

# EYEWARN Situation Report (SITREP)

Msg.# \_\_\_\_\_ PRECEDENCE: \_\_\_\_\_ TIME FILED: (local) \_\_\_\_\_:\_\_\_\_\_ DATE: \_\_\_\_\_  
(E=Emergency P=Priority R=Routine W=Welfare)

TO: EOC Situation Unit LOCATION: CRESA

NCS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

This is an exercise message.

1. Date/Time:	2. Report Type: Initial <input type="checkbox"/> Update <input type="checkbox"/> Final <input type="checkbox"/>	3. Activation Type: <input type="checkbox"/> Self-Activation <input type="checkbox"/> CRESA Activation	4. Mission Number (if known):
5. Type of Incident:			
6. Total number of zip codes reporting:			
7. Total Check-ins:			
8. Question(s):			
9. Infrastructure Damage:			
B = Bridge(s):			
C = Cell Tower(s):			
H = Hospital(s):			
P = Power Line(s)/Tower(s):			

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**R** = Road(s):

**S** = School(s):

## 10. Other Local Damage:

This is an exercise message.

Relay Operator: \_\_\_\_\_ Rcv'd: \_\_\_\_:\_\_\_\_ Sent \_\_\_\_:\_\_\_\_ / (24 hr.)

Radio Operator: \_\_\_\_\_ Rcv'd: \_\_\_\_:\_\_\_\_ (24 hr.)

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## Instructions for filling out this form

Field	Expected Information
<b>MSG #</b>	Sequential number for message log
<b>Precedence:</b>	Indicate whether message is E=Emergency, P=Priority, R=Routine, or W=Welfare
<b>TIME FILED:</b>	Enter the time the message was created
<b>DATE:</b>	Enter local date
<b>TO:</b>	"CRESA - EOC Situation Unit"
<b>LOCATION:</b>	"CRESA - Planning Section"
<b>NCS:</b>	Name and call sign of EYEWARN NCS Sending the SITREP
<b>LOCATION:</b>	"CRESA"
<b>This is an exercise message</b>	<b><i>Check this box for an exercise message</i></b>
<b>1. Date/Time:</b>	Enter local date and local 24 hr time
<b>2. Report type:</b>	Check the appropriate box for Initial, Update or Final
<b>3. Activation Type:</b>	Check the appropriate box, Self-Activation or CRESA Activation
<b>4. Mission Number:</b>	Enter the EMD mission number if a CRESA activation
<b>5. Type of Incident:</b>	Use types identified in EYEWARN Policy Document
<b>6. Total number of zip codes reporting:</b>	Enter number of zip codes reporting
<b>7. Total Check-ins:</b>	Enter total number of check ins less NCS operators
<b>8. Question(s):</b>	Enter questions asked on net
<b>9. Infrastructure Damage:</b>	Infrastructure Damage collected
<b>10. Other Local Damage:</b>	Enter any other damage information collected not covered elsewhere
<b>This is an exercise message</b>	<b><i>Check this box for an exercise message</i></b>
<b>Relay Operator and call sign:</b>	Enter name and call sign of message relay operator
<b>Sent/Rcvd:</b>	Enter local time message received and sent
<b>Receiving Radio Operator:</b>	Enter name and call sign of operator receiving message
<b>Sent/Rcvd:</b>	Enter local time message received

Note: When sending the report via radio only say the line numbers and not their title.

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