

# EOC ACTION PLAN

Form: EOCActionPln1 ©

## OPERATIONAL PERIOD:

DATE: \_\_\_\_\_ TIME From: \_\_\_\_\_ : \_\_\_\_\_ AM ☐ PM ☐ To: \_\_\_\_\_ : \_\_\_\_\_ AM ☐ PM ☐

### DESCRIPTION OF SITUATION


No.

### OBJECTIVES AND PRIORITIES FOR OPERATIONAL PERIOD


### OPERATIONAL PERIOD WEATHER FORECAST


### SAFETY MESSAGE


ATTACHMENTS  
( Check if Attached)

☐

EOC Action Worksheet

☐

Current Sitrep

☐

Other Information

☐

Organization Chart

☐

Map or Pictures

PREPARED BY: \_\_\_\_\_ APPROVED BY (EOC DIRECTOR): \_\_\_\_\_

PAGE 1 of \_\_\_\_\_

# EOC STAFFING ORGANIZATION / LIST

<div style="border: 2px solid black; padding: 5px; display: inline-block;">EOC DIRECTOR</div>			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%; border-left: 1px solid black; border-right: 1px solid black; height: 100%;"></div> <div style="width: 50%;"> <div style="margin-bottom: 20px;"> Public Information Officer  <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> </div> <div style="margin-bottom: 20px;"> Emer. Mgmt. Coordinator  <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> </div> <div> Liaison Officer  <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> </div> </div> </div>			
<div style="border: 2px solid black; padding: 2px; background-color: #f0f0f0;">OPERATIONS</div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 300px; padding: 5px;"> <div style="margin-bottom: 10px;">Law Enf. Fire / Rescue</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Env. Health &amp; Safety</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Facilities Mgmt.</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Student Coordination</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Parent Coordination</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">First Aid / Medical</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> </div>	<div style="border: 2px solid black; padding: 2px; background-color: #f0f0f0;">PLANNING</div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 300px; padding: 5px;"> <div style="margin-bottom: 10px;">Documentation Coord.</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Situation Status</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Damage Assessment</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Recovery</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> </div>	<div style="border: 2px solid black; padding: 2px; background-color: #f0f0f0;">LOGISTICS</div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 300px; padding: 5px;"> <div style="margin-bottom: 10px;">Personnel</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Purchasing / Supply</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Communications</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Transportation</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Care/Shelter</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> </div>	<div style="border: 2px solid black; padding: 2px; background-color: #f0f0f0;">FINANCE</div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 300px; padding: 5px;"> <div style="margin-bottom: 10px;">Cost Unit</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="margin-bottom: 10px;">Time Unit</div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> </div>

## OTHER KEY RESPONSE PERSONNEL

ASSIGNMENT	NAME	ASSIGNMENT	NAME	ASSIGNMENT	NAME

## INSTRUCTIONS

Fill in names of EOC Staff and Other Key Response Personnel for this operational period.

PREPARED BY:

APPROVED BY (EOC DIRECTOR):

PAGE 2 of

MANAGEMENT SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

OPERATIONS SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

PLANNING SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

LOGISTICS SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

FINANCE SECTION TASKS FOR THIS OPERATIONAL PERIOD	Assigned To:

ADDITIONAL ESSENTIAL INFORMATION

**Operational Period #** \_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

# ACTION PLAN WORKSHEET

FORM: EOCAPWorkpge

[illegible]



[illegible]





**Priority: Check One**

Urgent ☐

Use this document to identify **Major Incidents** that require response / tracking from multiple EOC Sections or to rapidly disseminate **Important Information** throughout the EOC. **DO NOT** use this document to request Logistics Section resources (personnel, supplies, or equipment). Please **write legibly** - others must be able to read info.

**This block completed by the  
Message Coordinator in the  
Planning Section only**

Incident # \_\_\_\_\_



**Operational Period:** \_\_\_\_\_

## MAJOR INCIDENT OR SIGNIFICANT INFORMATION REPORT LOG

[illegible]



Priority: Check One

Life Threatening☐

Urgent☐

Non-urgent☐

LOGISTICS REQUEST FORM

Requesting Unit Leader Copy

Completed by Requesting U.L.

Local Incident #:

Completed by Log. Section

Mission Control #:

Date:  Time:  A.M.☐ P.M.☐ Req. Agency/Dept.  Requester Name:

Requester Phone #:  EOC Point-of-Contact:  When Needed:

Purpose on Need of Resource:  Emergency Response ☐ Debris Removal ☐

Est. Use duration (if applicable):  Location of use/Best Access:

Deliver to:  Phone # (delivery location):  Charge cost to:

Approved by Section Chief (Name):  Logistics Section Point-of-Contact:

Misc. Information:

NUMBER	DESCRIPTION OF SUPPLIES OR SERVICES REQUIRED

**LOGISTICS REQUEST NCR FORM OVERVIEW**

The Logistics Request NCR Form may be used to request resources (other than Law Enforcement or Fire which utilizes their own mutual aid request channels) including personnel, equipment, supplies or facilities. The document is used for tracking logistics requests within the EOC or as a tool to make requests between jurisdictions. Requests for resources should not be forwarded to another jurisdiction until it has been determined that the requested items/personnel/equipment cannot be obtained within the requesting jurisdiction. It is the Logistics Section Chief's responsibility to ensure that all local options to fill the request have been exhausted prior to forwarding the request to another jurisdiction.

**COMPLETING THE LOGISTICS REQUEST NCR FORM**

The first page of the Logistics Request Form should be completed by the individual requesting the resources. Remember to complete each blank and press hard to ensure that the information is legible on the second and third pages of the NCR form. The individual requesting the resources should retain the first page for their records. Pass the second and third pages to the Logistics Section Chief or Supply Unit Leader for action. It is recommended that you discuss the resource request with the Logistics Section Chief or Supply Unit Leader to ensure full understanding of the request.













PLANNING SECTION - INCIDENT CHART

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION



PLANNING SECTION - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION



FIRE / RESCUE - INCIDENT CHART

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION





FIRE / RESCUE - INCIDENT CHART

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION



[illegible]



## FACILITIES - INCIDENT CHART

[illegible]



FACILITIES - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION





# FIRST AID / MEDICAL - INCIDENT CHART

[illegible]



FIRST AID / MEDICAL - INCIDENT REPORT

INC NUM	DATE/TIME OF REPORT	DESCRIPTION	LOCATION	ACTION



# EOC LOGISTICS SECTION - PERSONNEL CHART

SECTION UNIT	FIRST SHIFT ____ AM/PM TO ____ AM/PM			SECOND SHIFT ____ AM/PM TO ____ AM/PM			SUPPORT PERSONNEL	NOTES
	NAME	PHONE	NOTES	NAME	PHONE	NOTES		
EOC DIRECTOR								
PUBLIC INFORMATION OFFICER								
LIAISON OFFICER								
EMERGENCY MGMT. COORDINATOR								
OPERATIONS CHIEF								
LAW ENF / FIRE RES UNIT LDR								
ENV HEALTH & SAFETY UNIT LDR								
STUDENT COORD UNIT LDR								
PARENT COORD UNIT LDR								
FIRST AID MEDICAL UNIT LDR								
PLANNING CHIEF								
MESSAGE COORD / DOCUMENTATION								
SITSTAT UNIT LDR								
DAMAGE ASSMT. UNIT LDR.								
RECOVERY UNIT LDR.								



## EOC LOGISTICS SECTION - PERSONNEL CHART

[illegible]





**Operational Period #** \_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

# ACTION PLAN WORKSHEET

FORM: EOCAWorkpge

[illegible]



# MANAGEMENT SITUATION REPORT [SITREP]

EOC MANAGEMENT SECTION SITUATION REPORT										[EOC DIRECTOR]			
DATE:		TIME:		REPORT NO:		REPORTING PERIOD (hrs):		8	<input type="checkbox"/>	12	<input type="checkbox"/>	24	<input type="checkbox"/>
PREPARED BY:						INCIDENT:							
DIRECTOR SHIFT 1:						DIRECTOR SHIFT 2:							

## EOC ACTIVATION / DECLARATIONS / ORDINANCES

ACTIVATION / DECLARATION / ORDINANCES	SUBJECT MATTER	DATE / TIME
EOC ACTIVATION:		
CITY DECLARATION:		
GUBERNATORIAL DECLARATION:		
PRESIDENTIAL DECLARATION:		
RESOLUTION OR ORDINANCE NO.		

## ACTION PLAN OBJECTIVES FOR NEXT OPERATIONAL PERIOD

1.
2.
3.
4.
5.
7.
8.

## SCHEDULED MEETINGS

Type of Briefing	Date / Time	Location	Contact Person

### MISC. INFORMATION / NOTES

[illegible]

[illegible]

SCHEDULED PUBLIC INFORMATION BRIEFINGS			PUBLIC INFORMATION OFFICER
TYPE OF BRIEFING	DATE/TIME	LOCATION	CONTACT PERSON

[illegible]

**EOC PLANNING SECTION SITUATION REPORT** **[PLANNING SECTION CHIEF]**

**[PLANNING SECTION CHIEF]**

**SECTION CHIEF SHIFT 1:** \_\_\_\_\_ **SECTION CHIEF SHIFT 1:** \_\_\_\_\_

ACTIVATION / DECLARATION / ORDINANCES	BY DIRECTION OF	DATE / TIME
EOC ACTIVATION:		
LOCAL EMERGENCY DECLARATION:		

	CATEGORY	SOURCE OF INFORMATION	NUMBER
1A	DEATHS		
1B	INJURIES		
1C	MISSING		

FEMA CATEGORY	SOURCE OF INFORMATION	AMOUNT
A - DEBRIS CLEARANCE		
B - PROTECTIVE MEASURES		
C - ROADS AND BRIDGES		
D - WATER CONTROL FACILITIES		
E - PUBLIC BUILDINGS AND EQUIPMENT		
F - UTILITIES		
G - OTHER -		
TOTAL FEMA CATEGORY DAMAGE ASSESSMENT ESTIMATE:		

TODAYS TEMPERATURE LOW / HIGH / RAIN LAST 24 Hrs WIND DIR / SPEED /				
TOMORROW'S TEMP. LOW / HIGH / RAIN NEXT 24 Hrs WIND DIR / SPEED /				

[illegible]

## DAMAGE ASSESSMENT SUMMARY

DATE/TIME OF SUMMARY: \_\_\_\_\_

[illegible]

# LAW ENFORCEMENT SITUATION REPORT [SITREP]

LAW ENFORCEMENT SITUATION REPORT		[POLICE DEPARTMENT]	
DATE: _____	TIME: _____	RPTG PERIOD	8 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/>
PREPARED BY:	INCIDENT:		
SECTION CHF SHIFT 1:	SECTION CHF SHIFT 2:		

RESOURCE STATUS SUMMARY			
Resources	PERSONNEL	VEHICLES	EQUIPMENT
LOSSES			
COMMITTED			
AVAILABLE NOW			
AVAILABLE IN TWO HOURS			
MUTUAL AID REQUESTED			
STAGING AREA LOCATION:			
REMARKS/SPECIAL EQUIPMENT NEEDS:			

PRIORITY PROBLEMS	PROBLEM/LOCATION (BY PRIORITY)
1	
2	
3	
4	

ROAD CONDITIONS (ATTACH MAP ON BACK)			
ROAD/LOCATION	CLOSED	LIMITED TRAFFIC	EXPECTED OPENING
1.			
2.			
3.			
4.			
BEST NORTH/SOUTH ROUTE:			
BEST EAST/WEST ROUTE:			

PIO INFORMATION	[Curfew/access restrictions; etc.]

