



CITY OF LOS ANGELES
EMERGENCY OPERATIONS CENTER

BRANCH REPORT

MASS CARE BRANCH

EVENT/INCIDENT NAME:	DATE:	TIME REPORT PREPARED:
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REPORT VERSION: <input type="checkbox"/> INITIAL <input type="checkbox"/> UPDATE <input type="checkbox"/> FINAL	EOC STATUS: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 <input type="checkbox"/> CLOSED
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EOC OBJECTIVES

[TO BE COMPLETED BY PLANNING AND INTELLIGENCE SECTION]

BRANCH TASKS:

[TO BE COMPLETED BY BRANCH DIRECTOR. CONSIDER 72 HOUR INCIDENT ESSENTIAL OPERATIONS]

SHELTER REPORT:

SHELTERS OPEN	# OF SHELTERS OPEN	# OF PEOPLE REGISTERED	#OF PEOPLE ACTUALLY HOUSED IN SHELTERS	HAVE ANY SHELTERS REACHED 50-75% CAPACITY?	# OF PEOPLE STILL NEEDING SHELTER
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

LIST SHELTERS THAT HAVE REACHED 75% CAPACITY:

ACTIONS TAKEN:

SHELTER ISSUES:

LOCATION OF SHELTER(S):

NAME	ADDRESS	ACCESS AND FUNCTIONAL NEEDS ASSESSMENT
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER

MUTUAL AID:

MUTUAL AID IMPLEMENTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SOURCE:
COUNTY MUTUAL AID	<input type="checkbox"/> YES <input type="checkbox"/> NO	SOURCE:
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	SOURCE:

INCIDENT SUMMARY:

[PROVIDE A BRIEF SUMMARY OF MAJOR INCIDENT EVENTS INCLUDING LOCATION AND STATUS OF IMPACTED POPULATIONS]

SITUATION ASSESSMENT:

LIFE SAFETY:

INCIDENT STABILIZATION:

PRESERVATION OF PROPERTY:

CONTINUATION OF SERVICES:

SIGNIFICANT BRANCH ACTIVITIES FOR REMAINDER OF CURRENT OPERATIONAL PERIOD:

PROJECTED BRANCH ACTIVITIES FOR NEXT OPERATIONAL PERIOD:

DEPARTMENT OPERATIONS REPORT

[TO BE FILLED BY BRANCH DIRECTOR AND INDIVIDUAL DEPARTMENT/UNIT LEADER THAT IS NOT REPRESENTED BY THE BRANCH DIRECTOR]

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. CRITICAL RESOURCE SHORTAGES:

CURRENT:

NEXT 24-48 HOURS:

OTHER RESOURCE CONCERNS:

5. 12/24/48/72 HOUR POTENTIAL IMPACTS TO CITY SERVICES:

ADDITIONAL INFORMATION:

REPORT PREPARED BY:

REPORT APPROVED BY: