

EMERGENCY
(LIFE / SAFETY)

URGENT

ROUTINE

Info Only



EMERGENCY OPERATIONS CENTER INCIDENT REPORT FORM

City Tracking # 1251

State Mission # _____

Date _____ Time _____ Taken By _____ Phone Fax Walk-In
 Radio E-mail

Caller Comments: (Please Print Firmly)

Caller Name _____ Caller Address _____

Caller Phone # _____ Caller E-mail _____

Incident Location: (address, cross streets, landmark) _____

Route To:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> EOC Director | <input type="checkbox"/> Liaison Officer | <input type="checkbox"/> Police Department | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> EOC Coordinator | <input type="checkbox"/> Public Information Officer | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Shelter _____ |
| <input type="checkbox"/> Logistics Section | <input type="checkbox"/> Communications Unit | <input type="checkbox"/> American Red Cross | <input type="checkbox"/> Utility _____ |
| <input type="checkbox"/> Operations Section | <input type="checkbox"/> Auxiliary Radio Comm. Service | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Planning Section | <input type="checkbox"/> City Operations Group | <input type="checkbox"/> Finance Section | _____ |

Requested Action:

- Yours to take lead We need your help Send message to: _____
 cc: _____ Information Only Date / Time Sent: _____

Resources Needed - (Kind, Type, Number)

Action Taken:

Date _____ Time: _____ By: _____ Referred To _____

Action Taken:

Date _____ Time: _____ By: _____ Referred To _____

Final Action Taken:

Closed Out: Date _____ Time: _____ By: _____

*** When completed, return this form to Documentation Unit ***

Post on EOC status board (Check All that Apply):

- Map Shelters Significant Events WEBEOC Transportation/Road Closures
 Other (Resources, Utilities, Sent to ZONE1 or KCECC etc) _____