**Local Jurisdiction Situational Awareness Report**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information: (Provide as much information as possible.)**

|  |  |
| --- | --- |
| **County:** | **Jurisdiction:** |
| **Name:** | **Title:** | **Phone:** |
| **Email:** | **Fax #:** | **Cell:** |

**Local Emergency Operations Center Status:**

|  |  |
| --- | --- |
| **LEOC Activated: YES NO** | **Hours of Operation:** |
| **Contact Name:** | **Title:** |
| **Telephone:** | **FAX:** | **Cell:** |
| **LEOC Physical Location:** |

**Situation Summary: (Summarize the impact the disaster event had on the listed topics.)**

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| **Summary of Event: (Include date & time of actual event.)** |
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| **Fatalities:**  | **Injuries:**  |
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| **Shelter Status: (Number of open shelters, location of shelters, people in shelters, etc.)** |
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| **Primary Home/Business Damage:** |
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| **Power Outages:**  |
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|  |
| **Medical/Fire/LE Issues:** |
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| **Utility (Electric, Water, Sewage) Issues:**  |
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|  |
| **Road/Bridge Issues:** |
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**Local Actions:** **(What actions have you taken?)**

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| **Summary of Actions Taken:**  |
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**\*\*\*This is a situational awareness document ONLY. To request resources from the state, you MUST complete and submit a separate “Resource Request Form”. Submit a “Local Jurisdiction Damage Assessment Summary” as detailed information becomes available.\*\*\***

**SEMA FAX #: (573) 634-7966**