EMERG / PRIORITY /GEN.SITREP /EQ /NEEDS /FIRE WATCH BREVITY REPORTS   [SELECT ITEMS PAGE]   Q CODES   FORMAT TANGO 9A   & 9M

IMMEDIATE EVENT OPERATOR CALL IN REPORTS	THIS IS NOT 911 – IF YOU HAVE AN EMERGENCY CALL 911 !	[TANGO 9A FOR HAM OPERATORS; MURS/FRS USE TANGO 9M]

Date: /   /   Time Start: Time Stop: Incident Name (if any):

● "NET CONTROL": _____ (CALL SIGN / (BREV ID)   Person Taking Reports: Call Sign: "**Net Control**" Frequency (HAM NET):

● "_____ (TACTICAL) "AUXILIARY" / "RELAY" / "B/U" _____ (CALL SIGN)

[OPTIONS FOR REPORTING STATIONS: ▶ QXA   ▶ QXi D (WITH SUB SUB CODES FOLLOWING)   ▶ QW__   "/" = "SLASH"]

▶QXA =ALL OKAY & NOTHING TO REPORT AT MY QTH *AND* NO QXi D PROBLEMS/NEEDS EXIST. [IF NOT YOUR FACTS, RPT CURRENT PROBLEMS/ NEEDS ONLY–below:]

STEP 1

CIRCLE ◯

THE ITEMS WHICH APPLY TO YOU

▶QXi D __   BELOW ARE SITREPS

A	ELECTRICITY (PG&E) IS OFF. [NOTE: THIS IS "QXi D /A" SAY …"SLASH A"]
/A2	INDIVIDUAL STATION(S) USING GENERATOR FOR ELECT. POWER
B [or /B7]	TELEPHONE LAND LINES NOT WORKING [WHEN PLUGGED DIRECT TO WALL]
C [or /C7]	CELL PHONES NOT WORKING
D [or /D7]	911 SERVICE NOT WORKING
E [or /E7]	INTERNET IS NOT WORKING

QUALIFICATIONS
/B7 /C7 /D7 /E7
= ITEM HAS SPORADIC FAILURES & IS NOT RELIABLE

F	BLACKOUT – ALL COMMS / ELECT. UTILITY OFF

(I.E., /A /B /C /D /E ABOVE ALL OFF &/OR SPORADIC FAILURES & NOT RELIABLE)

G	FLOODING IN AREA
I	HIGH WINDS / STORM DAMAGE
J	WATER SERVICES NOT WORKING
K	HEAVY SNOW / SNOW CHAINS REQUIRED

EQ SEVERITY MIKE MIKE 1 TO 8 (Mod Mercalli Scale) Also - Explosion

/ M1	NOT FELT AT ALL
/ M2	BARELY NOTICED
M3	KNOW IT WAS AN EARTHQUAKE SOMEWHERE
M4	WNDOWS, DISHES RATTLE (ANY STN ACTIVATE NET)
M5	PICTURES MOVE, DOORS SWING, SMALL ITEMS ON FLOOR
M6	GLASSWARE BROKEN, BOOKS OFF SHELF, FLOOR LAMPS TOPPLE
/M7	FURNITURE BROKEN, cannot stand, CHIMNEYS FALL ▶
/M8	BUILDINGS COLLAPSE /NR___ (#Collapsed) ▶

Activate ▶FMT U

STEP 2

TX YOUR CIRCLED ITEMS

BY PLUGGING INTO FORMAT ON NEXT PAGE

/ R 1	REQUESTING SET UP OF NBHD COMMS CENTER IN AO
/R2	REQUESTING NBHD RAPID Needs Damage Assess ▶ ▶FMT U
R 9	RADIO RESPONDER-I AM AVAILABLE FOR FIELD CALL OUT. [CALLSIGN]

YOU MUST ANSWER / Y (SEE BELOW) OR /N_____ (NEEDS) ▶▶
IF YOU TRANSMIT ANY OF ABOVE (/A TO /M8)

/Y	= I AM OKAY AND DO NOT NEED ASSISTANCE.

OR, IF REPORTING FOR AREA:

/Y	= I AM OKAY, MY AREA OKAY, AND ANY ASSISTANCE NEEDS IN MY AREA ARE BEING TAKEN CARE OF BY MY AREA. NO OUT OF AREA ASSISTANCE NEEDED AT THIS TIME.

