WASHINGTON STATE RESOURCE REQUEST (WebEOC Format) Vers 1

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		5238
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
<i>Salvation Army Team Emergency Radio Network</i>				
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 1 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 35	
Operators Please Read This	
Local Date/Time	Call Sign or Tactical-Auxillary Checking In
Pre-set TO: address(s) <i>You may add additional addresses after you submit this form, prior to posting to outbox.</i>	
Assigned Location	Phone
Auto GPS Coordinates if Active	Click for more GPS Information
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

<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 0.75 (penny) 0.88 (nickel)	
Hail	Size	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MPH KM/h	Estimated Measured	North North East East South East
Wind Speed	Direction From	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	YES	.25 .50 .75 1.0
Area Flooding	Flash Flooding	Estimated 1 Hour Rainfall Inches
<input type="checkbox"/>	<input type="checkbox"/>	Unk F C
YES	Temperature	
Snow Storm or Winter Weather		
Other Conditions (not listed above)		
<input type="checkbox"/>	<input type="checkbox"/>	
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 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 8

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:

2. LandLine works? YES NO Comments

3. Cell Phone Works? YES NO Comments

4. AM/FM Broadcast Stations Status

5. TV Stations Status

6. Public Water Works Status

7. Commercial Power Status

8. Internet Working? YES NO 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
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed
			----- Required Completed

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

BULLETIN		Ver 13
Form Info		
For (Name/Group)	Bulletin Nr.	
From (Name/Group)	Date/Time	
Subject	Select	Information Read Soon READ NOW
Bulletin		

Mensaje Simple

SIMPLE MESSAGE Ver 20 ES

Este formato ya no está en uso por problemas con los acentos "Umlauts".

Form removed due to problems with umlauts.

[Si tienes internet- Click!](#)

SITUATION REPORT King County Washington Vers 4

Forms that have seen very little use or are localized for a specific group may have been removed.

This is only from the Library of Standard Forms that are auto updated via the Internet.

Reason is the auto update forms template library is getting too big, and needs to be made smaller to accommodate new wide use forms.

WDT will still update and modify this form upon request.

The form is still available for your use by downloading from the Web site and installing into your Global > Templates folder.

[Click on this to obtain this form if you have internet.](#)

All that wish to use the form must download and install.

If you feel a form warrants being back into the Standards Template Library, contact KG6SJT@winlink.org to discuss.

STATE OF TEXAS ASSISTANCE REQUEST (STAR) Vers 8

Incident Name	Initial Request Date/Time {UDateTime}
Requesting County	Request #
<input type="radio"/> NO <input type="radio"/> 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.

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:

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

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

[will allow messages from 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

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

DELETE: name@somewhere.com

[will remove 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

Subject: WHITE LIST

In message body:

=====

List:

TO: SYSTEM@winlink.org

Subject: WHITE LIST

In message body:

=====

Accept: Joe@somewhere.com

TO: SYSTEM@winlink.org

Subject: WHITE LIST

In message body:

=====

Accept: Joe@somewhere.com

Accept: Bill@someplace.net

Accept: Judy@noplace.org

Delete: joan@overthere.com

Delete: steve@someplace.net

Reject: 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.

Winlink Quick Check In [generic] Ver 12

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

Net Check In	None	Telnet
Exercise	VHF	WebMail
REAL EVENT	220	Packet

Date/Time

Status

Band

Session

Winmor
Ardop

Send To:

Call Sign or Tactical Sending

Callsigns of Initially Assigned Radio Operators

Location

Comments (be brief)