Human Impact

Confirmed Fatalities:_____

Injuries:_____

Hospitalized:_____

Quarantined:_____

Describe Quarantined Area:_____

_____

Races

Status:☐Activated ☐Operational ☐Stand-down

Reception Center

Status: ☐ Open ☐ Closed

Facility Name:_____

Address:_____

Point of Contact (POC):_____

POC Contact Info:_____

Capacity:_____

All messages will have the "Standard" questions asked. Messages that have additional questions associated with its message type have been broken out into different sections

Common Message Types Below

Damages	Request for Information
Declaration	Resources
Evacuation	Resource Staging
FYI	Shelters
Incident Report	RACES
Human Impact	Reception Center
Impact	Request for Assistance
News Release	Transportation
Notification	Traffic Control Points

Incident Reporting: 1-800-322-4012
ADEM Duty Officer :501-683-6705
ADEM Fax: 501-683-7890
http://www.adem.arkansas.gov

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Boundless Collaboration

Standardized WebEOC Message Questions

Standard Message Questions

Caller Name:_____

Phone #:_____

Additional Info:_____

_____

Damages

Homes Damaged:_____

Businesses Damaged:_____

Road Locations Damaged:_____

% Utilities Damaged:_____

Declaration

Status: ☐ Written ☐ Verbal

What For?: ☐ IA ☐ PA ☐ Resources

☐ Agri ☐ Other _____

Request For Assistance (RFA)

Type of Resource:_____

Quantity:_____

Size:_____

Unit:_____
-Example KW for Generator

Point of Contact (POC):_____

POC Phone:_____

POC Cell:_____

POC Fax:_____

POC email:_____

POC Other:_____

Resource Need By:_____(date/time)

Expected Duration:_____(date/time)

Transportation: ☐ Need Delivery ☐ Pick-Up

Resource Destination

Facility Name:_____

Facility Address:_____

Facility City:_____

Facility Zip:_____

Lat:_____ Long:_____

Shelter

Status: ☐ Open ☐ Closed

Facility Name:_____

Facility Address:_____

Facility City:_____

Facility Zip:_____

Lat:_____ Long:_____

Capacity_____ Occupancy:_____

Hours of Operation:_____ ☐ 24HR

Shelter Manager:

Name:_____

Phone:_____

Email:_____

Capabilities:

☐ Red Cross ☐ ADA Compliant

☐ Meals Served ☐ Showers Available

☐ Pet Friendly ☐ Special Needs

Pet Types:_____

Other Amenities:_____

_____

_____

Transportation

Type: ☐ Road ☐ Rail ☐ Air ☐ Waterway

Status: ☐ Open ☐ Blocked ☐ Closed

Area Affected:_____

Location Start:_____

Location End:_____

Detour Routes:_____

Time Closed/Blocked:_____(date/time)

Expected Duration:_____

Who closed the route or zone?_____

Reason for Closure:_____

_____

Evacuation

Status: ☐ None ☐ In Progress ☐ Complete

Evacuated:_____

Area: ☐ Residential ☐ Business ☐ Rural

Expected Duration:_____

Evacuation Area Description:_____

_____