

Message #	Precedence	Reply	Date	Time	Operator	Call Sign
	E P R	Yes No				

TO
➔

Check all that apply

<input type="checkbox"/>	Kern Chapter Office	
<input type="checkbox"/>	Red Cross Liaison @ EOC	
<input type="checkbox"/>	Shelter Manager on duty	# 1
<input type="checkbox"/>		# 2
<input type="checkbox"/>		# 3
<input type="checkbox"/>		# 4
<input type="checkbox"/>	Other:	



FROM
←

Check all that apply

<input type="checkbox"/>	Kern Chapter Office	
<input type="checkbox"/>	Red Cross Liaison @ EOC	
<input type="checkbox"/>	Shelter Manager on duty	# 1
<input type="checkbox"/>		# 2
<input type="checkbox"/>		# 3
<input type="checkbox"/>		# 4
<input type="checkbox"/>	Other:	

Response to message number:

Census: At _____ on _____ we have _____ Clients
 Meals served: _____ on this shift.

Supply request or reply to a supply request advising Estimated Time of Arrival, etc.

Qty.	Item	Need by	Comment	ETA	Comment
	Snacks				
	Meals				
	Water - cases				
	Comfort Kits				
	Cots Reg. or Lg.				
	Blankets				
	Pillows				
	Staff				
	Forms				
	901				
	Disbursing Order				
	CAC Cards				

Original copy must be signed:

_____ Signature

_____ Position