



Situation Report

Location of Incident:	Time of Report:	Date of Report:
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Type of Event [descriptive category] - check all that apply:

<input type="checkbox"/> Building damage / collapse	<input type="checkbox"/> Building assessment	<input type="checkbox"/> Explosion
<input type="checkbox"/> Person trapped	<input type="checkbox"/> Utility hazard	<input type="checkbox"/> Security
<input type="checkbox"/> Chemical / Hazardous Materials	<input type="checkbox"/> Fire	<input type="checkbox"/> Other _____

Area of Campus Affected	Time & Date Incident Identified / Found:
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Human Impact:

<u>Estimated Number of Dead</u> :	Estimated Number of: <u>Critically Injured</u> : <u>Injuries considered Minor</u> :
<u>Total Number Evacuated</u> :	

Property Loss:

Buildings Destroyed [name of building]:
Buildings Damaged [name of building - indicated major/minor]:

Utility Assessment:

Gas
Electric
Water
Sewer
Communications

Transportation Assessment [roads - internal and external]:

Non-Structural Property Assessment:

Name of Person Completing Report [printed]:	Signature of Person Completing Report:
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Summary of Significant Events:

Mitigation Actions Taken:

Status of Individuals Still at Risk:

<u>Location</u>	<u>Number</u>	<u>Cause</u>	<u>Status</u>
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Names of Emergency Personnel Involved in Actions Taken:

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This Report was Transmitted to:

Name:	Position/Title:
Location:	Date / Time:

Other Special Problems / Comments:
