

Incident SITUATION REPORT

FACILITY:		FILER'S INFORMATION Phone: Email:	
COMPLETED BY: POSITION:			
DATE:		TIME:	
1) REPORT TYPE (CHECK): <input type="checkbox"/> INITIAL <input type="checkbox"/> UPDATE #___ <input type="checkbox"/> FINAL			
2) REPORT STATUS (CHECK): <input type="checkbox"/> ADVISORY (NO ACTION REQUIRED) <input type="checkbox"/> ALERT (ACTION REQUIRED)			
3) YOUR GROUP IS (CHECK): <input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NOT FUNCTIONAL			
4) WHY YOU'RE NOT FULLY FUNCTIONAL?			
5) PROGNOSIS (CHECK ONE): NO CHANGE IMPROVING WORSENING			
6) YOUR SITUATION:			
7) YOUR PRIORITIES:			
8) ACTIONS TAKEN:			
9) CLIENT POPULATION:			
10) HOW MANY STAFF ON SCENE?		HOW MANY AVAILABLE?	

11) WHAT DO YOU NEED?			
12) HAVE YOU EXHAUSTED:	LOCAL RESOURCES	Y <input type="checkbox"/>	N <input type="checkbox"/>
	NORMAL DISTRIBUTORS	Y <input type="checkbox"/>	N <input type="checkbox"/>
	MOUs	Y <input type="checkbox"/>	N <input type="checkbox"/>
Email to MHOAC: tinavenable@countyofplumas.com			
FAX TO (530) 283 - 6110		CONTACT PERSON:	
RECEIVED BY:		DATE:	TIME:

Facilities in need of personnel and/or supplies must submit a Resource Request with a Situation Report.