

Block Captain **Quarantine** Report to the CERT Team Leader your area

Block Captain _____ Block # _____

Date _____ Time _____ Report # _____

Address and phone number where the form is being filled out _____

Address and phone number where I can be reached if different from above _____

When filling out the numbers below only fill in the numbers as they currently exist. Do NOT add previous numbers. So if a person was with out water, food, etc. yesterday and they are okay today leave the number at zero but if the are still without water, food, etc. then put the number in the blank. The numbers represent actual individuals and not households.

Number of people that are sick _____

Number of people sick that have sent directly to the hospital or other quarantine station _____

Number of people deceased _____ *(put up a black tag)*

Number of people without food _____

Number of people without water _____

Number of people without heat _____ *(in time of winter)*

Number of people without electricity _____

Comments and special needs: _____

list of people that are in need:

	name (last name, first name)	condition (sick, dead etc...)	location (where they are or where they were sent to)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			