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| 1. **Agency Name** | 1. **Prepared By** | 1. **Date/Time Prepared** |
| 1. **Incident/Situation Name:** | | |
| 1. **Status Reports**– Indicate the condition at the time of this report and as anticipated throughout the covered period. | | |
| **Current Primary Contact (name, phone, email, radio, etc.):**  **Current Secondary Contact (name, phone, email, radio, etc.):** | | |
| **Agency Operational Status:** | | |
| **Staffing Issues:** | | |
| **Equipment/Supply Issues:** | | |
| **Facility/Infrastructure Issues:** | | |
| **Utilities Issues:** | | |
| **Anticipated Needs in the next 12 hours:** | | |
| **Other issues, comments or notes:** | | |