DAMAGE ASSESSMENT FORM	CERT	DATE
LOCATION		

SIZE UP

(check if applicable)

FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS		
BURNING	OUT	GAS LEAK	H20 LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING

OBSERVATIONS

CERT MEMBER	PAGE ____ OF _____

CERT FORM #1

NET Form 1: DAMAGE ASSESSMENT

Neighborhood Emergency Team	Date (yyyy/mm/dd)	Date/time received by TL

Person Reporting (please print)	Person Receiving (please print)

	Fires		Hazards				Structures		People #			Y/N	Y/N
Location	Burning	Out	Gas Leak	H20 Leak	Electric	Chemical	Damaged*	Collapsed**	Injured	Trapped	Deceased	Road Access?	Dangerous Animals?

* DAMAGED: Indicate Light (L), Medium (M) or Heavy (H) # PEOPLE: Indicate number of people

** COLLAPSED: Indicate as Partial (P), Partial Front (PF), Partial Rear (PR) or Partial Side (PS)

SCRIBE _____ PAGE _____ OF _____

NET Form 1: DAMAGE ASSESSMENT (reverse side)

Location	Fires		Hazards				Structures		People #			Y/N	Y/N
	Burning	Out	Gas Leak	H20 Leak	Electric	Chemical	Damaged*	Collapsed**	Injured	Trapped	Deceased	Road Access?	Dangerous Animals?

* DAMAGED: Indicate Light (L), Medium (M) or Heavy (H) # PEOPLE: Indicate number of people

** COLLAPSED: Indicate as Partial (P), Partial Front (PF), Partial Rear (PR) or Partial Side (PS)

SCRIBE _____ PAGE _____ OF _____

FORMULARIO DE EVALUACIÓN DE LOS DAÑOS	CERT	FECHA

SITIO

EVALUACIÓN

(marque la casilla, si corresponde)

INCENDIOS		PELIGROS				ESTRUCTURA		GENTE			CALLES		ANIMALES		
ACTIVOS	APAGADOS	FUGA DE GAS	FUGA DE H20	ELÉCTRICOS	QUÍMICOS	DAÑADA	COLAPSADA	HERIDA	ATRAPADA	MUERTA	CON ACCESO	SIN ACCESO	HERIDOS	ATRAPADOS	DEAMBULANDO

OBSERVACIONES

MIEMBRO DEL CERT

PÁGINA ____ DE _____

NET Form 1B-1: Individual Situation Report by Category

[*Revised, 10/2/19*]

NET Team:	TL/IC Receiving Report:	
Person Reporting:	Report Date/Time:	
Street: Between: and:	(or) Building: Address:	1.1 Dwellings surveyed:

Ref	Category	Subcategory / Description	Count	Dwelling/Notes / House number or Unit number in Multi-Unit building
1.2	Fires	Actively burning		Address(es):
2.1	Hazards	Gas Leak		Address(es):
2.2	Hazards	Water Main Break; major leak		Details/Location
2.3	Hazards	Electric *(Line down or similar)*		Details/Location
2.4	Hazards	Chemical		Details/Location
3.1	Structures, Light Damage	• Superficial Damage • Broken Windows • Cracked or fallen plaster • Primary damage to contents		Address(es):
3.2	Structures, Moderate Damage	• Large amount of cracking on exterior • Small cracks around doors and foundations • No outward sign of structural damage		Address(es):
3.3	Structures, Heavy Damage	• Partial or full collapse • Building is off foundation • Obvious structural damage		Address(es):
4.1	Injuries, Minor	Able to walk away from incident		
4.2	Injuries, Delayed	No uncontrolled severe bleeding, and Regular breathing, and Detectable pulse, and Answers questions, responds to commands		Address(es):
4.3	Injuries, Immediate	Visible severe bleeding, or Labored breathing, or Rapid breathing >30/min, or Confused, disoriented		Address(es):
4.4	Injuries, Trapped	Persons trapped inside collapsed area, condition unknown		Address(es):
4.5	Injuries, Deceased	No respiration with open airway		Address(es):
5.1	Road Access	Roads blocked or other obstruction to vehicle access		Details/Location:
6.1	Dangerous Animals	Animals interfering with access or posing risk to people		Address(es):

NET Form 1B-2: Individual Situation Report by Dwelling

[*Revised, 10/2/19*]

NET Team:	TL/IC Receiving Report:	
Person Reporting:	Report Date/Time:	
Street: Between: and:	(or) Building: Address:	1.1 Dwellings Surveyed:

	Fires	Hazards				Structures*			Injuries						
	Actively burning	Gas Leak	Water Main Break	Electrical	Chemical	Light Damage	Moderate Damage	Heavy Damage	Minor	Delayed	Immediate	Trapped	Deceased	Road Blocked	Dangerous Animals
Dwelling: House number or unit number in multi-unit building	**1.2**	**2.1**	**2.2**	**2.3**	**2.4**	**3.1**	**3.2**	**3.3**	**4.1**	**4.2**	**4.3**	**4.4**	**4.5**	**5.1**	**6.1**
Totals:															

*** Definitions:** Light damage: superficial damage, broken windows, cracked or fallen plaster, or damage to contents
Moderate damage: large amount of cracking on exterior, small cracks around doors and foundations, no outward sign of structural damage
Heavy damage: Partial or full collapse, building is off foundation, or obvious structural damage

NET Form 1C: Team Situation Report with Totals			(Report A1-A3 and Totals to Subnet Control)												[Fillable *Revised 10/2/19*]
A1-NET Team:			A2-Report Date/Time:												
A3-1-Neighborhood Surveyed:			(or) A3-2-Multi-unit Buildings Surveyed:												
			Team Members Reporting (Initials or Rover number)												
Ref	**Category**	**Subcategory / Description**													**Totals**
1.1	Dwellings	Houses or building units surveyed													
1.2	Fires	Actively burning													
2.1	Hazards	Gas Leak													
2.2	Hazards	Water Main Break; major leak													
2.3	Hazards	Electric *[Line down, power out]*													
2.4	Hazards	Chemical													
3.1	Structure, Light Damage	• Superficial Damage • Broken Windows • Cracked or fallen plaster • Primary damage to contents													
3.2	Structure, Moderate Damage	• Large amount of cracking on exterior • Small cracks around doors and foundations • No outward sign of structural damage													
3.3	Structure, Heavy Damage	• Partial or full collapse • Building is off foundation • Obvious structural damage													
4.1	Injuries, Minor	Able to walk away from incident													
4.2	Injuries, Delayed	No uncontrolled severe bleeding, and Regular breathing, and Detectable pulse, and Answers questions, responds to commands													
4.3	Injuries, Immediate	Visible severe bleeding, or Labored breathing, or Rapid breathing >30/min, or Confused, disoriented													
4.4	Injuries, Trapped	Persons trapped inside collapsed area, condition unknown													
4.5	Injuries, Deceased	No respiration with open airway													
5.1	Road Access	Roads blocked or other obstruction to vehicle access													
6.1	Dangerous Animals	Animals interfering with access or posing risk to people													

NET Form 2A: PERSONNEL CHECK IN

Neighborhood Emergency Team: **Date (yyyy/mm/dd):**

NAME	ID or badge #	Contact (cell or radio)	Check-in Time	Assignment Tracking Number	Check-out Time

Incoming NET/CERT volunteers must sign in. Designate which section and team they will report to ("Assignment").
Do not forget to ask them to sign out. This must be done for every shift.
Use NET Form 3: SUV CHECK IN for spontaneous volunteers.

