

Attachment 9
FUNCTIONAL NEEDS SHELTER OPERATION
Situational Report

SEND TO LOCAL EMERGENCY OPERATIONS CENTER AND RETAIN COPY AT
SHELTER

Reporting to: _____ From: _____

Date: _____ Time: _____

Location: _____

Population of Persons with Functional needs residing in shelter:

Contact Person: _____ Contact Number: _____

Is number of Medical Staff sufficient at time of Report: YES NO
If "No" report your needs below.

REPORT NEEDS IN THIS SECTION

Food/Water/Nutritional Issues:

Immediate Staffing Needs/Issues/Supplies:

Immediate Request for Assistance/Resolution/Supplies:

Shelter Operations Issues:

Medical Issues:

Security Issues:

Other: _____