

IV. EOC FORMS

The following forms, reports, and guides are for general and HHS/EOC use, and include an explanation and directions for their completion and use. Forms in this Unit include:

- HHS-401, Incident Report Form
- HHS-402, Bomb Threat Report Form
- HHS-403, Situation Report
- HHS-404, After Action Review Checklist

IV. EOC FORMS

INCIDENT REPORT FORM, HHS-401

Purpose

This form is used for reporting threats and other out of the ordinary incidents other than bomb threats against employees while assigned to a HHS incident.

Preparation

The form is prepared by any functional area receiving a threat or during the occurrence of observed unusual activities.

Distribution

The form should immediately be given to the HHS/EOC Director or supervisor for follow up action. This follow up may include notification of municipal or federal law enforcement authorities.

**INCIDENT
REPORT FORM**

FORM HHS-401

01/98

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) LOCATION IN EOC:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6) REPORTING UNIT:

(7) LEADER SUBMITTING REPORT:

(8) CALLER INFORMATION:

Name(s):

Address(es):

Phone Number(s):

(9) NATURE OF INCIDENT:

(10) WITNESS INFORMATION:

Name(s):

Address(es):

Phone Number(s):

(11) ACTIONS TAKEN:

(12) POLICE CALLED: YES NO

- **POLICE ARRIVAL TIME —**
- **OFFICER NAME/BADGE# —**
- **ACTIONS TAKEN —**

(13) OTHER COMMENTS:

(14) Signature

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INCIDENT REPORT FORM, HHS-401

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	Show the Incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Location In EOC	Show the specific location assigned within the EOC, i.e., Planning, Logistics, Communication, etc.
4	Date/Time Prepared	Show the date (mm/dd/yy) and time (24-hour time) prepared.
5	Prepared By	List the name of the person preparing the form.
6	Reporting Unit	List the specific unit you are assigned to on the incident or in the EOC.
7	Leader Submitting Report	Show the specific functional leader for the area assigned.
8	Caller Information	List specific caller information including the full name, address and return telephone number.
9	Nature Of Incident	Identify the specific nature of the incident reported.
10	Witness Information	List specific information for witnesses, including the full name, address, and return telephone number.
11	Actions Taken	Show any specific actions taken to secure or mitigate the incident.
12	Police Called	Indicate yes or no, also show the arrival time, officer's name or identification number, and the actions taken by the police.
13	Other Comments	List any other comments that may be pertinent.
14	Signature	The report is to be signed by the person completing the information.

IV. EOC FORMS

BOMB THREAT REPORT FORM, HHS-402

Purpose

This form provides a checklist for use in the event a bomb or terrorism threat is received via the telephone in or against the EOC.

Preparation

The form is completed by the recipient of any threat made against the HHS/EOC.

Distribution

The form will be completed from caller information and passed on immediately to the supervisor of the HHS/EOC Director for follow-up action.

BOMB THREAT REPORT FORM

FORM HHS-402

01/98

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) LOCATION IN EOC:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6) REPORTING UNIT:

(7) TEAM LEADER SUBMITTING REPORT:

(8) CALLER INFORMATION:

Perception of: Sex Race Age
Length of Call:
Number Call Receive On:

(9) QUESTIONS TO ASK:

When will bomb explode?
Where is it located in building?
What does bomb look like?
What kind of bomb is it?
What will cause it to explode?
Did you place this bomb?
Why was it placed in the building?
What is your address?
What is your name?

(10) EXACT WORDING OF THREAT:

(11) CALLER'S VOICE: Familiar? Yes No

Who does it sound like?

Normal Accent Disguised
 Cracking Deep Nasal
 Raspy Lisp Stutter
 Slurred Ragged Distinct
 Normal Angry Calm
 Excited Crying Laughter
 Loud Soft Rapid
 Deep Breathing Clearing Throat

(12) BACKGROUND SOUNDS:

Street noises Voices
 Animal noises Music
 Long distance Machinery
 Local Static
 Crockery Office sounds
 PA system Clear
 Booth Motor
 House noises Other _____

(13) THREAT LANGUAGE:

Well spoken Incoherent Irrational Taped Foul

(14) OTHER REMARKS :

**BOMB THREAT
REPORT FORM**

FORM HHS-402

01/98

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) LOCATION IN EOC:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6) REPORTING UNIT:

