1. **Level Of Department Functionality:**

- [ ] Non-Operational
- [ ] Continuity of Operations (COOP) Implemented
- [ ] Partially Operational / Minimal Resources To Respond
- [ ] Fully Operational/Responding

**Description of Department Functionality:**

# of Staff Reporting to Work __________ of __________.

Personnel Incident Costs: $ __________  [ ] Unknown At This Time

2. **Describe Your Department's Damages** [Initial Damage Estimate (IDE)]:

Provide Initial Damage Estimate: $ __________

3. **Department Operations** [Department Actions; Partner Agencies]:

4. **Personnel:**

   - # of Department Personnel Responding: __________
   - # Assigned: __________
   - # Available: __________

   Personnel Incident Costs: $ __________  [ ] Unknown At This Time  # Recalled_________

5. **Disaster Service Workers:**

   # of Disaster Service Workers Activated to Respond (Daily Total): __________

6. **Critical Resource Shortages:**

   - Current:
   - Next 24-48 Hours:
   - Other Resource Concerns:

7. **12/12/24/48/72 Hour Potential Impacts To City Services/Department Operations:**

**Additional Information:**

Report Prepared By: ___________________________  Report Approved By: ___________________________