



NERT Incident Report Form

Incident # ____.

Staging Area Name _____ Date _____ Time received _____

1. Type of Incident:	2. Incident Location:
3. Injuries: Yes <input type="checkbox"/> No <input type="checkbox"/> (Unknown) <input type="checkbox"/> (Number of Injuries)	4. Fire: Yes <input type="checkbox"/> No <input type="checkbox"/> Smoke Showing Yes <input type="checkbox"/> No <input type="checkbox"/> (Color of Smoke) _____
5. People Trapped: Yes <input type="checkbox"/> No <input type="checkbox"/> Floor Location:	6. Building Collapse: Yes <input type="checkbox"/> No <input type="checkbox"/> Wood Frame <input type="checkbox"/> Brick <input type="checkbox"/> High Rise <input type="checkbox"/>
7. Criminal Activity: Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	8. Street Failure: Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Damage:
9. Smell of Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmed Gas Leak: Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Wires Down: Yes <input type="checkbox"/> No <input type="checkbox"/> Electrical Supply: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
11. OTHER: Yes <input type="checkbox"/> No <input type="checkbox"/>	

12. Incident Received From: Eye Witness: Yes <input type="checkbox"/> No <input type="checkbox"/> Third Party Report: Yes <input type="checkbox"/> No <input type="checkbox"/> Multiple Reports: Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Reporting party will remain and take response to incident: Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Actions taken before incident was reported to NERT staging Area _____ _____ _____

Incident # _____.

Actions Taken by Staging Area Command

1. (Actions) Intel. Plans Section)	Necessary Information Sent to Local EDCC Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Messenger <input type="checkbox"/> Radio <input type="checkbox"/> Time Sent: _____	

2. (Actions) Task Force Leader	<input type="checkbox"/> Authorized Response	<input type="checkbox"/> Assigned Priority
	<input type="checkbox"/> A Priority <input type="checkbox"/> B Priority <input type="checkbox"/> C Priority	

3. (Actions) Operations Section		
A. Team Name or Identifier:	Was Team Briefed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of NERTs on responding team: Female _____ Male _____
B. Team Dispatched Yes <input type="checkbox"/> No <input type="checkbox"/>	Time Dispatched:	Time Returned:
C. Equipment Dispatched: <u>Check the appropriate boxes.</u>	<input type="checkbox"/> Blankets <input type="checkbox"/> Buckets <input type="checkbox"/> Cable <input type="checkbox"/> Carrying equipment <input type="checkbox"/> Carts <input type="checkbox"/> Crow Bars <input type="checkbox"/> Dollies <input type="checkbox"/> Duct Tape <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Hammers <input type="checkbox"/> Hand Trucks <input type="checkbox"/> Jacks <input type="checkbox"/> Levers <input type="checkbox"/> Medical Supplies <input type="checkbox"/> Picks <input type="checkbox"/> Pry Bars <input type="checkbox"/> Radio <input type="checkbox"/> Rope <input type="checkbox"/> Shovels <input type="checkbox"/> Tarps <input type="checkbox"/> Saws <input type="checkbox"/> Other: _____	
D. Vehicles Dispatched: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Van <input type="checkbox"/> Other: _____	Vehicle License Plate Number _____
E. Returning Team:	Was Team Debriefed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were any NERTs on team injured Yes <input type="checkbox"/> No <input type="checkbox"/>
