

# Status Report

Incident/ Event Name:	<input type="text"/>	Section/Function Reporting:	<input type="text"/>
Date:	<input type="text"/>	Time:	<input type="text"/>
Task No.	<input type="text"/>		
Prepared by:	Name <input type="text"/>	Dept/Agency <input type="text"/>	Contact Number <input type="text"/>

**Current Situation:** What is currently occurring within the area of responsibility for the Section/Function?

**Outstanding Issues/Challenges:** What issues within the current operational period still need to be resolved?

**Anticipated Priorities/Activities:** What will the Section/Function priorities be during the next operational period?

**Other Comments/Issues:** Are there any public information (media), safety or other issues that need to be reviewed?

Distribution: Section/Function Personnel  Planning  EOCD  Other: \_\_\_\_\_