



SRQ ARES

Sarasota Amateur Radio Emergency Service

West Central Florida Section of ARRL

Website: srqares.org

Email: admin@srqares.org

SITUATION REPORT (SIT REP)

CALL SIGN: _____ NAME: _____ LOCATION: _____

DATE: _____ TIME: _____

NEGATIVE REPORT. ALL IS WELL AT MY LOCATION.

Or ONLY REPORT "Y" OR "YES" CONDITIONS IN YOUR REPORT

Life Threatening Situation: Y N

CIVIL UNREST: Y N

FIRE: Y N

FLOODING: Y N

Immediate medical response required: Y N

Location _____ Condition: _____

Emergency Access into area: _____

Roads Clear: Y N

Power Lines Down: Y N

Trees Down: Y N

Debris: Y N

Damage to Dwellings in immediate area: Y N

Minor _____

Moderate _____

Major _____

Utilities to area:

Electricity: Y N

Water: Y N

Gas ; Y N

Internet: Y N

Sewer / Lift Station operation: Y N

What is currently being done by residents in the area:

What are your immediate unmet needs: