

ANNEX U
REPORTING SYSTEMS

I. SITUATION AND ASSUMPTIONS

- A. Reports are periodically required when a major disaster has occurred, or when a significant change justifies intermediate reporting during the emergency and recovery operations.
- B. Reports concerning nuclear war preparations or response will be submitted in compliance with the Civil Defense Emergency Operations Reporting Systems CPG 2-10/1 through CPG 2-10/8.
- C. Reports and request for reports will flow through the following system:
 - 1. Counties to KyDES Area Offices
 - 2. KyDES Area Office to State KyDES Office
 - 3. State KyDES to FEMA Region IV
 - 4. State KyDES to neighboring states
- D. Collection and dissemination of reports will be done by teletype message, electronic mail, packet radio or facsimile whenever possible. Special reports may be made by voice radio.
- E. RADEF reports will be submitted in accordance with State Radiological Reporting Procedures. (See Annex I).
- F. Hazardous Materials Reporting will be accomplished in accordance with Annex Q to the State EOP.
- G. Damage estimates and recovery reports will be done in accordance with Annex V.

II. MISSION

Collect, evaluate and disseminate factual reports of existing conditions to enable officials at the Federal, state and local levels to provide assistance to those areas most in need of help.

III. DIRECTION AND CONTROL

KyDES is responsible for ensuring that all reports are made on time and forwarded to the proper agencies.

IV. CONCEPT OF OPERATIONS

A. Natural, Technological Incidents

1. Procedures

- a. Local reports will be made in conformity with Recovery Guidance found in Annex V.
- b. State Reports
 - 1) Initial Damage Assessment Reports will be submitted by KyDES to FEMA at the earliest opportunity following receipt in the KyDES EOC.
 - 2) Follow-up reports will be submitted by KyDES as may be required, either as a result of a major change in the situation or as required by the Federal agencies.
 - 3) Other reports which may be required to finalize any disaster situation are contained in the KyDES Administrative Plan.

B. Nuclear War

1. Increased Readiness Levels initiated by KyDES based on information furnished by FEMA and other sources. The required actions are explained in Annex D of this plan.
2. Appendix U-1 lists those reports that must be submitted by state agencies to KyDES at the EOC. These reports will reflect existing statewide conditions.
3. State agency reports will be made daily to KyDES by 1700 Eastern time.
4. KyDES will forward reports to FEMA Region IV and disseminate local reports to state agencies daily by 1800 Eastern time.
5. Reporting Procedure
 - a. Pre-Attack (Increased Readiness) Reports
 - 1) Daily summary reports will be initiated during an increased readiness period and will be continued until the situation ends, or when so ordered by KyDES. Daily summary reports of increased readiness actions ac-

complished within the State will be sent daily to FEMA Region IV by 1800 Eastern time. Each county will forward their daily summary report to the KyDES Area Office by 1600 Eastern time. The area office will consolidate and pass this information to the state EOC by 1700 Eastern time. All local reports will reflect the condition at 1600 Eastern time.

2) These reports will include:

- a) Status of local and state agency activities within the county;
- b) Actions by local jurisdictions to advise and guide the public;
- c) Actions taken to increase shelter capability; the stocking thereof; and testing alert procedures and communications facilities;
- d) Local economic factors affecting preparations by the county for pre- and post-attack operations.

3) These reports will be submitted in compliance with the format set forth in CPG 2-10/1 through CPG 2-10/8.

b. Shelter Occupancy Reports

During the shelter occupancy phase, if communications permit, flash Nuclear Detonation (NUDET) and Radiological Defense (RADEF) reports will be submitted. Special reports will be submitted as conditions permit, and as necessary.

c. Shelter Emergence and Immediate Recovery Reports.

Daily summary reports should be made as conditions within the county allow surveys to be made. These reports will reflect the status as of 1600 Eastern time.

V. ADMINISTRATIVE SUPPORT

A. Each agency will prepare its own report.

- B. Augmentation and Training of emergency organizations will be carried out as set forth in CPG 1-7 "Guide for Increasing Local Government Civil Defense Readiness During Period of International Crisis.

VI. APPENDICES

- U-1 Initial Damage Assessment Report (DES Form 521)
- U-2 Individual Assistance Damage Survey Report (DES Form 551)
- U-3 Public Assistance Damage Assessment Report (DES Form 501)
- U-4 Report of Damage Related Expenditures (DES Form 508)
- U-5 Survival Resources Report

INITIAL DAMAGE ASSESSMENT REPORT

1) DATE _____ 2) POLITICAL SUBDIVISION _____
 3) REPORTING OFFICIAL _____ 4) PHONE NUMBER _____

SUMMARY OF CASUALITIES

NUMBER OF:

5) DEAD _____ 6) EVACUATED _____
 7) MISSING _____ 8) SHELTERED _____
 9) HOSPITALIZED _____ 10) FAMILIES REQUIRING TEMPORARY HOUSING _____

