



TOWN OF DAVIE FIRE-RESCUE CERT SITUATION REPORT



FROM		TO	
Name	Position	Name	Position
Team	Location	Location	
Phone/cell	Radio frequency/Call sign		
Sent		Received	
Date:	Time:	Date:	Time:

REPORT

Section A – CERT Status

Current Number of CERT Members Operating on Scene: _____ Name of Incident Commander: _____

Number of CERT Members Needing to be Medically Evaluated _____

CERT Support Needs (water, food, medical supplies, tools & equipment, etc.)

Section B

Current Casualty Count ____ Green ____ Yellow ____ Red ____ Black ____ Medically Evacuated ____ Departed on Own

Current Structure Damage: ____ Public/Commercial/Government Buildings ____ Destroyed ____ Heavy ____ Moderate ____ Light

____ Private Homes or Residences ____ Destroyed ____ Heavy ____ Moderate ____ Light

Current Street/Road/Highway Damage:

Current Utilities Down of Out of Service

Section C Comments