



Date: _____ Incident/DR#: _____ Shelter Name/County: _____

Shelter Information	
Shelter Address:	
Shelter Phone Number:	

Sheltering Staff			
Position	Name	Phone	
Shelter Manager			
Day Shift Supervisor			
2 nd Shift Supervisor			
Night Shift Supervisor			
Total Number of Sheltering Workers:	Day Shift:	2 nd Shift:	Night Shift:

Other Functions or Activities Staff	
# Disaster Health Services:	# Casework and Recovery Planning:
# Disaster Mental Health:	# Feeding:
# Disaster Spiritual Care:	Other:

Shelter Population						
Age Groups (years):	0- 3	4-7	8-12	13-18	19-65	65+
Nighttime Population Submitted Last Night:						
Daytime Population Today:						
Total NEW Shelter Dormitory Registrations Since Last Report:						

Operational Reporting												
	Breakfast	Lunch	Dinner	Snacks/Drinks	Cots	Blankets	Comfort Kits	Clean-up Kits	Other Bulk Items	Signage Kits		
# Used Today												
# Available to Use Tomorrow												
# Needed Tomorrow												

Notes	
Preparer Name:	Preparer Signature: