

**INITIAL EMERGENCY INCIDENT NOTIFICATION
and REQUEST for ASSISTANCE**



INITIAL REPORT	Report obtained from (name & organization):		<input type="checkbox"/> IMMEDIATE ACTION <input type="checkbox"/> Advisory only – future action possible <input type="checkbox"/> Other:
	Date of Report:	Time of Report (HHMM):	
	Callback telephone number:		
TYPE EVENT	Type of Event :		
	Date and Time of Occurrence:		
LOCATION	Event physical location:		
	Estimated Casualties (or patients requiring CCATT):		
EFFECTS	Status of Infrastructure (facilities damage, utilities, access):		
	Type of HAH assistance requested:		
ASSISTANCE REQUESTED	Potential hazards (infectious, chemical, radiological, etc.):		
	Time and Place where HAH assistance is needed:		

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