▶QWA   ▶QW___   FIRE WATCH BREVITY CODES [SEE FMT M7]

▶OTHER Q CODES,   MCW ETC…

▶QXi D __   EMERG. / PRIORITY TX HAM FREQ-ANYONE CAN TX ! USE PLAIN ENGLISH

/Z1	EMERGENCY. I NEED [AREA NEEDS] ASSISTANCE – MEDICAL

Life Threatening INJURY (Triage: Red=Will not survive without immediate care!) [Explain] _____ (eg., "CHEST PAINS") LOCATION: _____
USE FMT TANGO 6Z FOR EMERGENCY REPORTS

/Z2	EMERG. I NEED [AREA NEEDS] ASSISTANCE - MEDICAL

Seriously Injured (Triage: Yellow =Broken bones or controlled bleeding).
[Explain] _____LOCATION: _____

/Z3	EMERG. I AM RPTING [AREA RPTING] FIRE / SMOKE COL. [PREVIOIUSLY UNREPORTED] LOCATED AT: _____

BEARING: /AZ ____(direction-deg.) M   T   /ML ___ (EST. MILES)

/Z4	EMERG. I NEED [AREA NEEDS] ASSIST. – GAS LEAK IN HOME(S): Location: _____
/Z5	EMERG. – OTHER: _____ Location: _____
/Z7	PRIORITY – FLYING EMBERS LANDING AT: _____

BEARING: /AZ _____ (direction - degrees) M   T   /ML ____ (EST. MILES)

/Z8	PRIORITY – SMOKE ODOR IN MY AREA [BELIEVED TO BE FROM OTHER than ARLEADY REPORTED INCIDENT(s)]

WIND IS OUT OF: N   NE   E   SE   S   SW   W   NW
WIND OUT OF: BEARING: /AZ _____ (direct–degr.)   M   T   Wind speed /MPH___est.
SMOKE ODOR is: /LT (LIGHT)   /MOD (MODERATE)   /HVY (HEAVY)

/Z9	PRIORITY - POWER LINES ARE ON GROUND AND/OR IN TREES IN AREA – AT: _____

▶QXi D __   NEEDS OF ASSISTANCE – NON EMERGENCY

BELOW ARE RPTS FOR/FROM LOCAL NBHD NETS OR HAMS. THESE NEED NOT BE TRANSMITTED TO THE HAM NET UNLESS THE LOCAL AREA NEIGHBORHOOD IS UNABLE TO TAKE CARE OF.

/N1	I NEED [AREA NEEDS] ASSIST. FOR WELFARE CHECK: ON ___ LOCATED AT ____ [USE FMT T 6A]
/N2	I MAY NEED [AREA MAY NEED] ASSISTANCE FOR ANY POSSIBLE EVACUATION ORDERS - I (OR /NR ____ # PERSONS) CAN'T GET OUT BY SELF [ADVISE OF SITUATION – E.G., WHEELCHAIR, NO VEHICLE, CONFINED TO BED, ELDERLY DIFFICULTY MOVING, ETC…] Location: _____ USE FMT TANGO 6B, 6C
/N3	I NEED [AREA NEEDS] PROPANE USE FMT TANGO 6D
/N4	I NEED [AREA NEEDS] DRINKING WATER FOR /NR____ # PEOPLE USE FMT TANGO 6D
/N5	I NEED [AREA NEEDS] FOOD FOR /NR ____# PEOPLE USE FMT TANGO 6D
/N6	I NEED [AREA NEEDS] BATTERY (TYPE) FOR (INSERT) USE FMT TANGO 6D
/N7	I NEED [AREA NEEDS] FIREWOOD /NR ____ # CORDS USE FMT TANGO 6D
/N8	I NEED [AREA NEEDS] ASSISTANCE – OTHER SPECIFY: _____ AT:_____ USE FMT TANGO 6D

NOTE: All of the following specific prior formats are VOIDED – REPLACED BY   FMT TANGO 9A(Ham)   & FMT TANGO 9M (MURS/FRS):   Format Tango, Format Tango 8 and Format Tango 9