



## San Joaquin County MEDICAL/HEALTH INTERAGENCY SITUATION REPORT

Use this form for data collection only, submit the report online at <https://webeoc.sigov.org/eoc7>

### INSTRUCTIONS

The Med/Health Interagency Situation Report is a tool to efficiently communicate your agency's current situation to the Medical Health Operation Area Coordinator (MHOAC). Please submit a status report once the decision has been made to activate your Emergency Operations Plan, Department Operations Center (DOC) or in response to an unusual event.

1. Use this form to collect your agency's situation information
2. Log onto WebEOC <https://webeoc.sigov.org/eoc7>
3. Enter your username and password
4. Select your position and incident from the drop down menu
5. Click on **EF-08 Public Health and Medical** from the Menu Section of the Control Panel. (Note: your computer must be setup to allow pop-ups from this site to be able to see the EF-08 Boards)
6. Click on the "**Medical-Health Interagency Report**" link
7. Click on the **New Record** button to create a new report, or click on the **Update** button to update an existing report
8. Complete your status report and click the **Save** button.

Notify the EMS Agency Duty Officer that a report has been submitted Pager (209) 234-5032 or Dispatch (209) 236-8339.

1. Event Type: <input type="checkbox"/> Real World <input type="checkbox"/> Exercise	
2. Report Type: <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Final	
3. Agency Name:	
4. Event Name:	
5. Date of Report:	6. Time of Report:
7. Location:	
8. Prognosis: <input type="checkbox"/> Improving <input type="checkbox"/> Worsening <input type="checkbox"/> No Change	
9. Medical/Health Impact: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
10. Current Situation:	



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11. Assigned Resources:	
12. Infrastructure Threat/Damage:	
13. Casualties: a. Immediate ___ b. Delayed ___ c. Minor ___ d. Deceased ___	
14. EOC/DOC Activated: <input type="checkbox"/> BHS <input type="checkbox"/> EHD <input type="checkbox"/> EMS <input type="checkbox"/> PHS <input type="checkbox"/> OA EOC	
15. Proclamations/Declarations: <input type="checkbox"/> None <input type="checkbox"/> Local Emergency <input type="checkbox"/> Public Health Emergency <input type="checkbox"/> Public Health Hazard <input type="checkbox"/> State <input type="checkbox"/> Federal	
16. Health Advisories/Orders: <input type="checkbox"/> Air Unhealthful <input type="checkbox"/> Boil Water <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Food Hazard <input type="checkbox"/> Disease Outbreak <input type="checkbox"/> Quarantine/Isolation <input type="checkbox"/> Vector <input type="checkbox"/> School Closure <input type="checkbox"/> Beach Closure <input type="checkbox"/> Other:	
17. Report Submitted By:	18. Phone: