

Emergency Social Services Local Situation Report



FROM: EOC - ESS BRANCH COORDINATOR EMBC Task #:

TO: PREOC - ESS BRANCH COORDINATOR

Community Name:	Date:	Time:
Community Contact:	Position:	
Phone Number: () -	Fax Number: () -	

Response Outlook: Improving Unchanged Deteriorating

Reporting Period: From: _____ To: _____
Current ESS Reception Centre

& Group Lodging Status:

Reception Centre / Group Lodging Name	Address or Location

Total number of evacuees registered to date	
Number of Evacuees in group lodging (current number)	
Number of Evacuees in commercial accommodation (current number)	

Number of ESS workers activated this reporting period (total):	
<input type="checkbox"/> Volunteers	
<input type="checkbox"/> Community Staff	
<input type="checkbox"/> Local Authority Staff	

Estimated cost of referrals (food, clothing, lodging) this reporting period	\$
Estimated cost of on-site ESS operations this reporting period	\$

Current ESS Priority Needs

(Personnel / Supplies / Information)

Resource Request Attached: Yes or No

Future Outlook / Planned Actions:

Comments:

Signed off by:

Name

Position

PREOC Use Only

Check One: This Report was

Received by fax or email from community

Created at PREOC via phone call to community contact

Completed at PREOC by:

Name

Position