

## Situation Report (SITREP)

The purpose of this form is to report on weather and environmental conditions for an event that CERT is participating in.

<b>① *Incident:</b> _____					<b>Tab - to move forward</b> <b>Shift + Tab - to move backwards</b> <b>Space Bar - to select</b>	
<b>② *Reported to 911?</b>		<input type="checkbox"/> No	<input type="checkbox"/> Yes - Fire	<input type="checkbox"/> Yes - Police	<input type="checkbox"/> Yes- EMS	
<b>*Reporting Party:</b>						
<b>③ First Name:</b> _____			<b>④ Last Name:</b> _____			
<b>⑤ Amateur Radio Callsign:</b> _____		<b>⑥ Skywarn Number:</b> _____		<b>⑦ Grid Square:</b> _____		
<b>⑧ *Address:</b> Street Address _____						
<b>⑨ Address Line 2</b> _____						
<b>⑩ City:</b> _____		<b>⑪ State:</b> _____	<b>⑫ Zip Code:</b> _____		<b>⑬ Country:</b> _____	
<b>⑭ *Primary Contact Number:</b> (____) _____						
<b>⑮ *District:</b> <input type="checkbox"/> South Hilo <input type="checkbox"/> North Hilo <input type="checkbox"/> Hamakua <input type="checkbox"/> North Kohala <input type="checkbox"/> South Kohala						
<input type="checkbox"/> North Kona <input type="checkbox"/> South Kona <input type="checkbox"/> Kau <input type="checkbox"/> Upper Puna <input type="checkbox"/> Lower Puna <input type="checkbox"/> Other						
<b>⑯ *Reporting Location:</b> <input type="checkbox"/> At the physical location above <input type="checkbox"/> Other _____						

### Weather Observations:

<b>⑰ *Rain:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
<b>⑱ Rain Condition:</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> Rain Steady & Continuous	<input type="checkbox"/> Showers Start & Stop Abruptly	
<b>⑲ *Winds:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
<b>⑳ Wind Direction:</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> North	<input type="checkbox"/> Northwest	<input type="checkbox"/> West <input type="checkbox"/> Southwest
	<input type="checkbox"/> South	<input type="checkbox"/> Southeast	<input type="checkbox"/> East	<input type="checkbox"/> Northeast
<b>㉑ Estimated Wind Speeds:</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> 0 Mph	<input type="checkbox"/> 1-3 Mph (Light)	<input type="checkbox"/> 4-7 Mph (Light)
<input type="checkbox"/> 8-12 Mph (Light)	<input type="checkbox"/> 13-18 Mph (Light)	<input type="checkbox"/> 19-24 Mph (Moderate)	<input type="checkbox"/> 25-31 Mph (Moderate)	
<input type="checkbox"/> 32-38 Mph (Moderate)	<input type="checkbox"/> 39-46 Mph (Heavy)	<input type="checkbox"/> 47-54 Mph (Heavy)	<input type="checkbox"/> 55-73 Mph (Heavy)	
<input type="checkbox"/> 74 Mph or Above (Hurricane)				

### Ocean Conditions:

<b>㉒ *Surf:</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> Flat to 1ft	<input type="checkbox"/> 2ft - Knee High	<input type="checkbox"/> 3ft - Waist High	<input type="checkbox"/> 5ft - Head High
<input type="checkbox"/> 6ft - Over Head	<input type="checkbox"/> 12ft - Double Over Head	<input type="checkbox"/> 18ft or Greater - Triple Over Head or Greater			
<b>㉓ Additional Notation on Surf Conditions:</b> _____					

<b>㉔ Tide Conditions:</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> Mean Sea Level	<input type="checkbox"/> Normal Tide	<input type="checkbox"/> Low Tide	<input type="checkbox"/> +1"
<input type="checkbox"/> +2"	<input type="checkbox"/> +3"	<input type="checkbox"/> +4"	<input type="checkbox"/> +5"	<input type="checkbox"/> +6"	<input type="checkbox"/> Greater than 6"
<b>㉕ Additional Notation on Tide Conditions:</b> _____					

## Community Conditions:

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(V1.6) 09/22/21

(26) \*Flooding: ☐ None ☐ Light ☐ Moderate ☐ Heavy ☐ Extreme

(27) Flooding Description: \_\_\_\_\_

(28) \*Road Closures: ☐ None ☐ Partial ☐ Full

(29) Closure Description: \_\_\_\_\_

(30) \*Structural Damage: ☐ None ☐ Light ☐ Moderate ☐ Heavy

(31) Damage Description: \_\_\_\_\_

## Electrical Conditions:

(32) \*Power Outage at your Location: ☐ No ☐ Yes (33) Damaged Electrical Pole Number: \_\_\_\_\_

(34) Pole Damage Description: \_\_\_\_\_

## Other Information: Add any additional information that may be pertinent to this report.

(35) Additional Comments: \_\_\_\_\_

(36) \*Reporting Party Email Address: \_\_\_\_\_

## For SPOKE Use:

MM/DD/YYYY

24:00 HOUR

\*Message Sent to (Callsign): \_\_\_\_\_ \*Date Sent: \_\_\_\_\_ \*Time Sent: \_\_\_\_\_

Sender Message Number: \_\_\_\_\_ Receiver Message Number: \_\_\_\_\_