

FORMS

Emergency Evacuation Form

As Incident Commander of the _____ incident, I find that certain evacuation actions are necessary to ensure the safety of the public and the assigned emergency responders. Therefore I am (we are) issuing the following instructions:

- Evacuation Warning
- Evacuation Directive

This action is valid for the following area:

Evacuation staging areas or centers will be located at:

Local citizens affected by this action should be told to:

- Prepare for an evacuation.
- Evacuate the area and check in at the evacuation staging area or center
- Other (describe):

Perimeter Controls:

Establish an Outer Perimeter at:	Use the following perimeter control methods:
	<input type="checkbox"/> Check Point <input type="checkbox"/> Road Block

Establish an Inner Perimeter at:	Use the following perimeter control methods:
	<input type="checkbox"/> Check Point <input type="checkbox"/> Road Block <input type="checkbox"/> Road Closure <input type="checkbox"/> Mobile Patrols

Incident Commander

Date

Time

Chief Elected Official

Date

Time

Evacuation Order Report

Incident Name: _____

Date: _____

Time: _____

I, _____, issued an EVACUATION ORDER for the following individual(s):

This individual(s) was ordered to evacuate from:

This EVACUATION ORDER was issued for the following reasons:

The individual(s) ordered to evacuate:

- Transported themselves out of the area.
- Were escorted out of the area by incident personnel

If the evacuee(s) were escorted out of the area by incident personnel, complete the following:		
Name of the Incident personnel that escorted the evacuee(s) out of the area:		
Location to which the evacuee(s) was escorted:		
If the evacuee(s) was a minor, name of the person who accepted responsibility from the escort:		
Evacuee(s) were escorted from the area under restraint	Yes	No

Signature of person issuing the EVACUATION ORDER: _____

Pre-Evacuation Contact

Incident Name: _____

Date: _____

Time: _____

Name of Person Contacted:				
Address or Location of Contact:				
Number of persons at this location:	Adults		Minors	
	Males	Females	Males	Females
Transportation Available	Yes		No	
Pets/Animals needing attention	Yes		No	
Special Needs or Assistance Required: (explain)				
Phone Number at contact location				
Emergency Contact Name				
Emergency Contact Number				
Electronic media most often on at contact location	Television	Radio	None	
Other information:				
Contact Made By:				

Roadblock Datasheet

Incident Name: _____

Roadblock Location: _____

Date: _____

Time: _____

Drivers Name				
Vehicle Description	License No.	Color	Make	Year
ID Confirmed	<input type="checkbox"/> Drivers License <input type="checkbox"/> ID Card <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other			
Passenger Names				
Reason for entry:				
Destination:				
Do you understand that your presence may hinder emergency workers/operations within the area you are entering?			Yes	No
Do you understand that you may incur some personal liability by hindering emergency operations within the area?			Yes	No
Do you understand that you, and anyone with you, may risk serious personal injury and death by entering this area?			Yes	No
Do you understand that there may be no opportunities or resources available to assist you should you encounter life-threatening circumstances?			Yes	No

Name of Person collecting data: _____

____ Signature of Driver:
