

EOC UPDATE REPORT

Date: _____ Time: _____ CERT Area: _____

Field Activity

Number of CERT-trained Volunteers on Site: _____

Number of Convergent Volunteers on Site: _____

Number of Zones: _____ Number of Zones Searched: _____

Number of Impacted Zones: _____

Number of Locations Requiring External Support (e.g., first responders): _____

Number of Resources Needed: _____

Area Status Assessment (high-level):

Medical Assessment

Number of Victims Transported to ICP: _____ at ICP: _____

Number of Victims Transported to Medical Facilities: _____

Number of Victims Awaiting Transport to ICP: _____ to Medical Facilities: _____

Number of Deceased in Field: _____ at ICP: _____