SCRIBE _____ PAGE _____ OF _____

NET Form 2A: PERSONNEL CHECK IN (reverse side)

NAME	ID or badge #	Contact (cell or radio)	Check-in Time	Assignment Tracking Number	Check-out Time

SCRIBE _____ PAGE _____ OF _____

Agreement of Understanding

I understand the dangers of participating. Despite the potential dangers and risks, I will participate and I agree to assume all the risks associated with such participation. In consideration for the acceptance of my participation as a volunteer, I hereby waive, release, hold harmless, and discharge any and all claims for damages for personal injury, property damage or death, which I may have or which may hereafter accrue to me, or to my heirs or assigns, as a result of my participation as a volunteer. In addition, I agree to indemnify the City from all claims demands, suits, actions, liabilities, damages, costs or expenses resulting from or arising out of my activities. This release, waiver of liability and indemnity agreement is intended to discharge and release the City of Portland, and its agents and employees from and against any and all liability arising out of, or connected in any way with, my participation as a volunteer. It is further understood and agreed that this release, waiver of liability, and indemnity agreement is to be binding on me and my heirs and assigns.

I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the City of Portland Bureau of Emergency Management, and I sign it voluntarily and of my own free will. I furthermore certify that all information I provide is true and correct.

_____

Signature

_____

Date

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE

PRINT Last, first name: _____

With my signature below, I certify that I have not been convicted of a felony since my 18th birthday.

signature or initials: _____

Please identify any limitations that would affect the type of volunteer assignments you can undertake.

_____

_____

_____

_____

_____

Do you take medication and if so, do you have access to it? N/A ☐ Not sure ☐ Yes ☐ No ☐

Have you contacted your family? Yes ☐ No ☐

Would you like to be contacted in the future for volunteer training and work? Yes ☐ No ☐

Would you like to be contacted again to help with **this** emergency? Yes ☐ No ☐

To volunteer with this emergency response, please complete this form and return it to the person who gave it to you. You will receive a brief interview as soon as possible.

Please answer the questions truthfully and as completely as possible. This information helps us find the most appropriate assignment for you.

Skills or Experience (mark all that apply)

Medical training ☐
First aid/CPR ☐
Fire fighting skills ☐
Safety and security ☐
Search and rescue skills ☐
Crisis counseling skills ☐
Office/organizational skills ☐
Teaching skills ☐
Crowd control ☐
Carpenter skills ☐
Chainsaw skills ☐
Electrician skills ☐
Amateur radio skills ☐
Food prep skills ☐
Commercial license ☐
non-English languages:

Equipment/Supplies You Can Provide

First aid supplies ☐
Spare wheelchair or crutches ☐
Spare bed(s) ☐
Tarps or tents ☐
Chainsaw ☐
Bottled water ☐
Generator ☐
Fire extinguisher ☐
Camp stove and fuel ☐
Walkie-talkie or other radio ☐
Prybar ☐
Blanket(s) ☐
Flashlight(s) ☐
Batteries ☐
Rope ☐

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE (reverse)

Last, first name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Best phone: (_____) _____ - _____ E-mail: _____

Age: _____ Gender: _____ Driver's license (state/#): _____

Fit for physical work? Yes ☐ Light ☐ No ☐

Emergency contact name: _____ Relation: _____

Emergency contact phone: (_____) _____ - _____

FOR OFFICIAL USE ONLY

ID verified (initials) _____ **Accepted?** **Yes** ☐ **No** ☐

Issued ID? **Yes** ☐ **No** ☐ **Badge #** _____

Waiver signed ☐ **Yes** ☐ **No** ☐

NET organization/objectives ☐ **Yes** ☐ **No** ☐

Weapons policy ☐ **Yes** ☐ **No** ☐

Safety awareness ☐ **Yes** ☐ **No** ☐

Search and rescue ☐ **Yes** ☐ **No** ☐

Medical triage ☐ **Yes** ☐ **No** ☐

Assignment 1: _____

Assignment 2: _____

White: Operations Manager **Yellow:** Planning **Pink:** Volunteer Lead

NET Form 3: TEAM LEADER'S ASSIGNMENT TRACKING LOG

Neighborhood Emergency Team		Date (yyyy/mm/dd)	
Assignment		**Assignment**	
Tracking #		**Tracking #**	
Location		**Location**	
Team		**Team**	
Team Leader		**Team Leader**	
Start Time	**End Time**	**Start Time**	**End Time**
VOLUNTEERS ASSIGNED		**VOLUNTEERS ASSIGNED**	
1.)		**1.)**	
2.)		**2.)**	
3.)		**3.)**	
4.)		**4.)**	
5.)		**5.)**	
Objectives **Results**		**Objectives** **Results**	
NET LEADER:		**SCRIBE:**	**PAGE _____ OF _____**

NET Form 3: TEAM LEADER'S ASSIGNMENT TRACKING LOG (reverse side)

Neighborhood Emergency Team		Date (yyyy/mm/dd)	
Assignment		**Assignment**	
Tracking #		**Tracking #**	
Location		**Location**	
Team		**Team**	
Team Leader		**Team Leader**	
Start Time	**End Time**	**Start Time**	**End Time**
VOLUNTEERS ASSIGNED		**VOLUNTEERS ASSIGNED**	
1.)		**1.)**	
2.)		**2.)**	
3.)		**3.)**	
4.)		**4.)**	
5.)		**5.)**	
Objectives **Results**		**Objectives** **Results**	
NET LEADER:		**SCRIBE:**	**PAGE _____ OF _____**

NET Form 4: ASSIGNMENT BRIEFING

Neighborhood Emergency Team		Date (yyyy/mm/dd)
Assignment Tracking Number	Time Out	Time Back
Cmnd. Post Contact ph. # or Radio Channel	Cmnd. Post Contact Name	

INSTRUCTIONS TO TEAM

Team Tactical Call Sign	Mission Location
SCRIBE	

Mission Objectives

Equipment Allocated

FILL OUT MISSION RESULTS ON REVERSE SIDE

NET Form 4: ASSIGNMENT BRIEFING (reverse side)

SCRIBE

MISSION RESULTS

Tracking #	Fires		Hazards				Structures		People #			Y/N	Y/N
Location	Burning	Out	Gas Leak	H20 Leak	Electric	Chemical	Damaged*	Collapsed**	Injured	Trapped	Deceased	Road Access?	Dangerous Animals?

* DAMAGED: Indicate Light (L), Medium (M) or Heavy (H) # PEOPLE: Indicate number of people
** COLLAPSED: Indicate as Partial (P), Partial Front (PF), Partial Rear (PR) or Partil Side (PS)

Mission Narrative/Details

Indicate any volunteers injured during mission here

NET Form 5a: VICTIM TREATMENT AREA RECORD

Neighborhood Emergency Team	Date (yyyy/mm/dd)
Treatment Area Location	Tracking Number

Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

SCRIBE _____ PAGE _____ OF _____

NET Form 5a: VICTIM TREATMENT AREA RECORD (reverse side)

Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

SCRIBE _____ PAGE _____ OF _____

NET Form 5b: INDIVIDUAL TREATMENT RECORD

Name:	☐ Male ☐ Female
Address:	Age:
	Hair: Eyes:
Clothing:	Identifying Marks:
Symptoms/Chief Complaints:	
Allergies (food, medicine, latex):	
Medications (what?/last taken):	Have Meds? ☐ No ☐ Yes
	Diabetic? ☐ No ☐ Yes
	Have Insulin? ☐ No ☐ Yes
Relevant Past Medical History:	
Last Intake of Food and Fluids:	
Narrative (what happened?):	

Time	Objective Findings (physical exam and observation)

