Local Emergency Response Neighbourhood Program

Neighbourhood Communications Form

REMINDER: The Emergency Operations Centre will be inundated with calls. Please help them by reporting only the injuries and damages that require immediate, professional assistance.

Neighbourhood:			Captain:			
Preliminary Report:		Date:	yy/mm/dd	Time:	24 hours local	
P1		# of severe inju	ries, requiring skille	ed care	•	
P2		# of dead				
P3		# of fires				
P4		# of broken gas mains				
P5		# of power lines down				
P6		# of homes off	their foundation			
P7		# of homes with collapsed walls and/or ceilings				
P8		# of broken wat	er lines			
P9		# of other:				
P10		# of homes in n	eighbourhood			
P11		# of residents				
P12		# of residents w	ho completed Hous	sehold Registration For	ms	

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Neighbourhood:			Captain:		
Updated Report:		Date:	yy/mm/dd	Time:	24 hours local
U1	# of severe injuries, requiring skilled care				
U2	# of dead				
U3	# of fires				
U4	# of broken gas mains				
U5	# of power lines down				
U6	# of homes off their foundation				
U7	# of homes with collapsed walls and/or ceilings				
U8	# of broken wa	# of broken water lines			
U9	# of other:				
U10	# of homes in r	neighbourhood			
U11	# of residents				
U12	# of residents v	who completed Hou	sehold Registration	Forms	