

EOC Management Team Briefing Agenda

| | | | |
|----------------------------|----------------------------|--------------------|--------------------|
| Event: | | Date: | Time: |
| Operational Period: | From: To: | PEP Task #: | Chaired By: |

| Agenda Items | | Responsible Function |
|--------------|---|------------------------|
| 1. | Status Reports (Use EOC 401A) | All Functions |
| 2. | Old Business (Follow-up from last Briefing) | EOC Director |
| 3. | Resource Status | Planning Section Chief |
| 4. | Probabilities and Predictions | Planning Section Chief |
| 5. | Public Information and Media | Information Officer |
| 6. | Priorities and Objectives | EOC Director |
| 7. | Attachments | Planning Section Chief |
| 8. | New/Other Business | All Functions |

| Tasks / Assignments (Outcomes from briefing) | Responsible Function | Estimated Completion Time |
|---|----------------------|---------------------------|
| a) | | |
| b) | | |
| c) | | |
| d) | | |
| e) | | |
| f) | | |
| g) | | |
| h) | | |
| i) | | |
| j) | | |

| | |
|-----------------------------------|------------------------------------|
| Briefing Notes/Minutes: | |
| | |
| Recorder (Notes taken by): | Approved By (EOC Director): |

- Distribution:**
- | | |
|--|---|
| <input type="checkbox"/> EOC Director | <input type="checkbox"/> Operation Section Chief |
| <input type="checkbox"/> Risk Management Officer | <input type="checkbox"/> Planning Section Chief |
| <input type="checkbox"/> Liaison Officer | <input type="checkbox"/> Logistics Section Chief |
| <input type="checkbox"/> Information Officer | <input type="checkbox"/> Finance & Administration Section Chief |
| <input type="checkbox"/> | <input type="checkbox"/> |

Section / Function Status Report

| | | | |
|---------------------------|----------------------|---|-------------------------------|
| Event: | | Status Report Source/Type: | |
| Date: | Time: | <input type="checkbox"/> Section/Function <input type="checkbox"/> Branch/Unit | |
| Operational Period | From: To: | PEP Task #: | Section/Function Name: |

Current Situation: (Incidents, actions taken, resource status, etc.)

Outstanding Issues/Challenges/Problems:

Anticipated Priorities/Activities: (For future operational periods)

Other Comments/Issues: (i.e., media information, public information bulletins, safety tips...)

Distribution:

| | | | |
|--------------------------|-------------------------|--------------------------|--|
| <input type="checkbox"/> | EOC Director | <input type="checkbox"/> | Operations Section Chief |
| <input type="checkbox"/> | Risk Management Officer | <input type="checkbox"/> | Planning Section Chief |
| <input type="checkbox"/> | Liaison Officer | <input type="checkbox"/> | Logistics Section Chief |
| <input type="checkbox"/> | Information Officer | <input type="checkbox"/> | Finance & Administration Section Chief |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

Position Decision / Approval Log

| | | |
|---|--------------------|------------------|
| Event: | Time: | Date: |
| Operational From: Period To: | PEP Task #: | Position: |

| Incident# | Decision | Approved By | Remarks | Date / Time |
|-----------|----------|-------------|---------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Contact Directory

| | | |
|---------------------------|------------------|------------------------------|
| Event: | Time: | Date: |
| Operational Period | From: To: | PEP Task #: Position: |

| | |
|-------------------------------------|-------------------------------------|
| Agency: | Agency: |
| Contact Name: | Contact Name: |
| Title: | Title: |
| Business Phone: () - | Business Phone: () - |
| Cell Phone: () - | Cell Phone: () - |
| Pager: () - | Pager: () - |
| After Hours Phone: () - | After Hours Phone: () - |
| Fax: () - | Fax: () - |
| Email: | Email: |
| Location: (complete address) | Location: (complete address) |
| Agency: | Agency: |
| Contact Name: | Contact Name: |
| Title: | Title: |
| Business Phone: () - | Business Phone: () - |
| Cell Phone: () - | Cell Phone: () - |
| Pager: () - | Pager: () - |
| After Hours Phone: () - | After Hours Phone: () - |
| Fax: () - | Fax: () - |
| Email: | Email: |
| Location: (complete address) | Location: (complete address) |
| Agency: | Agency: |
| Contact Name: | Contact Name: |
| Title: | Title: |
| Business Phone: () - | Business Phone: () - |
| Cell Phone: () - | Cell Phone: () - |
| Pager: () - | Pager: () - |
| After Hours Phone: () - | After Hours Phone: () - |
| Fax: () - | Fax: () - |
| Email: | Email: |
| Location: (complete address) | Location: (complete address) |

Position Log

| | | | | | |
|--------------------------|--|-----------------|--|--------------------|--|
| Event: | | Section: | | Position: | |
| Operational From: | | To: | | PEP Task #: | |
| Period | | | | Date: | |

| LOG | | | | | |
|------|----|------|--------|--------------------------|--------------------------|
| Time | To | From | Action | Follow-Up | Closed |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Damage Assessment

| | | | | | | |
|--|---------------------------------|---------------------------------|-----------------------|-----------------|------------------|--|
| Event: | | Time: | | Date: | | |
| Operational Period From: | | | PEP Task #: | | Position: | |
| To: | | | | | | |
| Public Property | | No. | Est. Value | Comments | | |
| | Municipal Facilities Damaged | | \$ | | | |
| | Municipal Facilities Destroyed | | \$ | | | |
| | Public Facilities Damaged | | \$ | | | |
| | Public Facilities Destroyed | | \$ | | | |
| | Provincial Facilities Damaged | | \$ | | | |
| | Provincial Facilities Destroyed | | \$ | | | |
| | Federal Facilities Damaged | | \$ | | | |
| | Federal Facilities Destroyed | | \$ | | | |
| | Roads Damaged | | \$ | | | |
| | Roads Destroyed | | \$ | | | |
| | Bridges Damaged | | \$ | | | |
| | Bridges Destroyed | | \$ | | | |
| | Railroads Damaged | | \$ | | | |
| | Railroads Destroyed | | \$ | | | |
| | Water Supply Damaged | | \$ | | | |
| | Sewers Damaged | | \$ | | | |
| | Total Public Damage: | | | \$ | | |
| | Private Property | Residential Buildings Damaged | | \$ | | |
| | | Residential Buildings Destroyed | | \$ | | |
| Businesses Damaged | | | \$ | | | |
| Businesses Destroyed | | | \$ | | | |
| Agriculture Damaged | | | \$ | | | |
| Agriculture Destroyed | | | \$ | | | |
| Total Public Damage: | | | \$ | | | |
| Priority Repairs / Restoration: | | | | | | |
| Prepared By: | | | Date and Time: | | | |

**Emergency Social Services
RECEPTION CENTRE / GROUP LODGING
SITUATION REPORT**



From:

- Reception Centre
 Group Lodging

To:

ESS Director at EOC – Fax: () -

PEP Task #:

Update:

| | |
|---|--|
| Completed by: Name of person compiling report | This Update Covers Dates and Times: From: To: |
|---|--|

| | |
|-------------------------------------|--------------------------|
| Facility Name: | Community: |
| Facility Address: | |
| Designated Facility Contact: | Position: |
| Phone Number: () - | Fax Number: () - |

| Services Provided Statistics: | How Many this Report | Running Total |
|--|----------------------|---------------|
| Number of evacuees registered (on ESS File Form) at this Reception Center | | |
| Number of evacuees provided with commercial lodging | | |
| Number of evacuees using billeting resources | | |
| Number of evacuees currently lodged in Group Lodging Maximum lodging capacity of this facility: | | |
| Number of ESS workers activated in this report : | | |
| Local Volunteers | | |
| Community Staff | | |
| Local Authority Staff | | |

| Financial Estimates of Event: | How Much this Report (\$) | Running Total (\$) |
|--|---------------------------|--------------------|
| Estimated cost of referrals (food, lodging, clothing, transportation, incidentals) | \$ | \$ |
| Estimated cost of other on-site ESS operations (food services, equipment rental, etc.) | \$ | \$ |

Comments / Issues:

(for completion by Group Lodging Manager or Reception Centre Manager)

| |
|--|
| |
|--|

PLEASE NOTE: THIS REPORT DOES NOT CONSTITUTE A REQUEST FOR ADDITIONAL RESOURCES

| | |
|---------------------|---|
| Approved by: | <input type="checkbox"/> Group Lodging Manager <input type="checkbox"/> Reception Centre Manager |
|---------------------|---|

FOR USE OF EOC or ESS Office

This report was:

- Received by fax
- Created via phone call from facility contact
- Received via radio transmission
- Other specify:

Emergency Social Services Local Situation Report



FROM: EOC – ESS BRANCH COORDINATOR PEP Task #:

TO: PREOC – ESS BRANCH COORDINATOR

| | |
|----------------------------|---------------------------------------|
| Community Name: | Date: _____ Time: _____ |
| Community Contact: | Position: |
| Phone Number: () - | Fax Number: () - |

Response Outlook: Improving Unchanged Deteriorating

Reporting Period: From: _____ To: _____
Current ESS Reception Centre

& Group Lodging Status:

| Reception Centre / Group Lodging Name | Address or Location | Total # Reg'd to Date |
|---------------------------------------|---------------------|-----------------------|
| | | |
| | | |
| | | |

| | |
|--|--|
| Total number of evacuees registered to date | |
| Number of Evacuees in group lodging (current number) | |
| Number of Evacuees in commercial accommodation (current number) | |

| | |
|---|--|
| Number of ESS workers activated this reporting period (total): | |
| <input type="checkbox"/> Volunteers | |
| <input type="checkbox"/> Community Staff | |
| <input type="checkbox"/> Local Authority Staff | |

| | |
|--|----|
| Estimated cost of referrals (food, clothing, lodging) this reporting period | \$ |
| Estimated cost of on-site ESS operations this reporting period | \$ |

Current ESS Priority Needs

(Personnel / Supplies / Information)

Resource Request Attached: **Yes** or **No**

Future Outlook / Planned Actions:

Comments:

Signed off by:

Name

Position

PREOC Use Only

Check One: This Report was

Received by fax from community

Created at PREOC via phone call to community contact

Completed at PREOC by:

Name

Position

Evacuation Plan Message

This is

 Position Title

 Name

From the

 Agency / Department

A

 (select)

 (select)

Because of the potential danger to life and health,

 the authority

(select) (select) **everyone within** (select) **of that area to** (select) (select).

This message will be repeated.

Specific instructions and locations for help will be given.

If you are in the following areas, you (select) (select) (select).

The area(s) involved are as follows:

(select)

 (select)

 (select)

 (select)

Prepared By: _____

Approved By: _____

For Immediate Release

Event: _____

Date and Time: _____

Evacuation Procedures

The _____ Emergency Program and / or Emergency Operations Centre is urging residents affected by the recent _____ to be prepared to evacuate if ordered to do so by emergency officials in your area.

If you have to evacuate:

- Take an emergency survival kit with you (e.g., battery-operated radio, flashlight, water, food, warm clothing, etc.).
- Make sure you take prescription medicine and identification for the entire family.
- Listen to the radio and follow instructions from local emergency officials.
- Shut off water, gas and electricity, but ONLY if instructed to do so.
- Make arrangements for pets. Local emergency officials will advise you.
- Wear clothes and shoes appropriate to conditions.
- Lock up your home.
- Follow the routes specified by emergency officials.
Don't take shortcuts. A shortcut could take you to a blocked or dangerous area.
- If you have time, leave a note telling others when you left and where you went.
- If you are evacuated, register with the local ESS emergency reception centre (as advised by emergency officials) so you can be contacted or reunited with your family and loved ones.

Media Contact:

Name

() - _____
Phone Number

(Local Authority) EOC

EOC Website:

Spokesperson Media Statement

Event: _____

Date: _____ Time: _____

My name is: _____

My position is: _____

This is the information I can give you so far:

At _____ on _____ a(n) _____, occurred at _____ in _____.

Information on number injured and fatalities is (not) known at this time.

Emergency response procedures to protect the public, responders and the environment are underway. The _____ has been (select).

The cause of the _____ is under investigation and no estimate of damage is available at this time. As information becomes available, news releases will be issued.

Any further inquiries should be directed to:

_____, _____ at

_____, () - .

Prepared By: _____

Authorized By: _____

Media Tracking Report

Event: _____

Date: _____

| Time | Media Source | Reporter's Name | Phone Number | Questions |
|------|--------------|-----------------|--------------|-----------|
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |
| | | | () - | |

Media Conference Attendance Record

| | |
|------------------|--------------|
| Event: | Date: |
| Location: | Time: |

| Name (Please Print) | Title | Media Outlet / Agency | Signature |
|----------------------------|--------------|------------------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

After the Disaster (Media Release)

Having just experienced the shock and pain of a disaster, you will be very busy for the next few days or weeks. Caring for your immediate needs, perhaps finding a new place to stay, planning for clean-up and repairs, and filing claim forms may occupy the majority of your time. As the immediate shock wears off, you will start to rebuild and put your life back together. There are some normal reactions we may all experience as a result of a disaster. Generally, these feelings don't last long, but it is common to feel let down and resentful many months after the event. Some feelings or responses may not appear until weeks or even months after the disaster.

Some common responses are:

- Irritability / anger
- Fatigue
- Loss of appetite
- Inability to sleep
- Nightmares
- Fear of storms
- Sadness
- Headaches or nausea
- Hyperactivity
- Lack of concentration
- Increase in alcohol or drug consumption

Many people impacted by the disaster will have at least one of these responses. Acknowledging your feelings and stress is the first step in feeling better. Other helpful things to do include:

- Talk about your disaster experiences. Sharing your feelings rather than holding them in will help you feel better about what happened.
- Take time off from cares, worries and home repairs. Take time for recreation, relaxation or a favorite hobby. Getting away from home for a day or a few hours with close friends can help.
- Pay attention to your health, to good diet, and to getting adequate sleep. Relaxation exercises may help if you have difficulty sleeping.
- Prepare for possible future emergencies to lessen feelings of helplessness and bring peace of mind.
- Rebuild personal relationships in addition to repairing other aspects of your life. Couples should make time to be alone together, both to talk and to have fun.
- If stress, anxiety, depression or physical problems continue, you may wish to contact the post-disaster services provided by the local mental health contact.
- Please take this sheet with you today and reread it periodically over the next few weeks and months. Being aware of your feelings and sharing them with others is an important part of recovery.

EOC SITUATION REPORT

Community/Local Authority: _____

Date and Time: _____

PEP Task Number: _____

Prepared by: Community/Local Authority
 PREOC Operational Area Coordinator

Approved by: _____

| | |
|---|---|
| <p>EOC Contact: _____</p> <p>Name _____</p> <p>Agency: _____</p> <p>Phone #: () - _____</p> <p>Fax #: () - _____</p> <p>E-mail: _____</p> | <p>Report Type: <input type="checkbox"/> Initial <input type="checkbox"/> Update # _____ <input type="checkbox"/> Final</p> <p>Situation Forecast: <input type="checkbox"/> Improving <input type="checkbox"/> Unchanged <input type="checkbox"/> Deteriorating</p> |
|---|---|

Highlights (Situational Overview-Key Points):

Current Priority Needs: (Resources/Information/Support)

Resource Request Attached: Yes or No

People Impacted (Estimated/Confirmed):

| # Evacuated | # Injured | # Homeless* | # Missing | # Dead | # Hospitalized |
|-------------|-----------|-------------|-----------|--------|----------------|
| | | | | | |

Livestock Impacted: (Estimated/Confirmed)

| Animal Type | # Dead | # Evacuated | # Disposed |
|-------------|--------|-------------|------------|
| | | | |
| | | | |
| | | | |

General Situation /Status:

| Transportation | Comments: | | |
|--------------------------------|---------------|-------------------|----------------|
| | Routes Closed | Partial Blockages | Reopened Times |
| Municipal Roads | | | |
| Provincial Roads | | | |
| DRR (Disaster Response Routes) | | | |
| Bridges | | | |
| Tunnels | | | |
| Transit System | | | |
| Rail (Fed.) | | | |
| Rail (Prov.) | | | |

Critical Transportation Issues:

| Utilities | Customers Without Service | | Comments |
|-----------|---------------------------|---|----------|
| | # | % | |
| Water | | % | |
| Sewers | | % | |
| Hydro | | % | |
| Gas | | % | |
| Telephone | | % | |
| Cable | | % | |

Critical Utilities Issues:

| Communication Methods: | | | |
|------------------------|------------------------------------|--|--------------------------------------|
| Types | <input type="checkbox"/> Telephone | <input type="checkbox"/> Email | <input type="checkbox"/> Call Centre |
| Functioning: | <input type="checkbox"/> Cellular | <input type="checkbox"/> Fax | # of calls received/hr: |
| | <input type="checkbox"/> Radio | <input type="checkbox"/> Amateur radio | |
| | <input type="checkbox"/> Satellite | <input type="checkbox"/> Other: | |

Anticipated communication problems:

Damage Assessment Report: Attached
 Not Attached

Current Response Information:

| | Resources | Assigned | Available | Out of Service | Reserved | Critical Need |
|----|--|-----------------|------------------|-----------------------|-----------------|----------------------|
| 1. | Police: Police staff Police vehicles | | | | | |
| | Search and Rescue: SAR members | | | | | |
| 2. | Fire: Structural fire-fighters Structural fire apparatus Wildland fire-fighters Wildland fire apparatus Aircraft Engineering/Public Works Staff Vehicles | | | | | |
| | Equipment BCAS Paramedics Ambulances | | | | | |
| 3. | ESS Volunteers Public Information Officers Call Takers | | | | | |
| 4. | Military Military crews | | | | | |
| 5. | Other: | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

Current ESS Reception Centre/Group Lodging Information:

| Name of RC/GL Activated | Address/ Location | Facility Capacity | Total # Reg. | Total # still req. help | Comments: |
|-------------------------|-------------------|-------------------|--------------|-------------------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: | | | | | |

Current Health Information:

| Hospitals Status Facilities/Location | Operational Status Y/N | | | # in Hosp. | # Beds Avail. | Comments |
|--------------------------------------|------------------------|----------|----------|------------|---------------|----------|
| | Commun i-ation | Power | Water | | | |
| | (select) | (select) | (select) | | | |
| | (select) | (select) | (select) | | | |
| | (select) | (select) | (select) | | | |
| | (select) | (select) | (select) | | | |

