

PRE-EVACUATION CONTACT DATA SHEET

(INCIDENT NAME/DESCRIPTION)

ADDRESS:		# OF PEOPLE AT THIS LOCATION
RANGE/TOWNSHIP/SECTION/1/4 SECTION	INCIDENT MAP LOCATOR DESIGNATION	
FROM MAJOR INTERSECTION OR LANDMARK		

PRINCIPAL CONTACT		<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER
HOME PHONE	BUSINESS/CONTACT PHONE	
PROPERTY OWNER (IF DIFFERENT FROM PRINCIPAL CONTACT)		

YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF EVACUATION IS NECESSARY, DO OCCUPANTS ANTICIPATE NEEDING ASSISTANCE FROM THE RED CROSS FOR LODGING?
IF NO, WHAT IS THEIR INTENDED LOCATION & CONTACT PHONE NUMBER?		

YES NO

1. DOES ANY OCCUPANT HAVE A MAJOR MEDICAL CONDITION REQUIRING SPECIAL ATTENTION OF THE RESPONSE TEAM? IF YES, NAME THE OCCUPANT(S) AND BRIEFLY DESCRIBE CONDITION. _____

2. ARE THERE ANY POTENTIALLY HAZARDOUS MATERIALS PRESENT ON THIS PROPERTY? (EXPLOSIVES, COMPRESSED GAS CYLINDERS, PETROLEUM PRODUCTS, CHEMICALS) DESCRIBE MATERIALS & LOCATION.

3. ARE ANY PETS OR LIVESTOCK ENDANGERED BY THIS EMERGENCY? IF SO, IDENTIFY TYPE(S), QUANTITY AND LOCATION. _____

3A. DOES THE OCCUPANT HAVE SUFFICIENT RESOURCES TO RELOCATE LIVESTOCK IF NECESSARY? ARE HOLDING FACILITIES (IF AVAILABLE) REQUIRED?

4. DOES THE OCCUPANT NEED A SECURE STORAGE AREA (IF AVAILABLE) FOR ITEMS REMOVED FROM THE PREMISES? (VEHICLES, RV'S, BOATS, ETC.)

BRIEFLY DESCRIBE BUILDINGS	
PROXIMITY TO HAZARDS RELATED TO THIS EMERGENCY (FUELS, WATERCOURSES, ETC.)	
PHOTOGRAPHS TAKEN? TYPE (VIDEO, STILL)?	IF YES, BY WHOM?
DATE & TIME OF CONTACT	CONTACT COMPLETED BY