

## Situation Report

Report can only be completed by designated Facility Safety Coordinator (FSC), Provider Management, Center/Location Manager or Supervisor. Add additional pages as needed.

Part 1.	
Month/Day/Year Reporting:	/ /
Career Center/Other:	
Contracted Service Provider Agency:	
Location Address:	
Center Manager/Supervisor Name:	/
Designated Facility Safety Coordinator:	
Location Telephone Number/Fax Number:	( ) -

Part 2. General Information:	
Disaster Impacts:	
Current Operations:	
Future Assessment:	

Part 3.	
<u>Situation Report Certification:</u> I hereby certify that the above damage assessment(s) is accurate to the best of my personal knowledge.	
Name (Print)	Signature
/ /	Distribution:
Date of Completion	1- Copy to ECO/Facilities Administrator 2-Copy to Assigned Contract Officer 3-Copy for Corporate File, if necessary