



Location of Incident:	Time of Report:	Date of Report:
-----------------------	-----------------	-----------------

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"/> Drill [evacuation / exercise]
		<input type="checkbox"/> Other _____

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

Human Impact:

Estimated Number of Dead: _____	Estimated Number of: _____
Total Number Evacuated: _____	CRITICAL Injuries: _____ Injuries Considered MINOR: _____

Property Loss:

Buildings Destroyed [name of building]:
Buildings Damaged [name of building – indicate major/minor]:

Utility Assessment:

Gas:	Water:
Electric:	Sewer:
Telephone:	Network Connectivity:

Transportation Assessment [roads – internal & external]:

Non-Structural Property Assessment:

Other Special Problems / Comments:

Name of Person Completing Report [PRINTED]:	Signature of Person Competing Report:
---	---------------------------------------

This Report was Transmitted to::

Name:	Position / Title:
Location [i.e., EOC]:	Date / Time:

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>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Names of Emergency Personnel Involved in Actions Taken [Please Print]:

<hr/>	<hr/>
<hr/>	<hr/>