

# NM DOH

## Situation Report (SITREP)

**\*Complete only blocks that apply (Name of Person reporting, contact information and Situation Information Mandatory)**

SITREP No: \_\_\_\_\_ INCIDENT NUMBER /NAME: \_\_\_\_\_

NAME OF PERSON TAKING REPORT: (If Taking Report)	DATE:	TIME:	TO THE ATTENTION OF:
NAME OF PERSON REPORTING SITUATION or INFORMATION: (This would be you if sending the Report):	PHO / LPHO / POD / Other:		TITLE:
NAME OF MUNICIPALITY/JURISDICTION:	COUNTY:	OTHER:	
TELEPHONE:	FAX:	E-MAIL:	
<b>LOCAL E.O.C INFORMATION</b>			
<b>IS E.O.C ACTIVATED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>COMPLETE THIS SECTION IF A LOCAL E.O.C. IS ACTIVATED</b>		
	<b>HAS A DOH REPRESENTATIVE BEEN REQUESTED TO GO TO THE EOC?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		DOH REPRESENTATIVE NAME:
	WHO HAS REPORTED TO THE EOC? _____		E.O.C. PHONE #:
			E.O.C. FAX #:
E.O.C. ADDRESS/LOCATION:			E.O.C. E-MAIL ADDRESS:
<b>SITUATION INFORMATION: COMPLETE ALL BLOCKS</b>			
DATE OF OCCURRENCE:	TIME OF OCCURRENCE:	SPECIFIC LOCATION:	
DESCRIBE THE SITUATION, IMMEDIATE THREAT TO LIFE & PROPERTY, ETC:			

Empty space for notes or diagrams.

<p>NUMBER OF CASUALTIES: INJURED - _____ DECEASED - _____</p>	<p>IS THIS A POSSIBLE OUTBREAK: NUMBER OF CITIZENS INFECTED: SUSPECTED - _____ CONFIRMED - _____ WITH: _____</p>	<p>BIOLOGICAL: _____ CHEMICAL: _____ RADIOACTIVE: _____ OTHER: _____</p>
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**SITREP CONTINUED (Complete these portions as information is available.)**

RESPONSE (DESCRIBE RESPONSE ACTIVITIES – ACTUAL, ON-GOING, OR PLANNED)

WHAT ASSISTANCE DO YOU NEED (DESCRIBE ANY NEEDS AT THIS TIME. I.E. STAFFING, MEDICATIONS, ETC.)

DIRECTION AND CONTROL (DESCRIBE ICS / PHSS POSITIONS IMPLEMENTED AT YOUR LOCATION.)

WARNINGS: (DESCRIBE ANY WARNINGS ISSUED BY LOCAL GOVERNMENT.)

ROAD CLOSURES: (DESCRIBE ANY ROAD CLOSURES AND ROAD CONDITIONS FOR YOUR ARE.)

EVACUATIONS: (DESCRIBE EVACUATION TIMES AND AREAS.)

PUBLIC HEALTH SERVICE SITE (PHSS) OR OTHER DOH SITE: (DESCRIBE TYPE AND LOCATION OF PHSS OR OTHER; NUMBER OF PEOPLE IN SITE(S); WHO IS MAINTAINING THE SITE.)

LIST DEFICIENCIES AT SITE:

REQUIREMENTS TO MAINTAIN PUBLIC HEALTH:

ADDITIONAL INFORMATION: (USE ADDITIONAL SHEET IF NEEDED)