(7) TEAM LEADER SUBMITTING REPORT:

(15) Signature

IV. EOC FORMS

BOMB THREAT REPORT FORM, HHS-402

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	Show the Incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Location In EOC	Show the specific location assigned within the EOC, i.e., Planning, Logistics, Communication, etc.
4	Date/Time Prepared	Show the date (mm/dd/yy) and time (24-hour time) prepared.
5	Prepared By	List the name of the person preparing the form.
6	Reporting Unit	List the functional area or specific responsibility area the person is assigned to.
7	Team Leader Submitting Report	List the name of the Team Leader or supervisor.
8	Caller Information	List the perception of caller information, including male or female, race, age, exact telephone number the call was received on, etc.
9	Questions To Ask	List as many responses possible from the sample questions to ask of the caller shown in this block.
10	Exact Wording Of Threat	List to the best of your ability the exact wording used by the caller making the threat.
11	Caller's Voice	List as much information possible about the callers' voice. Is it a familiar voice? Use the checklist as a guide to assist in taking this information.
12	Background Sounds	From the list provided, list any background sounds that you hear during the conversation.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
13	Threat Language	From the checklist provided, list your perception of the language of the threat. List any other thoughts that may be helpful in identifying the caller or situation.
14	Other Remarks	Any other remarks that you feel are pertinent to the call.
15	Signature	The person completing the form should sign the form.

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SITUATION REPORT, HHS-403

Purpose

Provide a consistent report format for a daily or periodic Situation Report that documents the agency's activity in support of the incident.

Preparation

The HHS/EOC Planning Section Chief completes the report with current information from the ESF#8 Leader, the MST Leader and the MST Planning Section Chief. Information from the MST may be submitted on this form or another provided format. This report should not be cumulative; rather a stand-alone document for each operational period, but may reference previous reports for continuity.

Distribution

The completed Situation Report is provided to the Assistant Secretary of Health and the HHS Public Affairs Officer. Copies of the report are also posted at prominent locations at the HHS/OEP Headquarters and field locations for general information.

**SITUATION
REPORT**

**FORM HHS-
403**

(1) INCIDENT

01/98

#

(2) DISASTER RESPONSE NUMBER:

/

(3) REPORTING PERIOD— FROM/TO:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6) **REPORTING UNIT:**

(7) **SITUATION REPORT #:**

(8) **BACKGROUND:**

(9) **NATURE OF INCIDENT:**

(10) **CASUALTIES:**

(11) **WEATHER FORECAST:**

(12) **HHS RESOURCES COMMITTED FOR ASSISTANCE TO:** (list all Federal and State agencies that apply)

SITUATION REPORT

FORM HHS-
403

01/98

(1) INCIDENT

#

/

(2) DISASTER RESPONSE NUMBER:

(3) REPORTING PERIOD— FROM/TO:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6) REPORTING UNIT:

(7) SITUATION REPORT #:

(13) SEVERITY OF IMPACT ON POLITICAL JURISDICTION:

- Jurisdiction(s) affected:
- Impact on individuals:
- Impact on business:
- Utilities:
- Road/transportation status:
- Housing status:
- Health care facility status:
- Other critical facilities:

(14) STATUS OF FEDERAL DECLARATION:

(15) STATUS OF OPERATIONS:

- MST:
- DMATS:
- DMORTS:
- NMRT-WMD:
- FBI assistance:
- Immigration:
- Dept. of Transportation:

OTHER

(16) Signature

(17) Date

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SITUATION REPORT, HHS-403

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	Show the Incident name.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Reporting Period – From/To	Show the period of time the Situation Report includes.
4	Date/Time Prepared	Show the date (mm/dd/yy) and time (24-hour time) prepared.
5	Prepared By	List the name of the person preparing the form.
6	Reporting Unit	Show the unit reporting the current situation. This could be MST, EOC or ESF #8.
7	Situation Report #:	Situation Reports should be maintained in chronological order with the first report completed numbered as 01.
8	Background:	Provide a synopsis of the activities that have lead to the involvement of HHS/OEP resources and assistance.
9	Nature Of Incident	Describe the general nature of the incident, i.e., hurricane, earthquake, aircraft accident, etc.
10	Casualties	List civilian casualties, both fatalities and injuries, that have occurred since the last Situation Report.
11	Weather Forecast	Show the forecasted and predicted weather for the next operational period.
12	HHS Resources Committed For Assistance To	List the total HHS commitment of personnel at all levels assigned to the incident. Show the primary agency for which the assistance is being provided.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
13	Severity Of Impact On Political Jurisdiction	From the options available, define the impacts on the various jurisdictional agencies that are involved. Show also the various political jurisdictions (States, counties, etc.) involved on the incident.
14	Status Of Federal Declaration	Show the current status and numbers of the Federal Disaster Declaration or other emergency number.
15	Status Of Operations	Show the status of the listed HHS resources supporting the incident.
16	Signature	Show the signature of the person responsible for completing the form.
17	Date	Show mm/dd/yy the form was completed.