RESIDENCES

11) DESTROYED _____ 12) UNINHABITABLE _____ 13) DAMAGED (HABITABLE) _____

NUMBER OF HOSPITALS

14) DAMAGED BUT USABLE _____ 15) NOT SERVICEABLE _____

UTILITIES

16) WATER SYSTEMS _____ 17) ELECTRICAL SYSTEMS _____
 18) SEWER SYSTEMS _____ 19) NATURAL GAS SYSTEMS _____

DAMS AND LEVEES

20) DESTROYED _____ 21) DAMAGED _____ 22) THREATENED _____

PUBLIC BUILDINGS

23) DAMAGED _____ 24) DESTROYED _____

ROADS AND BRIDGES

25) ROADS/STREETS DAMAGED _____ 26) ROADS/STREETS BLOCKED _____
 27) BRIDGES DAMAGED/USABLE _____ 28) BRIDGES DAMAGED/UNUSABLE _____
 29) IMMINENT THREATS OR HAZARDS _____

GENERAL SITUATION

INSTRUCTIONS

The purpose of this form is to expedite procedures for local government in reporting damages to the Division of Disaster and Emergency Services. When calling the State Emergency Operations Center while using this form, just say "Assessment Report" prior to giving the information.

- Block 1: Date (Self Explanatory)
- Block 2: Political Subdivision – Give name of the County and City(s) which are included in the report.
- Block 3: Reporting Official – Name of person calling in report. Should be either the County Judge, City Mayor, DES Director or Damage Assessment Team Leader.
- Block 4: Phone Number – Number at which the person making the report can be reached if further information is needed.
- Block 5: Dead – Number of confirmed dead due to the disaster or emergency.
- Block 6: Evacuated – Number of persons evacuated from the affected area.
- Block 7: Missing – Number of persons who cannot be accounted for due to the disaster or emergency.
- Block 8: Sheltered – Number of persons being fed and sheltered in group shelters.
- Block 9: Hospitalized – Number of persons hospitalized by injury or sickness caused by the specific disaster or emergency.
- Block 10: Families requiring temporary housing – Estimated number of persons needing temporary housing due to damages caused by the disaster or emergency.
- Block 11: Residences Destroyed – Number of homes/mobile homes which are beyond repair.
- Block 12: Residences Uninhabitable – Number of homes/mobile homes which are damaged and not usable at present time, but can be repaired.
- Block 13: Residences Damaged (Habitable) – Number of homes/mobile homes damaged but livable by occupants while being repaired.
- Block 14: Hospitals Damaged – Number of hospitals which sustained damage but can still render services to patients.
- Block 15: Hospitals Not Servicable – Number of hospitals which can no longer provide services to patients due to damages.
- Block 16: Water Systems – Number of those systems receiving damage or destroyed. (If possible include estimated number of people affected.)
- Block 17: Electrical Systems – Number of those systems damaged or destroyed. (If possible include number of people affected.)
- Block 18: Sewer Systems – Number of those systems damaged or destroyed. (If possible include estimated number of people affected.)
- Block 19: Natural Gas Systems – Number of those systems damaged or destroyed. (If possible include number of people affected.)
- Block 20: Dams Destroyed – Number of dams/levees which have been breached due to the disaster. (Give location if possible.)
- Block 21: Dams Damaged – Number of dams/levees which have received damage but are still stable. (Give location if possible.)
- Block 22: Dams Threatened – Number of dams/levees which have been topped, have cracks or are close to being breached. (Give location if possible.)
- Block 23: Public Buildings Damaged – Courthouses, Schools, etc. which receive damage to building and/or contents.
- Block 24: Public Buildings Destroyed – Courthouses, Libraries, Schools, etc. which are completely destroyed.
- Block 25: Roads/Streets Damaged – Number (and miles if possible) of roads damaged but passable.
- Block 26: Roads/Streets Blocked – Number of roads that are impassible due to damage or debris.
- Block 27: Bridges Damaged/Usable – Number of bridges damaged but usable with caution.
- Block 28: Bridges Damaged/Unusable – Number of bridges which are destroyed or determined unsafe for use.
- Block 29: Imminent Threats or Hazards – Any information about existing or developing situations which could pose a threat or hazard to the public.

General Situation: Provide any additional information deemed necessary specifying:

1. What is the situation?
2. What you are doing to respond to the situation?
3. What assistance from state resources is needed?
4. What are priority problems?

* Minor - Can be repaired for less than \$3,000 in 3 days; Major - Needs extensive repairs; Destroyed - Repairs exceed 50% of value.

INSTRUCTIONS

DES Form 501 is used to report damages to **publicly-owned** (including medical, custodial care, educational, emergency or utility private non-profit) facilities. This information will help determine the need for state and federal disaster assistance.

INCIDENT NUMBER: For state DES use only.

CITY: Enter the name of the city where damages occurred. City officials should not report any damages which are outside their jurisdiction.

COUNTY: Enter the name of the county where damages occurred. County officials should not report any damages which are outside their jurisdiction.

TYPE OF DISASTER: Indicate type of event. If not listed, check block 4 and enter specific event.

DAMAGE SURVEY TEAM: Enter the names of the people who conducted the survey.

DATE: Enter the date of the survey.

LOCATION: Enter the name or location of the damaged facility or site, such as City Hall or C.R. 33, 1.6 miles north of city limits. Be specific.

DESCRIPTION OF DAMAGE: Describe damage to facility or site.

MAP NO: Mark location of facility on map.

CATEGORY: Estimate disaster-related costs at each site for:

- A - debris removal
- B - warning signs, barricades, sandbags, etc.
- C - streets, roads and bridges
- D - dams and levees
- E - libraries, schools, city halls, courthouses, fire stations, etc. and equipment
- F - sewer, water, gas and electrical utilities
- G - swimming pools, playgrounds, ballparks, bleachers, fences, scoreboards, etc.

INS: Estimate that portion of damages that will be covered by insurance.

TOTALS: Add amounts in each column.

Disaster and Emergency Services
SUMMARY OF DOCUMENTATION OF EXPENDITURES
FOR APPROVED DISASTER WORK

Page No.: _____ of: _____

Applicant: _____ Project Application Number: _____

DSR Number: _____

PAYMENT DOCUMENT AND NUMBER	DATE ITEMS OR SERVICES DELIVERED	DOCUMENTATION Show category and work location. Indicate labor, equipment and materials used on the project.	APPROVED AMOUNT	CLAIMED AMOUNT

Prepared by: _____ Telephone: _____ Office: _____

INSTRUCTIONS

You must prepare a Summary of Documentation for each DSR after you have finished the work and paid all bills. **Prepare a separate summary for each DSR.** You may refer to the Applicants Handbook (page 4-1) and Documenting Disaster Damage Handbook for more information.

Applicant: Enter applicant's name as it appears on the project application. For example: City of Danville or Boyle County Fiscal Court.

Project Application Number: Enter the number given to the project application, such as 095-00000. Each applicant will have its own P.A. number.

DSR Number: Indicate the appropriate DSR Number, such as 00001.

Payment Document and Number: Enter source document numbers such as check numbers, warrant numbers and invoices.

Date Items or Services Delivered: Show dates of all work on the DSR. Most DSRs will have work done on several days.

Documentation: Show the Category and work location. Example: Category A, Jefferson Avenue to Monroe Avenue or County Road 33.

Force account work must be broken down by labor, equipment, and materials for each DSR. Labor costs must be identified by employee name, job title, hours worked, and rate of pay.

Equipment use requires a description of the equipment type (such as dump truck) and capacity (cubic yards, horsepower, etc.) and hourly rate charged.

Material and supply costs must show quantity and unit price.

If the work is done by contract, identify the contractor and briefly describe the work performed.

List supplemental DSRs on the same summary as the original DSR. For example, DSR 00001 was approved for \$5,000 and the work was performed as authorized by the DSR. However, actual costs were \$8,000 and supplemental DSR 00083 was written to cover the \$3,000 overrun. On the Summary of Documentation, list DSR 00083 immediately after DSR 00001.

Approved Amount: Show the amount approved in block 12 on the DSR.

Claimed Amount: Show extensions and totals of actual costs. For example, a ½ cubic yard backhoe was used for 3 hours at a rate of \$17.00 per hour. The claimed amount is \$51.00.

Prepared By: Indicate the name of the person who prepared the summary with telephone number and office.

Page Number: If only one sheet is needed to list eligible costs, indicate Page 1 of 1; if two pages are needed, enter Page 1 of 2; and so on.

NOTES

If you did not do any work on some approved DSRs, list them on one summary with a note, "Work Not Done" in the Documentation column. Show the approved amount and no claimed costs in the appropriate columns.

For a grant-in-lieu, show actual costs to make repairs in the Documentation column of the summary. Enter the amount approved for the grant-in-lieu in the Approved Amount column.

APPENDIX U-5
SURVIVAL RESOURCES

REPORTING ASSIGNMENTS BY SUBJECT AND RESOURCE CATEGORY

<u>Subject and Resource Category</u>	<u>Agency Reporting</u>
1. Composite picture of Resource Categories	KyDES
2. Other CD Areas (EOC, Shelter, Warning Points-RADEF Monitoring Stations)	KyDES
3. Housing and Community Facilities	Finance and Administration Cabinet
4. Electric Power, Gas, Solid Fuels, Minerals, Petroleum	Cabinet for Natural Resources and Environmental Protection (CNREP)
5. Food Resources (Food, Equipment, Fertilizer, and Facilities	Dept. of Agriculture
6. Medical Supplies	Cabinet for Human Resources, Dept. of Health Services
7. Medical Manpower	Cabinet for Human Resources, Dept. of Health Services
8. Medical Facilities	Cabinet for Human Resources, Dept. of Health Services
9. Water Facilities	CNREP
10. Welfare	Cabinet for Human Resources, Dept. of Social Services
11. Production	Economic Development Cabinet
12. Manpower	Cabinet for Human Resources, Dept. of Social Insurance
13. Radiological	KyDES
14. Local Communications Facilities and Service	KyDES
15. Emergency Broadcast System	Ky Broadcasters Association
16. Communications - State of Ky	Finance and Administration Cabinet

17. Transportation

Transportation Cabinet

18. Military

Dept. of Military Affairs