











# City Status Report

(continued)

## (8) Fire / Rescue

Place letter in box under "TYPE" of each problem listed below

(a) FIRE (b) RESCUE (c) HAZ MAT (d) TRAPPED (e) DIMINISHED WATER PRESSURE

TYPE	INCIDENT LOCATION	WIND DIRECTION _____	SPEED _____

## (9) Law Enforcement

Place letter in box under "TYPE" of each problem listed below

(a) CRIMINAL ACTIVITY (b) EVACUATIONS (c) TRAFFIC CONTROL (d) ACCESS/CROWD CONTROL

TYPE	INCIDENT LOCATION	ACTION TAKEN

## (10) Communications

	OPERATIONAL	FREQUENCY
(a) Radio System	(1) Fire ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
	(2) Law ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
	(3) Public Works ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
	(4) Other Government ..... YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
(b) E.O.C. Contact Frequency .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
(c) Disaster Communications Service .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
(d) Telephone System .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

## (11) Status of Government

(a) E.O.C Activated YES  NO       (b) Local Emergency Proclaimed YES  NO

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(c) Prognosis \_\_\_\_\_

(d) Sender \_\_\_\_\_ (e) Time Sent \_\_\_\_\_  
NAME RANK/TITLE



# Reconnaissance Report

CITY OF \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

AS OF: TIME \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

	GREEN	AMBER	RED	BLACK
<b>Infrastructure</b>				
<b>Hospitals</b>				
<b>Fire / Rescue</b>				
<b>Law Enforcement</b>				
<b>Communications</b>				
<b>Status of Government</b>				

Check appropriate color column for each function

GREEN ----- FULLY OPERATIONAL  
AMBER ----- SOME REDUCTIONS IN SERVICE  
RED ----- EMERGENCY SERVICE ONLY  
BLACK ----- INCAPABLE OF PROVIDING SERVICES

SENDER \_\_\_\_\_

LEAVE CATEGORY BLANK IF STATUS IS UNKNOWN