

# COMMUNICATIONS EXERCISE ADMINISTRATIVE REPORT

TO: **COMMUNICATIONS OFFICER**, Maryland Joint Operations Center, 5401 Rue St Lo Drive  
Camp Fretterd Military Reservation, Reisterstown, MD 21136-4541  
Fax: 410-517-3610 E-mail: races.mema@maryland.gov

FROM: \_\_\_\_\_  
( Name, Title, Jurisdiction )

DATE: \_\_\_\_\_

- A. \_\_\_\_ Total number of participants.
- B. \_\_\_\_ Is EMA/CD director or designee present? (Yes or No)
- C. \_\_\_\_ Number of other Jurisdictions contacted.
- D. \_\_\_\_ Number of Mobile Command Units or other EOC's active.
- E. \_\_\_\_ Total number of volunteers participating: [\_\_\_\_] RACES, [\_\_\_\_] REACT,  
[\_\_\_\_] Other \_\_\_\_\_  
(Please specify)
- F. \_\_\_\_ List all frequencies with modes used: \_\_\_\_\_  
\_\_\_\_\_
- G. \_\_\_\_ Number of non-EOC units (mobiles, fixed stations) having checked into local EOC net(s).
- H. \_\_\_\_ RACES station operated from Emergency Operations Center? **Yes or No**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: COMMUNICATIONS OFFICER, State Emergency Operations Center, Camp Fretterd

THIS IS AN EXERCISE MESSAGE

SITUATION REPORT \_\_\_\_\_ AS OF \_\_\_\_\_ ON \_\_\_\_\_  
(NO.) (DATE) (HOUR)

1. JURISDICTION: \_\_\_\_\_

2. CALLER: \_\_\_\_\_  
(NAME, TITLE)

3. HAZARD/INCIDENT TYPE: \_\_\_\_\_

4. WHERE OCCURRING: \_\_\_\_\_

5. WHEN (DATE/TIME): \_\_\_\_\_

6. EOC ACTIVATED (DATE/TIME): \_\_\_\_\_

7. CASUALTIES: (A) NONE \_\_\_\_ (B) DEAD \_\_\_\_ (C) INJURED \_\_\_\_ (D) MISSING \_\_\_\_\_

8. EVACUATION: (A) NONE \_\_\_\_ (B) NUMBER OF SHELTERS OPENED \_\_\_\_  
(C) NUMBER OF PEOPLE IN SHELTERS \_\_\_\_\_

9. DAMAGE: (A) HOMES \_\_\_\_\_

(B) BUSINESSES \_\_\_\_\_

(C) VITAL FACILITIES \_\_\_\_\_

(D) ROADS/BRIDGES CLOSED \_\_\_\_\_

(E) OTHER \_\_\_\_\_

10. SITUATION: (A) \_\_ UNDER CONTROL (B) \_\_ STABLE (C) \_\_ WORSENING

11. ASSISTANCE REQUIRED: (A) \_\_ NONE (B) (LIST NAMES) \_\_\_\_\_

\_\_\_\_\_

12. FEDERAL AND STATE AGENCIES NOTIFIED: (A) \_\_\_\_\_ NONE (B - LIST NAMES)

\_\_\_\_\_

13. COMMENTS: \_\_\_\_\_

\_\_\_\_\_

14. DATE/TIME REPORT SENT: \_\_\_\_\_

END EXERCISE MESSAGE

## INSTRUCTIONS FOR COMPLETING THE SITUATION REPORT (SITREP)

1. To be submitted whenever the EOC is activated or shelters are opened.
2. Follow-up reports will be submitted hourly, unless otherwise requested, even if only "no change".
3. The information will be transmitted by using the alphanumeric designation of the line on the report followed by the necessary information. Omit lines "unknown" or "no change" (on subsequent reports). A sample report follows:

SITREP #2 AS OF 20110412 1830 HOURS

1. CARROLL
  2. THOMAS
  3. Hazardous material transportation
  4. Rt 32 at I-70 WEST BOUND
  5. 2011 04 12 1430 hrs
  6. 2011 04 12 1600 hrs
  7. (a)
  8. Unknown
  9. (d) Rt 32, I-70 West bound
  10. (a)
  11. (a)
  12. (b) SHA, Frederick Office
  13. None
  14. 2011 04 12 1935 hrs
4. Any number not listed indicates no change from previous report.

