

APPENDIX E: Report Forms

Content	Page Number
<u>Initial Disaster Report</u>	<u>2</u>
<u>Damage Assessment Report</u>	<u>3</u>
<u>Bomb Threat Phone Call Checklist</u>	<u>4</u>
<u>Workplace Violence Incident Report</u>	<u>6</u>
<u>Disaster -- Periodic Update Reports</u>	<u>9</u>
<u>Disaster Expense Weekly Report</u>	<u>10</u>

INITIAL DISASTER REPORT

1. What is the nature of the incident?

2. Date and time incident occurred:

3. Extent of damage or loss:

4. Extent of staff and/or visitor injuries:

5. Comments:

6. Recommended method of recovery:

Print name: _____

Signature: _____ Date: _____

DAMAGE ASSESSMENT REPORT

1. Location:

2. Staff injured (name/type of injury):

3. Damage to property:

4. Estimated cost to repair/replace:

5. Remarks:

Print name: _____

Signature: _____ Date: _____

BOMB THREAT PHONE CALL CHECKLIST

KEEP CALM

Do not get excited or excite others

Date and time call received _____ time call terminated _____.

Caller's phone number _____

CALLER'S EXACT WORDS

To Delay – ask caller to repeat the information

QUESTIONS TO BE ASKED

Time bomb is set to explode?

Where is bomb located?

- Floor
- Area
- Type of bomb

What does the bomb look like?

Why do you want to kill or injure innocent people?

VOICE CHARACTERISTICS

Male Female

Calm Nervous

Young Old Middle-Aged

Rough Refined

Accent Speech Impediment Voice distortion mechanism

Describe any other identifiable characteristics

Unusual phrases

Recognize voice? If so, who do you think it was?

BACKGROUND NOISE

Music Running Motor (type?) _____

Traffic Bells Horns Aircraft Tape Recorder Machinery

Other _____

ADDITIONAL INFORMATION

Did caller indicate knowledge of the facility? Yes No

If so, how? _____ What line did call come in on? _____

Other _____

Print name: _____

Signature: _____ Date: _____

WORKPLACE VIOLENCE INCIDENT REPORT
Risk Management Division Form

1. Victim's name: _____ Job title: _____

2. Victim's address: _____

3. Work phone number: _____

6. Department/section: _____

7. Incident date: _____ 8. Incident time: _____

9. Incident location: _____

10. Work location (if different): _____

11. Type of incident: (circle one): Assault, Robbery, Harassment, Disorderly Conduct, Sex Offense, Other.

If other, please specify:

12. Were you injured? Yes ____ No ____

If yes, please specify your injuries and the location of any treatment:

13. Did police respond to incident? Yes ____ No ____

14. What police department?

15. Police report filed? Yes ____ No ____ Report Number: _____

16. Was your supervisor notified? Yes ____ No ____

17. Supervisors name:

18. Was any action taken by employer? Yes ____ No ____

If yes, please specify action taken:

19. Assailant/Perpetrator: (circle one): Intruder, Customer, Client, Visitor, Student, Co-Worker, Former Employee, Supervisor, Family/Friend, Other

If other, please specify:

20. Assailant/Perpetrator - Name/Address/Age (if known):

21. Please briefly describe the incident:

22. Incident disposition: (Circle all that apply):

No action taken, Arrest, Warning, Suspension, Reprimand, Other

If other, please specify:

23. Did the incident involve a weapon? Yes ___ No ___

If yes, please specify:

24. Did you lose any work days? Yes ___ No ___

If yes, please specify how many days lost from work:

25. Were you singled out or was the violence directed at more than one individual?

26. Were you alone when the incident occurred? Yes ___ No ___

27. Did you have any reason to believe that an incident might occur? Yes ___ No ___

Why: _____

28. Has this type or similar incident(s) happened to you or your co-workers before?

Yes ___ No ___

If yes, please specify:

29. Have you had any counseling or support since the incident? Yes ___ No ___

If yes, please specify:

30. What do you suggest might help avoid such an incident in the future?

31. Are any measures in place to prevent similar incidents? Yes ___ No ___

Specify: _____

32. Has your employer provided you with training to recognize or handle workplace violence?

Yes ___ No ___ If yes, please specify:

33. Has corrective action been taken? Yes ____ No ____

If yes, please specify:

34. Comments: (continue on back side of form. if more space is required)

Print name: _____

Signature: _____ Date: _____

NRS RESOURCES: Statutes frequently used by law enforcement when dealing with a potential violent act or individual.

NRS 199.300 Intimidating – Public Employee. ... Gross misdemeanor without the use of, threat of, immediate physical force. Felony for use of force or second offence. *Directly or indirectly addresses *any threat of intimidation to ... public employee... with the intent to make the victim, contrary to his duty, make, omit or delay any act, decision or determination.*

NRS 200.571 Harassment. Misdemeanor first offence. * The person by words or conduct places the individual receiving the threat in *reasonable fear* that the threat *will* be carried out.

NRS 200.575 Stalking. Misdemeanor first offence. *Conduct that would cause a person to feel terrorized, and *actually causes the person to feel terrorized.*

NRS 201.255 Obscene, Threatening or Annoying Telephone Calls. Misdemeanor. *Violation is from *either* the location called or where the call is placed from.

NRS 202.840 Bomb Threats. Felony. *Mail, note, telephone, E-mail or other means of communication used to *intimidate* any person or damage property. Person receiving the call or writing should feel the threat is valid.

NRS 203.119 Act in Public Building. Misdemeanor. *Act that interferes with the peaceful conduct of activities normally carried on in building or grounds.

NRS 207.180 Threatening or Obscene Letters or Writings. Misdemeanor. *With intent to extort, or – threats to harm without extortion, or- using a fictitious name and charging another with a crime, or – letters containing vulgar or threatening language, or obscene pictures.

NRS 207.200 Trespass. Misdemeanor. *Enters to commit crime, or remains on premises without legal business, after having been told to leave.

NRS 284.650.21 Causes for Disciplinary Action. Carrying while on the premises of the workplace, any firearm that is not required for the performance of the employee’s current job duties.....

NRS 33.280 Effect of temporary or extended order; court may not issue order against more than one person; contents of order. 1. A temporary or extended order for protection against harassment in the workplace may

DISASTER -- PERIODIC UPDATE REPORTS
Administration on Aging Region IX

1. Are elders affected, how, and how many?

2. Has meal service been interrupted and what is being done to ensure meals are provided to seniors?

3. What evacuations have occurred, i.e. nursing homes, private homes, etc.

4. Any fatalities among elders?

Regarding the status of Native American tribes and elders in the area?

5. Are elders affected, how, and how many?

6. Has meal service been interrupted and what is being done to ensure meals are provided to seniors?

7. What evacuations have occurred, i.e. nursing homes, private homes, etc.

8. Any fatalities among elders?

**DISASTER EXPENSE
WEEKLY REPORT**

Name:

Title:

Work Station:

Date	Total Hours Worked	Disaster Related Hours	Overtime Hours	Mileage	Meals	Lodging	Other Expenditures
TOTAL							