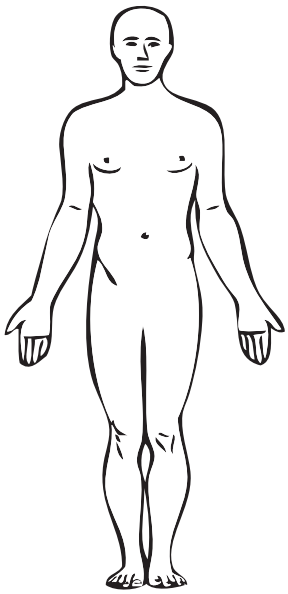
Time	Treatment and Observations

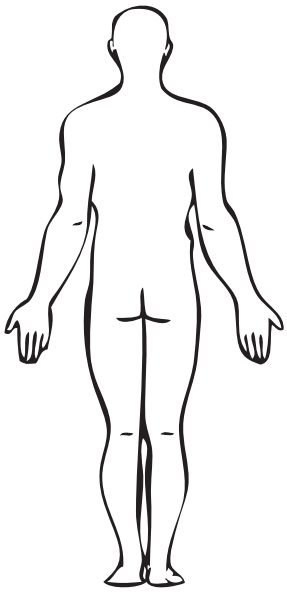
Treatment Tracking:
triage, initial treatment, treatment area, transport hospital, morgue

Location	Date In	Time In	Int.	Date Out	Time Out	Int.	Category (I, D, M, X)

NET Form 5b: INDIVIDUAL TREATMENT RECORD (reverse side)

NOTE: AVPU stands for
Alert
Voice
Pain
Unresponsive





Vital Signs

NORMS	*60-100*	*12-16*	*Warm/dry/pink*	*Alert*
Time	Pulse	Resp.	Skin	AVPU

Additional Notes

NET Form 6 (ICS 309): COMMUNICATIONS LOG

Incident # and name	**Time started** **Date started**
For operational period #	**Task name**
Operator name **Callsign**	**Tactical ID** **Radio/Band**

MESSAGE AND ACTION LOG (one for EACH RADIO)

TIME sent or received	**FROM** callsign of sending station	**TO** callsign of receiving station	**Activity** or **Originating Station callsign, Date/Time,** and **Subject (including precedence) from General Message Form 8**

NET Form 6 (ICS 309): COMMUNICATIONS LOG (reverse side)

MESSAGE AND ACTION LOG (one for EACH RADIO)

TIME sent or received	**FROM** callsign of sending station	**TO** callsign of receiving station	**Activity** or **Originating Station callsign, Date/Time,** and **Subject (including precedence) from General Message Form 8**

Revised 24JAN2022

NET Form 6 (ICS 309): COMMUNICATIONS LOG (continued)

MESSAGE AND ACTION LOG (one for EACH RADIO)

TIME sent or received	**FROM** callsign of sending station	**TO** callsign of receiving station	**Activity** or **Originating Station callsign, Date/Time,** and **Subject (including precedence) from General Message Form 8**

NET Form 7: EQUIPMENT INVENTORY

Neighborhood Emergency Team

Logistics Officer

Date (yyyy/mm/dd)

Asset #	Item Description	Owner	Issued To	Assignment Tracking #		Qty	Time	Initials	Comments
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				

NET Form 7: EQUIPMENT INVENTORY (reverse side)

Neighborhood Emergency Team | **Logistics Officer** | **Date (yyyy/mm/dd)**

Asset #	Item Description	Owner	Issued To	Assignment Tracking #		Qty	Time	Initials	Comments
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				
					ISSUED				
					RETURNED				

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional)**:**		
2. To (Name and Position)**:**		
3. From (Name and Position)**:**		
4. Subject:	**5. Date:**	**6. Time**
7. Message:		
8. Approved by: Name: _____ Signature: _____ Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: _____		
ICS 213	Date/Time: _____	

ICS 213
General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	**Incident Name** (Optional)	Enter the name assigned to the incident. This block is optional.
2	**To** (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	**From** (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	**Subject**	Enter the subject of the message.
5	**Date**	Enter the date (month/day/year) of the message.
6	**Time**	Enter the time (using the 24-hour clock) of the message.
7	**Message**	Enter the content of the message. Try to be as concise as possible.
8	**Approved by** • Name • Signature • Position/Title	Enter the name, signature, and ICS position/title of the person approving the message.
9	**Reply**	The intended recipient will enter a reply to the message and return it to the originator.
10	**Replied by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).