































## Winlink Templates in Standard Library (version 1.0.104.0)

-  **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** - 5 files,
      - BC Checkin.txt
      - BC EOC Expenditure Authorization.txt
      - BC Initial Impact Assessment Form.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** - 3 files,
    - FEMA Mission Assignment.txt

- FEMA Resource Request.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** - 13 files,
  - Bulletin.txt
  - Damage Assessment.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
  - Quick WEB EOC Resource Request.txt
  - Race Tracker.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** - 12 files,
  - ICS205-10 Row.txt
  - ICS205-20 Row.txt
  - 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** - 9 files,
  -  **QUARTERLY\_Test** - 4 files,
    - Instructions.html
    - 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
  - Oregon\_SITREP\_Viewer.html
  - OR\_State\_RR.txt
-  **RADIOGRAM RRI Forms** - 4 files,
  - Multi Client Work Sheet.txt
  - RadioGram Work Sheet.rtf
  - Radiogram.txt
  - Radiogram\_Initial.html
-  **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** - 3 files,
  - REC-4.txt
  - VA Local SITREP.txt
  - VA Resource Request.txt
-  **WA STATE Forms** - 6 files,
  - EyeWarn Form.txt
  - WA Emergency Workers Activity.txt
  - WA ICS213RR.txt
  - WA ISNAP.txt
  - WA R4 EOC Sitrep.txt
  - WA RR WebEOC.txt
-  **WEATHER Forms** - 3 files,
  - Hurricane Report.txt
  - Local Weather Report.txt
  - Severe WX Report.txt
-  **WI STATE Forms** - 1 files,
  - Uniform Disaster Situation Report.txt



AFTER ACTION REPORT  
General

*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 6.2

| 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       |                    |    |             |                    |              |      |      |

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 Staff Request Form

[Form Info](#)

DR#: \_\_\_\_\_ Date of Request : \_\_\_\_\_

Request for Skilled DRO Workers

| G/A/P Positions/Specialty Track:<br>SA and Above | DRO Scheduled hours | How many<br>workers?  | Where do these workers<br>report? | For how many<br>days? | First day<br>workers needed | Who do they report to? |
|--|---------------------|-----------------------|-----------------------------------|-----------------------|-----------------------------|------------------------|
|  | to                  |                       |                                   |                       |                             |                        |
|  | to                  |                       |                                   |                       |                             |                        |
|  | to                  |                       |                                   |                       |                             |                        |
| Request for Virtual Workers                      | During these hours  | How many<br>workers ? | How many days?                    | First day<br>needed   | Who do they<br>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: _____ |



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

|   |  |                              |
|---|--|------------------------------|
| <p><i>Amateur Radio Emergency Service - ARRL</i><br/>                 PUBLIC SERVICE ACTIVITY REPORT FSD-157 1/04 VER 8</p>   |  |                              |
| <p>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.</p>  |  |                              |
| <p>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. <b>Please complete and return this form to the Public Service Branch at ARRL Headquarters.</b></p> <p style="text-align: center;"><u>Attach photos of amateurs in action, newspaper clippings, or other data if available</u></p> |  |                              |
| <p>1. Nature of Activity (Select One)</p> <p>Communications Emergency<br/>                 Alert<br/>                 Special Exercise<br/>                 Test or Drill</p>   | <p>Communications Emergency - Amateurs supplied communications to replace or supplement normal communications means.<br/>                 Alert - Amateurs were deployed for emergency communications, but emergency situation did not develop.<br/>                 Special exercise - Amateurs supplied communications for a parade, race, etc.<br/>                 Test or drill - A training activity in which amateurs participated.</p> |                              |
| 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)  |                              |
| <p>I attest that the information provided above is true to the best of my knowledge, and that if my printed name is approval.</p>   |  |                              |
| Approving Name:   |  | Date/Time:                   |

| MONTHLY DEC - EC REPORT<br><i>Amateur Radio Emergency Service</i> FSD 212 Ver 4.1 |                          |                                 |                              |
|---|--------------------------|---------------------------------|------------------------------|
| Jurisdiction  |                          | Month                           | Year                         |
|   |                          | JAN<br>FEB<br>MAR<br>APR<br>MAY | 2017<br>2018<br>2019<br>2020 |
| Total Number of ARES Members  | Changes Since Last Month | NA<br>Plus<br>Minus<br>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<br>DEC<br>Other              | Other<br>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 |
|----------------|------------------------|-------------------------|
|                | --<br>1<br>2<br>3<br>4 |                         |
|                | --<br>1<br>2<br>3<br>4 |                         |
|                | --<br>1<br>2<br>3<br>4 |                         |
|                | --<br>1<br>2<br>3<br>4 |                         |
|                | --<br>1<br>2<br>3<br>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

## INITIAL IMPACT ASSESSMENT FORM

Vers 1.4

Send to: Vancouver Island PREOC

Location:

Exercise Report  
Regular (Actual Report)

Precedence:      Emergency  
                         Priority  
                         Routine

1A) Is EOC Activated?

Primary Site Activated  
Alternate Site Activated  
Not Activated

1B) EOC Activation status?

Level 3  
Level 2  
Level 1

1C) State of Local Emergency Declared?

Yes      No

1D) EOC Comments: (i.e. Number of staff /status of EOC etc)

1E) First Responders Status: (Include details pertaining to personnel and Apparatus)

2) Priority Needs (3 only)

1)

- 2) //
- 3) //

People Impacted (Estimated/Confirmed):

|    |             |    |           |    |              |    |              |    |             |
|----|-------------|----|-----------|----|--------------|----|--------------|----|-------------|
| 3A | # Displaced | 3B | # Injured | 3C | # Fatalities | 3D | Evacuations? | 3E | # Evacuated |
|    |             |    |           |    |              |    | Yes          |    |             |

Critical Infrastructure

Provide impact description and Estimated Time to Repair (ETR)

|                     | Impacted? | Comments                               | ETR |
|---------------------|-----------|--|-----|
| 4A Water            | No        |  | //  |
| 4B Sanitation       | No        |  | //  |
| 4C Gas              | No        |  | //  |
| 4D Electricity      | No        |  | //  |
| 4E Telephone        | No        |  | //  |
| 4F Internet         | No        |  | //  |
| 4G Cellular Network | No        |  | //  |
| 4H Text Messaging   | No        |  | //  |
| 4I SAT Phone        | No        | (Include SAT phone number in comments) | //  |

Amateur Radio Station

4J) Status:                    On Air  
                                  Damaged            ETR:

Callsign:

Winlink address:

5A) If potable water system is unusable, estimated days remaining of water:

5B) Estimated days remaining of food:

6) Primary Transportation Route - available into community and at least one alternate route:

/

7) Medical - Hospitals/Clinics:

/

8A) Shelter - estimated % of homes uninhabitable:

8B) Estimated percentage of Rapid Damage Assessment completed:

9) Comments:

/

Report  
Originator:



Organization:

| <u>Functions</u>                    |   |
|-------------------------------------|---|
| Save Initial Impact Assessment data | Save form data to disk that can be loaded later |
| Submit                              | Create RMS Express message                      |
| Reset Form                          | Delete all field entries                        |

| BC ARES <i>Winlink Check In Form</i>  |   |   |   |
|---|---|---|---|
| <div style="background-color: #cccccc; display: inline-block; padding: 2px 5px;">Test Exercise</div><br>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<br/>                     147.570 Simplex<br/>                     148.685 Simplex<br/>                     Island Trunk Repeater System<br/>                     444.925 (+5MHz T100Hz )<br/>                     D-Star VE7VIC<br/>                     Other:                 </td> <td style="width: 50%; vertical-align: top; padding: 5px;">                     HF<br/>                     3.735 LSB (Night Time)<br/>                     7.060 LSB (Day Time)<br/><br/>                     Off Air<br/>                     We are shutting down all radios at this time                 </td> </tr> </table> |   | VIR VHF/UHF<br>147.570 Simplex<br>148.685 Simplex<br>Island Trunk Repeater System<br>444.925 (+5MHz T100Hz )<br>D-Star VE7VIC<br>Other: | HF<br>3.735 LSB (Night Time)<br>7.060 LSB (Day Time)<br><br>Off Air<br>We are shutting down all radios at this time |
| VIR VHF/UHF<br>147.570 Simplex<br>148.685 Simplex<br>Island Trunk Repeater System<br>444.925 (+5MHz T100Hz )<br>D-Star VE7VIC<br>Other:   | HF<br>3.735 LSB (Night Time)<br>7.060 LSB (Day Time)<br><br>Off Air<br>We are shutting down all radios at this time |   |   |
| We have access to a CMS Winlink Gateway   | Yes      No   |   |   |
| Comments  |   |   |   |
| <div style="float: right; font-size: small;">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:

# BC RADIOGRAM

|        |  |   |                   |       |                 |      |                            |  |
|--------|--|---|-------------------|-------|-----------------|------|----------------------------|--|
| Number | Precedence<br>R<br>EMERGENCY<br>P<br>W | Handling Instructions <a href="#">(Help)</a><br>---<br>HXA<br>HXB<br>HXC<br>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

| BULLETIN<br>Winlink                            |  |
|--|--|
| <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  | Information<br>Read Soon<br>READ NOW<br>Select |
| Bulletin                                       |  |
| Ver 14   |  |

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      |  |  |  |  |  |



|   |     |           |         |         |
|---|-----|-----------|---------|---------|
| 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 (SD CA) - Blood / Inventory Order Form Vers 17

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  |                    |               |              |
| <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>  |                    |               |              |

|       |  |  |  |
|-------|--|--|--|
| TOTAL |  |  |  |
|-------|--|--|--|

Special Instructions:

Frozen Plasma (200-399ml)

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

Single Cryo (CAF) Pooled Cryo (CAF PL)

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

Additional Comments from Requesting Hospital

**California Emergency Services Net Winlink Check In**

OES CESN Ver 12.3

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

Date/Time: Organization:

