Santa Clara OA Shelter Status	
Radio Operator Only: **Origin Msg #:**	**Destination Msg #:**

This Section to be Completed by Shelter Management Personnel: (Underlined=Required)

Date:	**Time** (24hr)**:**	**Handling:** ○**Immediate** (ASAP) ○**Priority** (<1 hr) ○**Routine** (<2 hr)

T O	**ICS Position:** **Location:** **Name:** **Contact Info:**	**F R O M**	**ICS Position:** **Location:** **Name:** **Contact Info:**

Report Type: ○Update ○Complete *Important: See Instructions!*	**Shelter Name:**

Shelter
(If Report Type=Complete, then Underline=Required)

Shelter Type: (Pick One)	○**Type 1**	○**Type 2**	○**Type 3**	○**Type 4**
Status: (Pick One)	○**Open** (Green)	○**Closed** (Red)	○**Full** (Yellow)	

Address:

City:

State:

Zip:

Latitude (d.ddd°)**:**	**Longitude** (d.ddd°)**:**

Shelter Information
(If Report Type=Complete, then Underline=Required)

Capacity:

Occupancy:

Meals Served (Last 24 hours):

NSS Number:

Pet Friendly:	○Yes ○No
Basic Safety Inspection:	○Yes ○No
ATC-20 Inspection:	○Yes ○No

Available Services:

MOU (where/how sent):

Floorplan (where/how sent):

Contact Information   (If Report Type=Complete, then Underline=Required)

Managed By: (Pick One)   ○**American Red Cross**   ○**Private**   ○**Community**
                                   ○**Government**   ○**Other**

Managed By Detail:

Primary Contact:

Primary Contact Phone:

Secondary Contact:

Secondary Contact Phone:

Amateur Radio Information   (If Report Type=Complete, then Underline=Required)

Tactical Call Sign:

Repeater Call Sign:

Input:	**Frequency** (MHz)**:**	**Tone or Code:**
Output:	**Frequency** (MHz)**:**	**Tone or Code:**
Offset:	(MHz, or "+" or "-" for std)**:**	

Comments   (If Report Type=Complete, then Underline=Required)

Comments:

Remove from List: ○Yes   ○No

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

Instructions: Santa Clara OA Shelter Status

Purpose: This Santa Clara OA Shelter Status form is used to send WebEOC Shelter Status board information via alternative means (radio, fax, e-mail, …) when direct access to WebEOC is not available.

Instructions for Shelters:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. Radio operator can suggest an appropriate value. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Report Type	Required. • **Update:** Normal mode. Recipient should only replace fields in WebEOC that are entered here. Other fields should retain their current values. To tell the recipient to clear a text field in WebEOC, write "{CLEAR}" in the field. To append to existing data in a WebEOC text field, write "{APPEND}", followed by the text to be appended. • **Complete:** _Use with caution._ An empty field here tells the recipient to clear the field in WebEOC. Use this to ADD a new shelter, or to replace all fields in WebEOC with the data provided here, or to report on the current status of all WebEOC fields.
Shelter Name	Required.
Shelter	If Report Type = Complete, then Underlined fields are Required. Otherwise, optional.
Shelter Info	If Report Type = Complete, then Underlined fields are Required. Otherwise, optional.
Contact Info	If Report Type = Complete, then Underlined fields are Required. Otherwise, optional.
Amateur Radio Info	If Report Type = Complete, then Underlined fields are Required. Otherwise, optional. For "Tone or Code", enter the analog CTCSS tone, or P25 NAC, or DMR TS/TG/CC, or other digital mode access details. For "Offset", enter the value in MHz, or use "+" or "-" for standard offsets.
Comments	If Report Type = Complete, then Underlined fields are Required. Otherwise, optional.

Instructions for Radio Operators:

Field	Instructions
Origin Msg #	Required. Enter the message number of the original sending station.
Destination Msg #	Required. Enter the message number of the ultimate destination station.
Relay	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
Name	Required. Enter the first initial and last name of the radio operator that handled the message.
Call Sign	Required. Enter the call sign of the radio operator that handled the message.
Date	Required. Enter the date the message was sent/received.
Time	Required. Enter the time the message was sent/received. Use 24-hour time.