MUTUAL AID UTILIZATION					
AGENCY/STRIKE TEAM #	ETA OR ON SCENE DATE/TIME	TYPE EQUIPMENT	COMMANDER	ASSIGNED TO	STATUS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

[illegible][illegible]



# FIRE/RESCUE SITUATION REPORT [SITREP]

<b>FIRE/RESCUE SITUATION REPORT</b>			<b>[FIRE DEPARTMENT]</b>	
DATE:	TIME:	REPORT NO.	RPTG PERIOD	8 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/>
PREPARED BY:		INCIDENT .		
SECTION CHF SHIFT:		SECTION CHF SHIFT 2:		

RESOURCE STATUS			
RESOURCES	PERSONNEL	VEHICLES	OTHER
FIRE RESOURCE LOSSES			
RESOURCES COMMITTED			
S/T AVAILABLE NOW			
S/T AVAILABLE IN 2 HOURS			
MUTUAL AID REQUESTED			
REMARKS:			

PRIORITY PROBLEMS					
PROBLEM LOCATION (BY PRIORITY)	INCIDENT COMMANDER	CP LOCATION	RESOURCES ON SCENE	DEAD INJURED	HOMES DMGD/DEST
1.				___ / ___	___ / ___
2.				___ / ___	___ / ___
3.				___ / ___	___ / ___
REMARKS:					

AREAS EVACUATED				
AREA	CAUSE OF EVACUATION	NUMBER EVACUATED	EVACUATED TO	EXPECTED RETURN
1.				
2.				
3.				

SEARCH AND RESCUE AREAS			
INCIDENT NAME	LOCATION	INCIDENT COMMANDER	STATUS
1.			
2.			
3.			
4.			

## MUTUAL AID UTILIZATION

AGENCY/STRIKE TEAM #	ETA OR ON SCENE DATE/TIME	TYPE EQUIPMENT	COMMANDER	ASSIGNED TO	STATUS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

## SPECIAL NOTES/REMARKS

[illegible]

## PIO INFORMATION

[illegible]

## Disaster Summary Outline

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

## GENERAL

College/University Name: \_\_\_\_\_

Type of Disaster (Flood, Hurricane, Tornado, etc.) \_\_\_\_\_

If this is a flood event, does the College/University participate in the National Flood Insurance Program (NFIP) ?

Yes ☐ No ☐

Inclusive dates of the disaster : \_\_\_\_\_

Was a local disaster declaration issued? Yes/ No (Not applicable for Agriculture assistance only)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (        )        Fax(        )       

Cell: ( )

## INDIVIDUAL ASSISTANCE

**Casualties:** (Contact local area hospitals)

A. Number of Fatalities \_\_\_\_\_

B. Number of Injuries \_\_\_\_\_

C. Number Hospitalized \_\_\_\_\_

**Description of Situation:**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Estimated number of persons whose situation will not be satisfied by volunteer organizations (Contact local volunteer organizations) \_\_\_\_\_

Are shelters opened? Yes/No                      How many ? \_\_\_\_\_

Name, location, capacity, and current occupancy of shelters?

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NOTE: All disaster related costs should be separated into the seven damage/work categories listed below:

Category	Subcategory	No. of Sites	Estimated Repair Costs \$	Anticipated Insurance *
Debris Clearance				
Emergency (EMS, Fire, Police)			\$	\$
Road & Bridge	Roads - Paved		\$	\$
	Roads- Unpaved		\$	\$
	Bridges - Destroyed		\$	\$
	Bridges - Closed & Repairable		\$	\$
	Bridges - Damaged & Serviceable		\$	\$
	Culverts - Totally washed away		\$	\$
	Culverts - Damaged & still in place		\$	\$
Water Control Facilities (Dams, levees, dikes)			\$	\$
Buildings & Equipment			\$	\$
Public Utility Systems (Gas, Electric, Sewer, Water)			\$	\$
Other (Recreational Facilities, Airports, etc.)			\$	\$
<b>Totals</b>			\$	\$

Anticipated insurance is normally calculated by subtracting any deductible, depreciation or uncovered loss from the estimated repair cost.

This form is for damage assessment reporting purposes only. If the college/university determines that the situation is of such severity and magnitude that an effective response is beyond the affected institution's capability to recover, a letter outlining the disaster impact and the need for supplemental State and/or Federal assistance, and a local state of disaster proclamation must accompany this DSO.