Sending Callsign: Operator Name: Operator Callsign:

|               |   |  |               |
|---------------|---|--|---------------|
| Session Type: | <input type="checkbox"/> Winlink Packet<br><input type="checkbox"/> Winlink Telnet<br><input type="checkbox"/> Winlink Winmor<br><input type="checkbox"/> Winlink Ardop<br><input type="checkbox"/> Winlink Vara HF | HF Band if Used: <input type="checkbox"/> None<br><input type="checkbox"/> 80 Meters<br><input type="checkbox"/> 40 Meters<br><input type="checkbox"/> 30 Meters<br><input type="checkbox"/> 20 Meters | Gateway Used: |
|---------------|---|--|---------------|

VHF/220/UHF Frequency (if Used): Packet Digi/Node (if Used):

Message: (Be brief)

*This message is in your SENT ITEMS folder for archive and printing.* Contact: Jim Price W6SIG with form questions.

| No | Precedence Routine | HX<br>--- | 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<br>Routine | HX<br>--- | 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<br>Routine | HX<br>--- | 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](#)



**Initial Damage Assessment / Windshield Survey**  
 Click Setup for your group  
[Click to add your agency or group](#)

Jurisdiction Mission or Incident #

Exercise Event --- Selected Other? Describe

Survey Area Survey Team

Start Date of Event Date of this Survey

|                                | Affected<br>10 % | Minor<br>25 % | Major<br>50 % | Totaled<br>100 % | Total<br>Number | <b>\$ Loss</b> |
|--------------------------------|------------------|---------------|---------------|------------------|-----------------|----------------|
| 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

**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

EYEWARN Situation Report (SITREP) vers 5  
Clark County Washington

Routine  
 Welfare  
 Priority  
**Precedence**  EMERGENCY

YES  
 NO

Is This An Exercise Message?

TO EOC Situation Unit

LOCATION CRESA

NCS

LOCATION

|              |  |   |                   |
|--------------|--|---|-------------------|
| 1. Date/Time | 2. Report Type<br><input type="radio"/> Initial<br><input type="radio"/> Update<br><input type="radio"/> Final | 3. Activation Type<br><input type="radio"/> Self-Activation<br><input type="radio"/> 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: | 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:<br>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<br>\$ | Date/Time Obligated |
| Amendment Number          | Cumulative Amount<br>\$  | 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<br>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<br>OPS Review by:<br><br>LOG Review by:<br><br>Other Coordination:<br><br>Other Coordination:<br><br>Other Coordination: | 2. Source:<br>Donations<br>Requisitions Procurement<br>Interagency Agreement<br>Mission Assignment<br>Other (Explain) | 3. Assigned to:<br><br>ESF/OFA:<br><br>RSF/OFA:<br><br>Other:<br><br>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<br>Red Nacional de Emergencia - Evento RNE F1 Ver 8 |   |  |                                |
|--|---|--|--------------------------------|
|  | <b>Tipo</b><br>Simulacro<br>Moderada<br>Urgente<br>EMERGENCIA | Winlink Banda                                | ----<br>VHF<br>UHF<br>80<br>40 |
| Nombre   |   |  |                                |
| Indicativo   |   |  |                                |
| <span style="color: red;">Descripcion del Evento</span>  |   |  |                                |
| Lugar  |   |  |                                |
| Requerimientos   |   |  |                                |
| Mensaje  |   |  |                                |
| <span style="color: red;">Sugerir solicitar una confirmación de lectura</span>                         |   | <a href="http://www.fmre.mx">www.fmre.mx</a> |                                |

*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<br>Altura | Danos   |
|-----------|----------------------|-------------------------------|---|
| 1         | 119 - 153 kph        | 1.2 - 1.5 m                   | <b>Minimo</b><br>Elementos normalmente no estructurales   |
| 2         | 154 - 177 kph        | 1.8 - 2.4 m                   | <b>Moderado</b><br>Techos de materiales ligeros, danos en ventanas y puertas, algunos arboles caidos  |
| 3         | 178 - 209 kph        | 2.7 - 3.7 m                   | <b>Extensivo</b><br>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><br>Danos estructurales, desprendimiento de techos ligeros, explosion de ventanas y puertas   |
| 5         | > 249 kph            | > 5.5 m                       | <b>Catastrofico</b><br>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)













|                 |      |       |           |
|-----------------|------|-------|-----------|
| 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:<br>Yes<br>No | Water Available:<br>Yes<br>No | Physical Damage:<br>Yes<br>No |
|-----------------------------------|-------------------------------|-------------------------------|

Comments





HOSPITAL STATUS REPORT (Short HICS 251)

Click to add your agency or group name to title

[Form Info](#)

|        |   |
|--------|---|
| Email: | Report Type (check one)<br>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 # |
| 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?             | YES | NO |
| Emergency generator power in use? | YES | NO | Will you send Resource Request within 4 hours? | YES | NO |

Version 1.2

| HALIFAX           |  |   | MESSAGE FORM    |   | Ver 12          |
|-------------------|--|---|-----------------|---|-----------------|
| ACTION Precedence |  | <input type="checkbox"/> Routine<br>Priority<br>IMMEDIATE | INFO Precedence | <input type="checkbox"/> None<br>Routine<br>Priority<br>IMMEDIATE | 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

Fill in as much information as possible. This form will send the message formatted as plain text.

*If WX4NHC is active and accepting traffic, click to add address.*

Report Time in UTC                      UTC Date                      **Report Status**    First Report    Update Report    Final Report

Sender                      Are you the Reporting Observer?    Yes    *NO, means you are sending for another observer*

Reporting Observer Email

Reporting Observer Phone Number

## Geographic Area of Observed Event

City    County

State    Country

Latitude (if known)    Longitude (if known)

Estimated  
 Measured

Measurements                      List Any Weather Instruments Used

|            |                  |            |                  |                |     |
|------------|------------------|------------|------------------|----------------|-----|
|            | Unknown<br>MPH/h |            | Unknown<br>MPH/h |                | --- |
|            | KM/h             |            | KM/h             |                | N   |
| Wind Speed | Knots            | Gust Speed | Knots            | Wind Direction | NE  |
|            |                  |            |                  |                | E   |
|            |                  |            |                  |                | SE  |

Barometric Pressure                      Unknown  
Inches  
Millibars

Comments: *(brief information to help quantify the intensity of this event).*

*Hurricane Watch Net Frequency When Active: 14.325 MHZ*

Ver 15.7

# IARU MESSAGE

| 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:

**Special Delivery Instructions**

FROM:

For radio operator use only:

| RECEIVED FROM | DATE | TIME | SENT TO | DATE | TIME |
|---------------|------|------|---------|------|------|
|               |      |      |         |      |      |

|  |  |   |
|--|--|---|
|  |  | Express Ver 42 (Original credits to OE3VRW) |
|--|--|---|





6. Approved by (CUL) Name:

Date/Time:

IAP Page:



Medical Plan ICS 206 Vers 13

1. Incident Name:

2./3. Date/Time Prepared:

4. Operational Period:

[Form Info](#)

5. Incident Medical Aid Stations

| Medical Aid Stations | Location | Paramedics      |
|----------------------|----------|-----------------|
|                      |          | YES<br>NO<br>-- |
|                      |          | YES<br>NO<br>-- |
|                      |          | YES<br>NO<br>-- |
|                      |          | YES<br>NO<br>-- |
|                      |          | YES<br>NO<br>-- |

6. Transportation

A. Ambulance Services

| Name | Address and Phone | Paramedics      |
|------|-------------------|-----------------|
|      |                   | YES<br>NO<br>-- |
|      |                   | YES<br>NO<br>-- |
|      |                   | YES<br>NO<br>-- |
|      |                   | YES<br>NO<br>-- |
|      |                   | YES<br>NO<br>-- |

B. Incident Ambulances

| Name | Location | Paramedics      |
|------|----------|-----------------|
|      |          | YES<br>NO<br>-- |
|      |          | YES<br>NO<br>-- |

|  |  |                 |
|--|--|-----------------|
|  |  | YES<br>NO<br>-- |
|  |  | YES<br>NO<br>-- |
|  |  | YES<br>NO<br>-- |

7. Hospitals

| Name | Address | Travel           | Phone | Helipad         | Burn Center     |
|------|---------|------------------|-------|-----------------|-----------------|
|      |         | AIR<br>GND<br>-- |       | YES<br>NO<br>-- | YES<br>NO<br>-- |
|      |         | AIR<br>GND<br>-- |       | YES<br>NO<br>-- | YES<br>NO<br>-- |
|      |         | AIR<br>GND<br>-- |       | YES<br>NO<br>-- | YES<br>NO<br>-- |
|      |         | AIR<br>GND<br>-- |       | YES<br>NO<br>-- | YES<br>NO<br>-- |
|      |         | AIR<br>GND<br>-- |       | YES<br>NO<br>-- | YES<br>NO<br>-- |

8. Medical Emergency Procedures (Be brief)

9. Prepared by (MUL):

10: Reviewed by (Safety Officer):

| RESOURCE STATUS CHANGE   |  |                                  |   |                          |  | ICS210 | Ver 8 |
|--|--|----------------------------------|---|--------------------------|--|--------|-------|
| 1. Incident Name<br><br><p style="text-align: center; color: red;"><a href="#">Form Info</a></p> |  |                                  | 2. Operational Period<br><br>DATE <i>From</i> <span style="margin-left: 150px;"><i>To</i></span><br><br>TIME <b><i>From</i></b> <span style="margin-left: 150px;"><b><i>To</i></b></span> |                          |  |        |       |
| 3. Resource #  | 4. New Status                                    | 5. From<br>(Assignment & Status) | 6. To<br>(Assignment & Status)  | 7. Time & Date of Change |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |
|  | -----<br>Available<br>Assigned<br>OUT OF SERVICE |                                  |   |                          |  |        |       |

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

8. Comments

9. Prepared By

Date/Time

## RESOURCE REQUEST MESSAGE

ICS 213 RR Ver 12

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

12A Point of Contact

13.

Notes



14. Name of Auth Logistics Rep

15. Date/Time

16. Order Was Requested By

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

FINANCE

17. Reply/Comments from Finance

18. Finance Section Chief Name

19. Date/Time

WASHINGTON STATE RESOURCE REQUEST MESSAGE (ICS 213RR WA) Vers 8.1

*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

11. Priority : Life Saving Incident Stabilization Property Preservation

12. Resource Status

a. Have all commercial resources been exhausted: Yes No  
 b. Have all local resources been exhausted: : Yes No  
 c. Have all mutual aid resources been exhausted: Yes No

13. Requester willing to provided funding : Yes No  
 if No Explain:

14. Requested by Name/Position

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 -----

a. Other

22. Elevate to State? -----

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.

|   |                                 |                    |
|---|---------------------------------|--------------------|
| <p>COMMUNICATIONS RESOURCE AVAILABILITY WORKSHEET ICS217A Vers 14</p> <p style="color: red; font-weight: bold;">Form Info</p> | <p>Frequency Band</p> <p>--</p> | <p>Description</p> |
|---|---------------------------------|--------------------|

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 |                       |   |                |             |             |             |             |                |         |

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

To Email or Radio Call

(Can be changed prior to posting)

From Team Name

Date/Time

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<br><input type="checkbox"/> YES | <input type="checkbox"/> NO<br><input type="checkbox"/> YES | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |
| Incident Objectives [IMS 202]                               | Organization Assigment List [IMS 203]                       | Resources Assignment List [IMS 204]                         |
| <input type="checkbox"/> NO<br><input type="checkbox"/> YES | <input type="checkbox"/> NO<br><input type="checkbox"/> YES | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |
| Incident Telecommunications Plan [IMS 205]                  | Medical Plan [IMS 206]                                      | Incident Map  |
| <input type="checkbox"/> NO<br><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 STATUS REPORT  
test

[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<br>Hours of Operation:  | Monitoring (minimal staffing)<br>Hours of Operation:         |  |  |
| 9. Local Disaster Declaration Status (Check one):               |                                   |  |  |  |
| No declaration/Declaration not anticipated                      | Declaration anticipated           | Local disaster declaration<br>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 8.1  
WINLINK

[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  |  |  |  |
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| 29 |  |  |  |
| 30 |  |  |  |

Sender's Comments or Additional Information

|   |   |                   |                           |
|---|---|-------------------|---------------------------|
| ISNAP - Incident Snapshot for Counties / Tribal Nations Ver 5 |   |                   |                           |
| 1. Date:<br><br>Time:   | 2. ISNAP Version:<br><br>Initial<br>Update<br>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. <input type="checkbox"/> Black<br><input type="checkbox"/> Green<br><input type="checkbox"/> Yellow<br><input type="checkbox"/> RED | 16.          |
| 17. Transportation | 18. <input type="checkbox"/> Black<br><input type="checkbox"/> Green<br><input type="checkbox"/> Yellow<br><input type="checkbox"/> RED | 19.          |
| 20. Utilities      | 21. <input type="checkbox"/> Black<br><input type="checkbox"/> Green<br><input type="checkbox"/> Yellow<br><input type="checkbox"/> RED | 22.          |
| 23. Medical        | 24. <input type="checkbox"/> Black<br><input type="checkbox"/> Green<br><input type="checkbox"/> Yellow<br><input type="checkbox"/> RED | 25.          |

|                    |  |     |
|--------------------|--|-----|
| 26. Communications | 27.<br>Black<br>Green<br>Yellow<br>RED | 28. |
| 29. Public Safety  | 30.<br>Black<br>Green<br>Yellow<br>RED | 31. |
| 32. Environment    | 33.<br>Black<br>Green<br>Yellow<br>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<br>Mass Transit<br>Ferry<br>Airport<br>Seaport<br>Freight Rail<br>Passenger Rail<br>Arterials<br>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<br>Water<br>Sewer<br>Electric  | Red = Any one box checked.   |
| Medical        | Capacity overwhelmed and/or critical medical infrastructure destroyed.                            | EMS<br>Hospital<br>Fatality<br>Management  | Red = Any one box checked.   |
| Communications | Capacity overwhelmed and/or critical communications infrastructure damage and/or System shutdown. | Landline<br>Cell<br>Internet<br>TV<br>Commercial Radio<br>Ham Radio  | Red = Any TWO boxes checked.   |
| Public Safety  | Capacity overwhelmed.   | Fire<br>Police<br>Public Safety<br>Communications<br>Public Safety<br>Radio<br>911 System                                      | Red = Any one box checked.   |
| Environment    | Overwhelming damage or imminent life safety   | Air Quality<br>Water Quality   | Red = Any one box checked.   |

issue.

Landslide/Avalanche  
HAZMAT  
Flood/Dam Failure

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

| CURRENT LOCAL WEATHER CONDITIONS         |             |                  |                           |                  |          |
|--|-------------|------------------|---------------------------|------------------|----------|
| Call sign:                               |             |                  | Observer Name:            |                  |          |
| Date:                                    |             |                  | Report Time: (local):     |                  |          |
| Location:                                |             |                  | Optional GPS Coordinates: |                  |          |
| City:                                    |             | State:           |                           | County:          |          |
| Measurements used:    Metric    Imperial |             |                  |                           |                  |          |
| Current Conditions: Check all that apply |             |                  |                           |                  |          |
| SUN                                      |             | RAIN             |                           | THUNDER STORM    |          |
| SNOW                                     |             | BLIZZARD         |                           | TORNADO          |          |
|  |             |                  |                           | HAIL             |          |
|  |             |                  |                           | HURRICANE        |          |
| Temperature                              | °C          | HUMIDITY:        | %                         | DEWPOINT         | °C       |
| Barometer                                | millibars   | Three hour trend | RISING                    | STEADY           | DROPPING |
| Cloud cover description:                 |             |                  |                           |                  |          |
| Wind Speed:                              | KM/h        | Estimated        | Direction From:           | Select Direction |          |
| Wind Gusts:                              | KM/h        | Wind Gusts MAX:  | KM/h                      |                  |          |
| Rain 1HR:                                | millimeters | Rain Total:      | millimeters               |                  |          |
| Snow 1HR:                                | centimeters | Snow Total:      | centimeters               | Water Content:   |          |
| NWS Level: NONE Issued                   |             |                  |                           |                  |          |
| Notes: (optional)                        |             |                  |                           |                  |          |
| Form Concept by KF5SMH                   |             |                  |                           | Ver 1.2          |          |



Oregon State Resource Request  
Request for State Resources

Winlink Status - Select Status

Title – Request for State Resources

4. OERS Incident Number- (4 digit year - 4 digit number)

5. Request Date - (auto-generated but editable, format MMDDYY)

6. Request Time (auto-generated, editable, Military 4 digit no delimiters , ie. 1345)

7. Verbal Request-

8. Requesting Name - Person entering the request should be the EM or delegated by the EM.

9. Winlink Call Sign- (Call Sign of originating station)

10. Requestors Title - (Title or Position of Requestor)

11. Jurisdiction- Select JURISDICTION

12. Requesting Organization Contact Information-  
Contact information in the organization that needs the resource (this is not necessarily the tribe/county sending the request).

13. Requesting Priority- ROUTINE

14. Request Status- DRAFT

15. Requesting Organization-  
Name of Organization requesting the resource (this is not necessarily the tribe/county sending the request).

Resource Request (Use one request per resource type)

16. Size- Unit of issue

17. Amount/Quantity-

18. Report to: Location-  
An address where the resource is to be delivered.

19. Report to: Point of Contact- Name of contact at the Report to: location.

20. Type of Resources - Assistance

21. Request Summary-

22. Date Required at Site-                      editable MMDDYY

23. Time Required at Site-                      (4-digit Military time, no delimiter, ie. 1455)

24. Duration of Assignment -

25. Other Mission Critical Information -

26. Operating Environment/Conditions -  
This will tell responding personnel what will be required during the response

27. Required Licenses, Credentials, etc.-  
For example is an electrician's license required for the installation?

### Related Tracking Information

28. Tracking Information-

29. Organization -

30. Remarks -

31. List of attached files-  
(Name & Attachment Description)  
Commonly used only for medical supply lists. Text Field

----- ARES EXERCISE -----      ----- ARES EXERCISE -----      ----- ARES EXERCISE -----

### OREGON *Activation - Deactivation Report* Vers 7.1

ARES EXERCISE      Report Type:    Activation    Deactivation

OERS Incident Name & Number:

1. Requester:      2. Position:

3. Agency:      4. Jurisdiction:

5. Time, Date of Activation:

6. Reason for Activation:

7. Expected Duration of Activation:

8. Station Type:    EOC

9. Call sign used for Voice is:      Call sign for Data is:

10. Station Physical Location:

|                     |                     |
|---------------------|---------------------|
| 11. VHF Frequencies | 12. UHF Frequencies |
|---------------------|---------------------|

13. HF Frequencies:  
 Primary 3964 kHz +/- 5 kHz LSB Voice  
 Secondary 7248 kHz +/- 5 kHz LSB Voice  
 Data Frequencies as chosen by Winlink Express  
 FEMA Channels 5330.5 kHz Dial Frequency USB Voice  
 Local frequency:

14. Winlink (Amateur Service) E-Mail traffic will be monitored at least      times per hour with acknowledgments.  
 SHARES E-Mail traffic will be monitored at least      times per hour with acknowledgments.

15. SHARES Calls in use:

16. Number of Operators at Station Location:

17. Other Information:

18. Authorizing Signature and Title:

19. Operator Issuing Message:

EXERCISE  
REAL EVENT

OREGON Declaration of Emergency Vers 7

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 Senders Call

EXERCISE  
REAL EVENT

OREGON *Public Event* Vers 8

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 & Call of Person Submitting Report

Call Sign

12. Position of Person Submitting Report

Winlink Express Sender

Report Filled at:

EXERCISE  
REAL EVENT

OREGON *Situation Report SITREP* Vers 7

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.*

Express Sender

Report Filled at:

**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

First click to add agency or group name initiating this request *(it will remain as such until you change it)*

| Message No. | Originating Station | Place of Origin | Time Filed | Destination |
|-------------|---------------------|-----------------|------------|-------------|
|-------------|---------------------|-----------------|------------|-------------|

Resource Request Data Input Form

|    |  |    |      |    |               |    |                                 |
|----|--|----|------|----|---------------|----|---------------------------------|
| 1. | Request - Limit 50 Char.<br>{Mission Name} | 2. | Date | 3. | Time Reported | 4. | Originating Agency<br>Id Number |
|----|--|----|------|----|---------------|----|---------------------------------|

|    |  |    |   |
|----|--|----|---|
| 5. | Requesting Official Name<br>and Contact Info | 6. | Request - Detailed Description<br>REF Box 1<br>(20 Words MAX) |
|----|--|----|---|

Resource Details

Request Priority (Precedence)

|    |   |                              |                              |                                |                                    |
|----|---|------------------------------|------------------------------|--------------------------------|------------------------------------|
| 7. | Life Safety/Immediate (A)<br>(4 hrs)<br>A | Priority (B)<br>(12 hr)<br>B | Routine (C)<br>(24 hrs)<br>C | Long-Term (D)<br>(96 hrs)<br>D | Extended (E)<br>(over 96 hrs)<br>E |
|----|---|------------------------------|------------------------------|--------------------------------|------------------------------------|

Resource Name (what are you requesting)

8. Resource: Other

Deliver To Location Below, and POC if different from Box 5. Request Official Contact Info:

9.