Community Health Status

| | |
|-----------------|--|
| Public Health | |
| Mental Health | |
| Continuing Care | |

Request for National Emergency Services Stock Pile (CCU and/or 200 bed hospital):

Yes or No

Details:

Weather Conditions:

| Temp: | Precip: | Wind: | Air Quality | Tidal Information | Forecast |
|-------|---------|-------|-------------|-------------------|----------|
| C° | mm | km/hr | | | |

Future Outlook/Planned Actions:

Other Comments:

EOC ACTION PLAN

| | | | |
|----------------------------|---------------------------|--------------------|---------------------|
| EVENT: _____ | | Date: _____ | Time: _____ |
| Operational Period: | From: To | PEP Task # | Prepared By: |

Policies and Priorities:

Objectives:

| Task Assignments: | Responsibility | Completion Time | |
|-------------------|----------------|-----------------|--------|
| | | Est. | Actual |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attachments (Check if Attached)

| | | |
|---|--|--|
| <input type="checkbox"/> Organization Chart | <input type="checkbox"/> Flood Fighting Plan | <input type="checkbox"/> Interface Fire Plan |
| <input type="checkbox"/> Section Assignment Lists | <input type="checkbox"/> Transportation Plan | <input type="checkbox"/> Communications Plan |
| <input type="checkbox"/> Public Information | <input type="checkbox"/> HazMat Plan | <input type="checkbox"/> Medical Plan |
| <input type="checkbox"/> Map | <input type="checkbox"/> Evacuation Plan | <input type="checkbox"/> Other: _____ |

Distribution List:

| | |
|--|--|
| <input type="checkbox"/> EOC Director | <input type="checkbox"/> Operations Section Chief |
| <input type="checkbox"/> EOC Deputy Director | <input type="checkbox"/> Planning Section Chief |
| <input type="checkbox"/> Liaison Officer | <input type="checkbox"/> Finance/Admin Section Chief |
| <input type="checkbox"/> Risk Management Officer | <input type="checkbox"/> Logistics Section Chief |

| | |
|---|---|
| <input type="checkbox"/> Information Officer | <input type="checkbox"/> Other: _____ |
| Approved by (Planning Section Chief): _____ | Approved by (ECO Director): _____ |

EOC Shift Schedule

Event: _____

Date: _____

Location: _____

Operational From:
Period: To:

PEP Task #

Prepared By:

| Name | Position | 0800 – 1600 | 1600 – 2400 | 0000 - 0800 |
|------|----------|-------------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature: _____ Title: _____

Transportation Plan

| Transportation Plan | | | | | | | | | | | | |
|---------------------------------------|-----------|-------------|--------|-----------|--------|---------------------|-----------|----------|--------|-----------|--------|--------|
| Event: | | PEP Task #: | | Date: | | Operational Period: | | From To: | | | | |
| Allocation | Call Sign | Depart | Return | Call Sign | Depart | Return | Call Sign | Depart | Return | Call Sign | Depart | Return |
| Time | | | | | | | | | | | | |
| Agency / Requesting | | | | | | | | | | | | |
| # of People or Equipment | | | | | | | | | | | | |
| Pick-up Point | | | | | | | | | | | | |
| Drop-off Point | | | | | | | | | | | | |
| Estimated Travel Time | | | | | | | | | | | | |
| Foot | | | | | | | | | | | | |
| Private Vehicle | | | | | | | | | | | | |
| Rental Vehicle | | | | | | | | | | | | |
| Bus | | | | | | | | | | | | |
| Taxi | | | | | | | | | | | | |
| Helicopter | | | | | | | | | | | | |
| Fixed Wing | | | | | | | | | | | | |
| Rail Car | | | | | | | | | | | | |
| Boat | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Prepared by (Logistics): _____ | | | | | | | | | | | | |

EOC Staff Food & Lodging

| | | | |
|---------------------------|--------------|------------|---------------------|
| Event: | | | Date: |
| Operational Period | From: | To: | PEP Task #: |
| | | | Prepared by: |

Food

| | Time: | Menu | Supplier | Delivered or Picked Up | Qty |
|--|--------------|-------------|-----------------|-------------------------------|------------|
| B | | | | | |
| L | | | | | |
| D | | | | | |
| S | | | | | |
| Legend: B = Breakfast D = Dinner L = Lunch S = Snack | | | | | |

Lodging

| Lodging Location | # of Staff | # of Rooms | Date From: | Date To: |
|-------------------------|-------------------|-------------------|-------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Comments:

Communications Log

| | | |
|---|--------------------|------------------|
| Event: | PEP Task #: | Date: |
| Operational Period: From: To | Station ID: | Operator: |

| Time: | Station ID | | Subject |
|-------|------------|-------|---------|
| | To: | From: | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EOC Check-In / Check-Out

| | | | | | | |
|----------------------------|------------------------------|--------------------|---------------------------|-----------------------|-----------------|------------------|
| Event: | | PEP Task #: | | Date: | | |
| Operational Period: | To: | From: | Check-In Location: | | | |
| Print Name | Agency / Organization | | Check-In | EOC Assignment | | Check-Out |
| | | | | Section | Position | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Prepared by: _____ | | | | | | |

PEP Task Registration Form

| | |
|----------------|--------------------|
| Event: | Community: |
| Region: | PEP Task #: |

| Name: | Address | Next of Kin | Telephone # | Signature |
|-------|---------|-------------|-------------|-----------|
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |
| , | | | () - | |

I certify the people checked off above participated in this task:

Logistics/Personnel Unit Coordinator Signature: _____

Dated: _____

REQUEST FOR RESOURCES OR ASSISTANCE

| | | |
|---|---|--|
| Event: | | Request #: |
| PEP Task #: | | Date: Time: |
| Precedence Level: | <input type="checkbox"/> Emergency <input type="checkbox"/> Priority <input type="checkbox"/> Routine | <input type="checkbox"/> Critical Resource Status <input type="checkbox"/> Requires EOC Director's Approval |
| Staff/Agency Requesting: | | |
| Contact Person's Name and Position: | | |
| Telephone or Contact #: | | () - |
| Brief description of problem or task to be accomplished: | | |
| Specific Resource Requested & Number Required: | | |
| Potential Substitute: | | |
| Capacity (Size, Voltage, etc.): | | |
| Supporting Equipment, Fuel, Water, Etc.: | | |
| Personnel Required to Operate/Support: | | |
| Transportation Required: | | |
| How Long is Resource Needed: | | |
| Where to Deliver or Report: | | |
| Specific Resource Requested & Number Required: | | |
| Potential Substitute: | | |
| Capacity (Size, Voltage, etc.): | | |
| Supporting Equipment, Fuel, Water, Etc.: | | |
| Personnel Required to Operate/Support: | | |
| Transportation Required: | | |
| How Long is Resource Needed: | | |
| Where to Deliver or Report: | | |
| Report to Whom (Name, Title, Agency): | | |
| Resource Request completed by (Name and Position): | | |

| | |
|--|--|
| Resource Request Approved by (EOC Operations Chief): _____ (Name and Signature) Date and Time: | Resource Request Approved by (EOC Director): _____ (Name and Signature) Date and Time: |
| Distribution List: <input type="checkbox"/> Planning Section <input type="checkbox"/> Logistics Section | <input type="checkbox"/> Finance and Administration Section <input type="checkbox"/> EOC Director <input type="checkbox"/> Other |
| Response to Resource Request (Completed by Logistics – Supply Unit) Resource Available: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Resources Deployed: Request filled by: _____ Time of Deployment (Name and Signature) Estimated Time of Arrival: | |

Resource Planning Worksheet – Supply Unit

| | | | |
|---------------|--------------------|--------------|--------------|
| Event: | PEP Task #: | Date: | Time: |
|---------------|--------------------|--------------|--------------|

| | |
|---|---------------------|
| Operational Period: From: To | Prepared By: |
|---|---------------------|

| Resource Request # | Precedence Level | Critical Resource Status Y / N | Agency / Locations Requesting Resource | Type of Resource | # of Resource Requested | # of Resource Available | # of Resource Approved | Time of Deployment | Location Deployed To | Arrival Time at Site | Estimated Time of Use | Completion Time |
|--------------------|------------------|-----------------------------------|---|------------------|----------------------------|----------------------------|---------------------------|--------------------|----------------------|----------------------|-----------------------|-----------------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | |
|---|--|--|
| Precedence Levels: Emergency = E Priority = P Routine = R | Distributed to: <input type="checkbox"/> EOC Director <input type="checkbox"/> Operations Section Chief | <input type="checkbox"/> Planning Section (Resource Unit) <input type="checkbox"/> Finance / Administration Section Chief |
|---|--|--|

Resource Status (By Type)

| | | |
|----------------------------|----------------------------|--------------------|
| Event: | | PEP Task #: |
| Operational Period: | From: To: | Date: |

| Type of Resource | Sites / Location Deployed | Critical Resource Status Y / N | Total # of Resources Deployed / In Use | Total # of Resources Still Available | Availability as of Date / Time |
|------------------|---------------------------|-----------------------------------|--|--------------------------------------|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Type of Resource | Sites / Location Deployed | Critical Resource Status Y / N | Total # of Resources Deployed / In Use | Total # of Resources Still Available | Availability as of Date / Time |
|------------------|---------------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Distributed to:

| | | | |
|--------------------------|---------------------------|--------------------------|---|
| <input type="checkbox"/> | EOC Director | <input type="checkbox"/> | Logistics Section |
| <input type="checkbox"/> | Operations Section | <input type="checkbox"/> | Finance / Administration Section |
| <input type="checkbox"/> | Planning Section | <input type="checkbox"/> | PREOC |
| | | <input type="checkbox"/> | Other: _____ |

Resource Status (By Location)

| Event: | | PEP Task #: | | | |
|--------------------------|----------------------|--------------------------|---------------------------------------|----------|----------------------------------|
| Operation Period: | From: To: | Date: | | | |
| Site / Location | Types of Resource | Critical Resource Status | Total # of Resources Deployed/ In Use | Comments | Resource Ret'd as of Date / Time |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Distributed to:

- | | |
|---|---|
| <input type="checkbox"/> EOC Director <input type="checkbox"/> Operations Section <input type="checkbox"/> Planning Section | <input type="checkbox"/> Logistics Section <input type="checkbox"/> Finance / Administration Section <input type="checkbox"/> PREOC <input type="checkbox"/> Other _____ |
|---|---|

Facility / Equipment Inventory for the EOC

| | | |
|---------------|--------------------|--------------|
| Event: | PEP Task #: | Date: |
|---------------|--------------------|--------------|

| Control/ Inventory # | # of Items | Item Description | Owner | Issued to | Qty | Time | Comments |
|-------------------------|---------------|------------------|-------|-----------|-----|------|----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Control/ Inventory # | # of Items | Item Description | Owner | Issued to | | Qty | Time | Comments |
|-------------------------|---------------|------------------|-------|-----------|-----------|-----|------|----------|
| | | | | | Issued: | | | |
| | | | | | Returned: | | | |
| | | | | | Issued: | | | |
| | | | | | Returned: | | | |
| | | | | | Issued: | | | |
| | | | | | Returned: | | | |
| | | | | | Issued: | | | |
| | | | | | Returned: | | | |
| | | | | | Issued: | | | |
| | | | | | Returned: | | | |

Prepared by (Logistics):

EOC EXPENDITURE AUTHORIZATION FORM

Event: _____ **PEP Task #:** _____

Date: _____ **Time:** _____

Requesting Authorized Person/Agency: _____

Location: _____

Incident Description: _____

Amount Requested: \$ _____

Expenditure Authorized "Not to Exceed" \$ _____

EOC Director Signature and/or Designate _____

Position

Date

Distribution:

| | | | |
|--------------------------|--------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Originator | <input type="checkbox"/> | Finance/Administration Section |
| <input type="checkbox"/> | EOC Director | <input type="checkbox"/> | Logistics Section |
| <input type="checkbox"/> | Operations Section | <input type="checkbox"/> | Planning Section |
| <input type="checkbox"/> | Other: _____ | | |

EOC DAILY EXPENDITURES

| | |
|---------------------|--------------------|
| Event: | PEP Task #: |
| Prepared by: | Date: |

| Time | Payee | Inv. # | Wages | Travel | Supplies/ Materials | Food | Misc. | Total |
|------|-------|--------|-------|--------|------------------------|------|-------|-------|
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ |

Approved by: _____

Distribution:

| | |
|--------------------------|--------------|
| <input type="checkbox"/> | EOC Director |
| <input type="checkbox"/> | PREOC |
| <input type="checkbox"/> | Other: _____ |

EOC EXPENDITURES – EVENT TOTALS

Event: _____

PEP Task #: _____

Prepared by: _____

| Date | Payee | Invoice # | Wages | Travel | Materials | Total |
|---------------|-------|-----------|-----------|-----------|-----------|-----------|
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| Totals | | | \$ | \$ | \$ | \$ |

Approved by: _____

Distribution: EOC Director
 PREOC
 Other: _____

EOC Major Incident Report

| | | |
|--|---|---|
| Event: | PEP Task #: | |
| Date: | Time: | |
| Reported by: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name Position Agency </div> | | |
| Type of Incident: | | |
| Location of Incident: | | |
| Details of what happened: | | |
| Responding Agencies: | | |
| Deaths: | | Injured: |
| Damage, or Potential Damage: | | |
| Situation Forecast: | | |
| Regional / Provincial Support Provided or Required: | | |
| Public Information / Media Requirements: | | |
| Prepared By: _____, Operations Branch | | |
| Approved by: _____, Operations Chief | | |
| Distribution: | <input type="checkbox"/> EOC Director <input type="checkbox"/> Liaison Officer <input type="checkbox"/> Risk Management Officer <input type="checkbox"/> Information Officer | <input type="checkbox"/> Operations Branch Coordinator <input type="checkbox"/> Planning Section Chief <input type="checkbox"/> Logistics Section Chief <input type="checkbox"/> Finance & Administration Section Chief <input type="checkbox"/> Other: _____ |

"EVACUATION ALERT"

This **EVACUATION ALERT** is a notification of the potential danger which might arise due to a _____ in your area. This serves to notify residents of the potential for loss of life/property from unstable _____ conditions. Prepare to leave this area with very short notice. YOU DO NOT HAVE TO EVACUATE AT THIS TIME.

The affected area is hereby placed on **ALERT** for possible **EVACUATION**. This alert may be followed by an 'Order to Evacuate" whereby you must leave your home immediately. The Police will enforce the Order to Evacuate.

A Travel Route Map and location for your Emergency Reception Centre, should you require it, is attached in the event that this EVACUATION ALERT is followed by an EVACUATION ORDER. Follow the Travel Route Map closely.

If you need transportation from this area please call _____ for assistance.

Signature _____ Date: _____

(FN Authority) _____

WHAT YOU SHOULD DO WHILE THE EVACUATION ALERT IS IN EFFECT

An EVACUATION ALERT has been issued to prepare you to evacuate your premises or property should it be found necessary. In some instances, an evacuation order is immediate and no evacuation alert will be given.

- Locate all family members or co-workers and designate a safe meeting place, should an evacuation be called while separated.
- Gather essential items such as medications, eye glasses, valuable papers (i.e.: insurance), immediate care needs for dependants and, if you choose, keepsakes (photographs, etc.). Have these items readily available for quick departure.
- Prepare to remove any disabled persons and/or children.
- Move pets and livestock to a safe area (at the owner's expense).
- Arrange to transport your household members or co-workers in the event of an evacuation order. If you are going to a relatives home please register at the reception centre first.
- Arrange accommodation for your family if possible. In the event of an evacuation, emergency shelters will be provided if required.
- Monitor news sources for information on locations of emergency shelters and evacuation orders.

WE WILL ATTEMPT TO GIVE YOU AS MUCH ADVANCE NOTICE AS POSSIBLE OF THE NEED TO EVACUATE. HOWEVER, YOU MAY RECEIVE LIMITED NOTICE DUE TO CHANGING CONDITIONS.

Chief and Council or Designate

EVACUATION ORDER BAND COUNCIL RESOLUTION

[DATE]

[TIME]

Whereas the Chief and Council are the duly elected leadership of the [insert community name] and as such:

1. Are the local government authority of the [insert community name] within the meaning of the *Indian Act*;
2. Are responsible for the health and safety of all residents within the lands that have been set aside for the use and benefit of the [insert community name]:

And whereas Chief and Council have been notified and or have consulted with the Provincial Emergency Program and / or the Department of Indian and Northern Affairs that a [insert hazard here] is imminent;

Therefore be it resolved that the Chief and Council or its delegate are hereby ordering that the the following areas of [insert community name] be evacuated:

[insert description of area to be evacuated]

Be it further resolved at all residents are required to leave the affected areas immediately and report to the Reception Centre located at [facility name] at [civic address] in [town/community].

The Royal Canadian Mounted Police and /or other agencies will be expediting this action in these areas on behalf of the [insert community name].

Chief

Councillor

Councillor

Councillor

Councillor

Councillor

Councillor

Councillor

Councillor

RESCIND EVACUATION

Date: _____

Time: _____

The [insert community name] has been advised that the imminent risk of danger to life and property in your area has diminished at this time.

The Evacuation Order, pursuant to [insert community name] is therefore rescinded.

In the event that conditions change an Evacuation Alert or Order may be re-issued and the evacuation process will re-commence.

Signature _____

[insert community name]

Evacuee Information

INSTRUCTIONS: *This form is to be completed by the agency representative who does the door to door notification OR by residents and submitted to the representative at the check stop when leaving the community.*

Address: _____

Names:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Medical assistance required: yes no

Brief Description: _____

Evacuate on own: yes no

Need transportation to Emergency Social Services Reception center: yes no

Animals: no yes
If yes, _____ total number
Description: _____

Location of animals:
 taken by owners left on property left in house

Ribbon color left at property:

Blue- visited, no one home, re-visit **Pink-** notice given, occupants comply

Yellow- occupants have evacuated **Orange-** occupants are not complying

Please ensure that these forms are submitted to the Emergency Operations Centre (EOC)