

# EOC UPDATE REPORT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ CERT Area: \_\_\_\_\_

Reporting Times: NW on Quarter Hour; NE on Half Hour  
SW on Quarter to Hour; SE on the Hour

## **Field Activity**

Number of CERT-trained Volunteers on Site: \_\_\_\_\_

Number of Zones: \_\_\_\_\_

Which Zones Have Been Searched: \_\_\_\_\_

Area Status Assessment (high-level) including Zones needing assistance  
(Please Describe)

Number of Additional CERT Resources Needed: \_\_\_\_\_  
(Please Explain)

## **Medical Assessment**

Number of Victims Transported to ICP: \_\_\_\_\_

Number of Victims Currently at ICP: \_\_\_\_\_

Number of Victims Transported to Medical Facilities: \_\_\_\_\_