Status: Should be New Request unless you are VERY sure of what you are selecting.

10. Status: New Request

Amateur Radio Use Only

|                                |                         |                           |                           |
|--------------------------------|-------------------------|---------------------------|---------------------------|
| 11. Acknowledging<br>Callsign: | WebEOC<br>12. Tracking# | WebEOC<br>13. Date Filed: | WebEOC<br>14. Time Filed: |
|--------------------------------|-------------------------|---------------------------|---------------------------|

[Form idea by Ken Humbertson WØKAH]



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:

Response Operations

|                                 |                            |
|---------------------------------|----------------------------|
| 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

[Read Help and Instructions!](#)

|                      |  |  |   |       |                 |   |      |
|----------------------|--|--|---|-------|-----------------|---|------|
| Number               | Precedence<br>R<br>EMERGENCY<br>P<br>W<br>Emergency not in use at this time. | Handling Instructions<br>NONE<br>HXA<br>HXB<br>HXC<br>HXD<br><a href="#">HX Help</a> | Station Of Origin<br>Change if not you. | Check | Place of Origin | Time  | Date |
| SVC<br>(Handler use) |  |  |   |       |                 | Change to Local Time / Date<br>Default is UTC |      |

TO:

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State or Province: [2 Letter Codes](#) Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ E-mail: \_\_\_\_\_

Op Note about this Radiogram:

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

Signature (name) of person for whom message originated:

Operator Note:

>>> [NOW CLICK HERE and select a Liaison Station](#) <<<

Contact KB1TCE about this form: Ver 9.6

## 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*



|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |  |

**\*\* Remember to include units with readings: (uR/hr = micro R/hr, mR/hr = milli R/hr)**

Version 1.1 Direct questions on form use to: N4KIT

Revised 10/20/2014

## 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 | Command Post | Assistance Center   | Staging Area | Shelter |
|                | Mobile Fixed       | Phone Bank   | Distribution Center | Warehouse    | 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)       | 5208 | 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<br>Routine   | Org Station | Org Location    | Time               | Date |
|---|-------------|-----------------|--------------------|------|
| <b><i>Salvation Army Team Emergency Radio Network</i></b>                                     |             |                 |                    |      |
| SATERN General Message ICS213   |             |                 |                    |      |
| 1. Incident Name:   |             |                 |                    |      |
| 2. To:<br><br>Phone:                      Email:                      Town, State, Country:   |             |                 |                    |      |
| 3. From:<br><br>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 13

[Form Info](#)

Exercise  
 REAL EVENT

Select Incident-Event Location

Report Time                  Date                  Verified By

Tracking #                                  Destination

Extent of Injury                  Describe

Minor  
Delayed  
IMMEDIATE

Ambulance

Additional Comments on this Casualty if Any

Tracking #                                  Destination

Extent of Injury                  Describe

Minor  
Delayed  
IMMEDIATE

Ambulance

Additional Comments on this Casualty if Any

Tracking #                                  Destination

Extent of Injury                  Describe

Minor  
Delayed  
IMMEDIATE

Ambulance

Additional Comments on this Casualty if Any

*Senders comments if any*

SEVERE WEATHER REPORT

Sender  
 Report Date/Time (local) Report Version (Select one): Initial Update Final Message

*Fill in what you can. This form sends data as plain text to your 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**

*Check All That Apply.*

Flood: Choose  
 Hail: Choose  
 High Wind Speed: Choose [View Wind Speed guidelines](#)  
 Tornado / Funnel Cloud: Choose  
 Wind Damage: Choose  
 Winter Precipitation: Choose  
 Snow: Choose  
 Freezing Rain: Choose  
 Heavy Rain: Choose Time period: *Report 1" or greater in an hour and every inch thereafter, 2 inches or greater storm total.*

Additional Information or Damage Descriptions *(Be Brief)*

## 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*

SHARES SPOTREP-2 Ver 9.3

UNCLASSIFIED

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

R

FM

TO

INFO (CC)

Calls or E-mails entered into the TO or INFO fields above, can be multiples separated by a semicolon ;

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 current situation - expected outage times, major observations, etc.*

POC

For form use or 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               |
|-------------|------|-----------|--------------------------------|
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |
|             |      |           | -----<br>Required<br>Completed |

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

**Situation Report SITREP** Vers 8  
General

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

[Form Instructions](#)

Exercise    REAL EVENT    Initial Report    *This form is also sent as plain text in the message body, for non Winlink Express users.*

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.*

2400 Wright Street  
PO Box 7865  
Madison, WI 53707-7865

WISCONSIN EMERGENCY MANAGEMENT  
DEPARTMENT OF MILITARY AFFAIRS  
UNIFORM DISASTER SITUATION REPORT

Telephone: (608) 242-3232  
(800) 943-0003  
FAX (608) 223-6525

|                                  |                            |                         |    |               |                           |
|----------------------------------|----------------------------|-------------------------|----|---------------|---------------------------|
| NAME OF PERSON SUBMITTING REPORT | STREET ADDRESS             | CITY                    | ST | ZIP           | PHONE NO                  |
| EMAIL                            | TYPE OF INCIDENT/EMERGENCY | DATE & TIME OF INCIDENT |    | DATE REPORTED | VERSION<br>Select Version |

## LOCATION OF INCIDENT

|                              |        |   |         |  |  |
|------------------------------|--------|---|---------|--|--|
| WEM REGION<br>Select Version | COUNTY | OTHER LOCATION DETAILS (ATTACH A MAP SHOWING LOCATIONS) |         |  |  |
| CITY                         |        | TOWNSHIP  | VILLAGE |  |  |

## ESTIMATED NUMBER OF INDIVIDUALS IMPACTED

|           |        |          |          |           |
|-----------|--------|----------|----------|-----------|
| SHELTERED | DEATHS | INJURIES | HOMELESS | EVACUATED |
|-----------|--------|----------|----------|-----------|

## PRIVATE SECTOR DAMAGE ESTIMATES

| ESTIMATED NO. OF RESIDENTIAL HOMES |       |                           |           |                           | ESTIMATED DOLLAR AMOUNT<br>\$  | PERCENT COVERED BY INSURANCE<br>% |
|------------------------------------|-------|---------------------------|-----------|---------------------------|--------------------------------|-----------------------------------|
| AFFECTED                           | MINOR | MAJOR                     | DESTROYED | TOTAL RESIDENTIAL         |                                |                                   |
|                                    |       |                           |           |                           |                                |                                   |
| ESTIMATED NO. OF BUSINESSES        |       |                           |           |                           | ESTIMATED DOLLAR AMOUNT<br>\$  | PERCENT COVERED BY INSURANCE<br>% |
| AFFECTED                           | MINOR | MAJOR                     | DESTROYED | TOTAL BUSINESS            |                                |                                   |
|                                    |       |                           |           |                           |                                |                                   |
| FARM BUILDINGS DAMAGED?<br>YES NO  |       | CROPS AFFECTED?<br>YES NO |           | LIVESTOCK LOST?<br>YES NO | TOTAL AGRICULTURAL COSTS<br>\$ | TOTAL PRIVATE SECTOR DAMAGE<br>\$ |

## PUBLIC SECTOR DAMAGE ESTIMATES

|   |                                 |                       |                                   |
|---|---------------------------------|-----------------------|-----------------------------------|
| A) DEBRIS CLEARANCE<br>\$                 | B) PROTECTIVE MEASURES<br>\$    | C) ROAD SYSTEMS<br>\$ | D) WATER CONTROL FACILITIES<br>\$ |
| E) PUBLIC BLDGS & RELATED EQUIPMENT<br>\$ | F) PUBLIC UTILITY SYSTEMS<br>\$ | G) OTHER<br>\$        | TOTAL PUBLIC SECTOR DAMAGE<br>\$  |

DESCRIBE LOCAL ACTIONS TAKEN OR TO BE TAKEN. INCLUDE NAMES AND PUBLIC OFFICIALS INVOLVED IN THE RESPONSE EFFORTS.

DESCRIBE OUTSIDE ASSISTANCE NEEDED OR BEING REQUESTED.

ADDITIONAL COMMENTS (INCLUDE ECONOMIC OR OTHER IMPACTS ON AFFECTED COMMUNITIES).

DOES THE COUNTY INTEND TO APPLY FOR ASSISTANCE FROM THE WISCONSIN DISASTER FUND? YES NO

Version 1.0

# 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 &amp; Welfare - Status or Information Message

Vers 16

This form is used to send information or a status report to family members or friends via Winlink E-Mail.

*Suggest more than one E-Mail address to increase the chances that someone will get this message.*

>> NO REPLY is expected, nor can be processd. 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 3/29/2019

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

From Winlink Web Site.

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:

Turn off in Express "Preferences", the feature to add //WL2K to the subject line. It is active by default. Systems messages do not work when the //WL2K is seen.

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.

### Winlink Check In

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

[Form Info](#)

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

|           |        |  |      |                                       |         |   |
|-----------|--------|--|------|---------------------------------------|---------|---|
| Date/Time | Status | Exercise<br>Net Check In<br>REAL EVENT | Band | -N/A-<br>VHF<br>220<br>UHF<br>80 Mtrs | Session | Telnet<br>Arden/Mesh<br>WebMail<br>Packet<br>Winmor |
|-----------|--------|--|------|---------------------------------------|---------|---|

Send To:

[Clear "Send To" entries.](#)

*Entries will remain until you change or clear them.*

Calls Signs of Initial Operator (s)

Sender

Location

Comments *(be brief)*

Ver 18