



CITY OF LOS ANGELES
EMERGENCY OPERATIONS CENTER

BRANCH REPORT

UTILITIES 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]

UTILITIES INFRASTRUCTURE REPORT:

	TROUBLE/OUTAGES RELATED TO INCIDENT	# OF CUSTOMERS AFFECTED RELATED TO INCIDENT	TROUBLE/OUTAGES NOT RELATED TO INCIDENT	# OF CUSTOMERS AFFECTED NOT-RELATED TO INCIDENT
POWER SYSTEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

ISSUES:

WATER SYSTEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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ISSUES:

NATURAL GAS (SoCAL GAS)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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ISSUES:

TELECOMMUNICATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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ISSUES:

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]

LIFE SAFETY:

IMPACT TO CITY SERVICES:

INCIDENT STABILIZATION:

PRESERVATION OF PROPERTY:

**ATTACH ADDITIONAL DOCUMENTS IF MORE SPACE IS NEEDED*

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/DEPARTMENT OPERATIONS:

ADDITIONAL INFORMATION:

REPORT PREPARED BY:

REPORT APPROVED BY: