

Block Captain Report to the Area Emergency (CERT Team) Leader  
**Your Team**

Block Captain \_\_\_\_\_ Block # \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Report # \_\_\_\_\_

Address and phone number where the form is being filled out \_\_\_\_\_

Address and phone number where I can be reached if different from above \_\_\_\_\_

Number of people injured that have sent directly to a hospital or the local critical care unit \_\_\_\_\_

Number of people without food \_\_\_\_\_ Number of people injured (I - immediate) \_\_\_\_\_

Number of people with out water \_\_\_\_\_ Number of people injured (D - delayed) \_\_\_\_\_

Number of people without shelter \_\_\_\_\_ Number of people deceased (M - morgue) \_\_\_\_\_

Number of people with shelter but no heat \_\_\_\_\_ *(in time of winter)*

Number of people without clothing men \_\_\_\_\_ women \_\_\_\_\_

young men \_\_\_\_\_ young women \_\_\_\_\_

male children \_\_\_\_\_ female children \_\_\_\_\_ infants \_\_\_\_\_

Comments and special needs (also list location of gas leaks, chemical spills, fires, downed power lines, roads that are inaccessible , etc):

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list of people that are in need:

	name (last name first)	condition (injured delayed or immediate, dead etc...)	location (where they were left or sent to)
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3			
4			

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32			

attach additional sheets if necessary.