



Received: Date/Time: \_\_\_\_\_  
(For HSEMD Use)

## State of Iowa Local Situation Report

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ County: \_\_\_\_\_

Reported by: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Has a county/city declared an emergency or disaster? Yes  No

Describe in as much detail as possible what has happened or what you anticipate. Include impact on individuals, businesses, infrastructure and agriculture (i.e., also include injuries, deaths, sheltering, critical facilities).

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What actions have been taken?

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What actions still need to be taken?

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What resources outside of the jurisdiction may be needed? (Be specific)

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HSEMD Fax number (515) 725-3260

SEOC Fax Number (515) 323-4208