IV. EOC FORMS

AFTER ACTION REVIEW CHECKLIST, HHS-404

Purpose

This form provides a standard discussion guide for the Phase I and II After Action Review process that takes place at all Federal health and medical response levels of the emergency.

Preparation

The form is completed by the by the MST Leader, EOC Director, or Team Leader during the implementation of the After Action Review.

Distribution

The form will serve as the mechanism for the review and ends up as the catalyst for completion of actions as a result of the review.

AFTER ACTION REVIEW CHECKLIST**HHS-404**

The following checklist is a guide for the Phase I and II After Action Review process. When considering the checklist both activation and deployment must be considered, along with the call-out process, briefing, and logistical support. Once completed key points identified should be listed in priority order.

(1) MANAGEMENT AND COORDINATION:

- | | |
|--|---|
| <input type="checkbox"/> BoO staffing | <input type="checkbox"/> Work schedule |
| <input type="checkbox"/> Briefings | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Coordination with OEP/EOC | <input type="checkbox"/> Interagency coordination |
| <input type="checkbox"/> Report on EISS needs | <input type="checkbox"/> Public information |
| <input type="checkbox"/> Transition from operations to BoO
deactivation | <input type="checkbox"/> Liaison functions |
| <input type="checkbox"/> | <input type="checkbox"/> Notification |
| <input type="checkbox"/> | <input type="checkbox"/> |

(2) PLANNING AND INFORMATION:

- | | |
|--|--|
| <input type="checkbox"/> Planning processes | <input type="checkbox"/> Strategic and operational planning |
| <input type="checkbox"/> Resource status | <input type="checkbox"/> Technical support |
| <input type="checkbox"/> Operational period | <input type="checkbox"/> Situation Reports |
| <input type="checkbox"/> Records and reports | <input type="checkbox"/> Demobilization planning and execution |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

(3) OPERATIONS:

- | | |
|--|--|
| <input type="checkbox"/> Resource coordination | <input type="checkbox"/> Liaison with other facilities |
| <input type="checkbox"/> Coordination (state or local) | <input type="checkbox"/> Operational work location |
| <input type="checkbox"/> Operational procedures | <input type="checkbox"/> Canine search |
| <input type="checkbox"/> | <input type="checkbox"/> |

(4) LOGISTICS:

- | | |
|---|--|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Property accountability |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Medical support |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> MST Support Kit |
| <input type="checkbox"/> Resupply | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

(5) ADMINISTRATION/FINANCE:

- | | |
|---|--|
| <input type="checkbox"/> Cost tracking | <input type="checkbox"/> Compensation/claims |
| <input type="checkbox"/> Mission assignment | <input type="checkbox"/> Procurement and contracting |
| <input type="checkbox"/> Reports | <input type="checkbox"/> |

(6) OTHER COMMENTS:**(7) Signature/Title****(8) Date**

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AFTER ACTION REVIEW CHECKLIST, HHS-404

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Management And Coordination	From the developed list or by adding discussion items, check the boxes under this element that will be discussed during the review.
2	Planning And Information	From the developed list or by adding discussion items, check the boxes under this element that will be discussed during the review.
3	Operations	From the developed list or by adding discussion items, check the boxes under this element that will be discussed during the review.
4	Logistics	From the developed list or by adding discussion items, check the boxes under this element that will be discussed during the review.
5	Administration/Finance	From the developed list or by adding discussion items, check the boxes under this element that will be discussed during the review.
6	Other Comments	List other comments that do not fit within the categories listed for consideration.
7	Signature/Title	The format should be signed by the person responsible for leading or providing input for the review.
8	Date	Include the date the format was completed, mm/dd/yy.