CERT Form 1: Damage Assessment

Neighborhood Emergency Team:	Date:	Date/Time Received:
Person Reporting:	Person Receiving:	

TRACKING		BURNING	OUT	GAS LEAK*	H20 LEAK	ELECTRIC	CHEMICAL	DAMAGED**	COLLAPSED***	INJURED	TRAPPED	DECEASED	ROAD ACCESS AVAILABLE?	ANIMALS
#	LOCATION	FIRES		HAZARDS				STRUCTURES		PEOPLE†				

***GAS LEAK** - indicate gas leaks with an "X". If the gas is also turned off, add the notation "GO" (for "gas off").
****DAMAGED** - indicate as Light (L); Medium (M); or Heavy (H).
*****COLLAPSED** - indicate as Partial (P); Partial Front (PF); Partial Rear (PR); or Partial Side (PS).
†PEOPLE - indicate # of people injured or trapped; indicate "?" if not known.

Scribe(s):_____ Page ____ of ____

NET Form 2.a: Personnel Resources INTAKE

Neighborhood Emergency Team:				Date:
Name	**ID or badge #**	**Contact: cell or radio**	**Occupation/Skills**	**Equipment**

Scribe(s):_____ Page ____ of ____

NET Form 2.b: Personnel Resources CHECK IN

Neighborhood Emergency Team:					Date:
Name	**ID or badge #**	**Contact: cell or radio**	**Check in time**	**Assignment**	**Check out time**

FOR PERSONNEL OFFICER/LOGISTICS

Incoming volunteers (NET/CERT or spontaneous) must sign in. Designate which section and team they will report to ("Assignment").
If issued a name badge, indicate assignment on badge. Do not forget to ask them to sign out. This must be done for every shift.

Scribe(s):_____

CERT Form 3: Assignment Tracking Log

Neighborhood Emergency Team:				**Date:**			
Assignment:		**Assignment:**		**Assignment:**		**Assignment:**	
Location:		**Location:**		**Location:**		**Location:**	
Team:		**Team:**		**Team:**		**Team:**	
Team Leader/Contact info:		**Team Leader/Contact info:**		**Team Leader/Contact info:**		**Team Leader/Contact info:**	
Start Time:	**End Time:**	**Start Time:**	**End Time:**	**Start Time:**	**End Time:**	**Start Time:**	**End Time:**
1.)		1.)		1.)		1.)	
2.)		2.)		2.)		2.)	
3.)		3.)		3.)		3.)	
4.)		4.)		4.)		4.)	
5.)		5.)		5.)		5.)	
Objectives:		**Objectives:**		**Objectives:**		**Objectives:**	
Results:		**Results:**		**Results:**		**Results:**	
NET Leader/Incident Commander:							

Scribe(s):_____

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Neighborhood Emergency Team:	Date:	
Command Post Contact #	TIME OUT	TIME BACK

INSTRUCTIONS TO TEAM

TEAM NAME:	LOCATION:

OBJECTIVES:

EQUIPMENT ALLOCATED:

REPORT FROM RESPONSE TEAM

BURNING	OUT	GAS LEAK*	H20 LEAK	ELECTRIC	CHEMICAL	DAMAGED**	COLLAPSED***	INJURED	TRAPPED	DECEASED	ROAD ACCESS AVAILABLE?	INJURED	TRAPPED	ROAMING
FIRES		HAZARDS				STRUCTURES		PEOPLE†				ANIMALS		

***GAS LEAK** - indicate gas leaks with an "X". If the gas is also turned off, add the notation "GO" (for "gas off").
****DAMAGED** - indicate as Light (L); Medium (M); or Heavy (H).
*****COLLAPSED** - indicate as Partial (P); Partial Front (PF); Partial Rear (PR); or Partial Side (PS).
†PEOPLE - indicate # of people injured or trapped; indicate "?" if not known.

Scribe(s):_____

CERT Form 5: Victim Treatment Area Record

Neighborhood Emergency Team:	Date:
TREATMENT AREA LOCATION:	

Check in time	Name or Description	TRIAGE TAG (circle one)	CONDITION/TREATMENT (update as needed)	MOVED TO	TIME OUT
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

Scribe(s):_____

CERT Form 6: Communications Log

Neighborhood Emergency Team:	DATE:
RADIO OPERATOR NAME/CALL SIGN:	

LOG

TIME	FROM	TO	MESSAGE

Scribe(s):_____ Page ____ of ____

CERT Form 7: Equipment Inventory

Neighborhood Emergency Team:								DATE:
ASSET #	ITEM DESCRIPTION	OWNER	ISSUED TO		QTY	TIME	INITIALS	COMMENTS
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
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Scribe(s):_____

CERT Form 8: General Message

GENERAL MESSAGE		
TO	POSITION	
FROM	POSITION	
SUBJECT	DATE	TIME
MESSAGE		
SIGNATURE	POSITION	
REPLY		
DATE TIME	SIGNATURE/POSITION	

GENERAL MESSAGE		
TO	POSITION	
FROM	POSITION	
SUBJECT	DATE	TIME
MESSAGE		
SIGNATURE	POSITION	
REPLY		
DATE TIME	SIGNATURE/POSITION	