

# NMDOH- Situation Report Form

SITREP #:		INCIDENT NAME / NUMBER :				DATE PREPARED:			TIME PREPARED:		
OPERATIONAL PERIOD #			OPERATIONAL PERIOD DATE/TIME			FROM:		TO:			
EOC ACTIVATIONS	YES	NO	LEVEL	LOCATION		EMERGENCY DECLARATIONS	YES	NO	TYPE		
STATE						FEDERAL					
DEPARTMENT/ DIVISION						STATE					
REGIONAL						LOCAL					
LOCAL						SITUATION STATUS (MARK WITH AN X)		STABLE		UNSTABLE	
SITUATION SUMMARY (MAY BE REPORTED BY TOPIC, OBJECTIVE, OR EMERGENCY SUPPORT FUNCTION)							ASSIGNED TO		DUE DATE	DATE COMPLETED	

<b>Prepared By:</b> (Name/Title)					<b>Approved by</b> <b>Incident</b> <b>Commander:</b>				
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