

Event Report

Revised 102515

Event # _____

Event Type: Fire, Hazard, Structures, People

Date: _____

Time Reported: _____

Reported By: _____

Reported To: _____

Cluster #: _____

Address: _____

Action Urgency

- Immediate
- Within 1 hour
- Within 4 hours
- Other

Action Type

- Control Team
- NRG Medical
- CERT
- PFR Medical
- PFR Fire

Event Description By: _____ Date: _____ Time: _____

Action Report By: _____ Date: _____ Time: _____

Event Resolution By: _____ Date: _____ Time: _____