**LOGISTICS**

<table>
<thead>
<tr>
<th>Event/Incident Name:</th>
<th>Date:</th>
<th>Time Report Prepared:</th>
</tr>
</thead>
</table>

**Report Version:**
- [ ] Initial
- [ ] Update
- [ ] Final

**EOC Status:**
- [ ] Level 1
- [ ] Level 2
- [ ] Level 3
- [ ] Closed

**SECTION TASKS:**

[TO BE COMPLETED BY SECTION COORDINATOR. CONSIDER 72 HOUR INCIDENT ESSENTIAL OPERATIONS]

**RESOURCE MANAGEMENT:**

<table>
<thead>
<tr>
<th>Resources</th>
<th># of Resource Requests</th>
<th># of Resource Requests Completed</th>
<th># of Scarce Resources</th>
</tr>
</thead>
</table>

**Resources Issues:**
- Personnel:
- Equipment:
- Supplies:
- Facilities:

**EOC COMMUNICATIONS:**

<table>
<thead>
<tr>
<th>Radio Frequencies</th>
<th>Amateur Radio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mutual Aid:**

- [ ] Yes
- [ ] No

**Mutual Aid Implemented:**
- County Mutual Aid
  - [ ] Yes
  - [ ] No
  - Source:
- Other
  - [ ] Yes
  - [ ] No
  - Source:

**Essential Incident Information:**

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

**Life Safety:**

**Impact to City Services:**

**Impact to Critical Infrastructure:**

**Environmental Impacts:**

**Other:**

**Significant Section Activities for Remainder of Current Operational Period:**

**Projected Section Activities for Next Operational Period:**

**Report Prepared By:**

**Report Approved By:**