

INCIDENT STATUS REPORT (CRB IMS Form A1)

1. Incident Name:		2. Date:	
3. Report Version (check one box on left): <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final	4. Lead Action Agency Representative & Agency :	5. Incident Start Date Date: Location:	
6. Reason for Status Report: <input type="checkbox"/> Incident initiated <input type="checkbox"/> ZQ detection update <input type="checkbox"/> Change in LAAR <input type="checkbox"/> Incident action completed <input type="checkbox"/> Location change <input type="checkbox"/> Other:		7. Current Incident Status:	

Approval & Routing Information

8. Prepared By: Name: _____ IMS Position: _____ Date prepared: _____	9. Date Submitted
10. Approved By: Name: _____ IMS Position: _____ Signature: _____	11. Organization, or Agency Sent To:

Incident Location Information

12. State/Providence:	13. County/Parish/Borough:	14. City:
15. Water Body Name:	16. Water System Name	17. Location Description: (ramp, inlet...)
18. Longitude: Latitude:	19. Incident Location Jurisdiction:	20. Incident Location Ownership (if different than jurisdiction):
21. Other Location Comments:		

Incident Summary

22. Significant Events for the Time Period Reported (summarize significant progress made, incident expansion, etc. from last status report):

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Additional Incident Decision Support Information

23. Primary Materials or Hazards Involved (hazardous chemicals, underwater deployment, etc.):

24. Compliance Status/Threat Remarks (ESA, NEPA, environmental concerns, etc.):

25. Life, Safety, and Health Status/Threat Remarks:

26. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):

27. Projected Incident Activity, Potential, Movement, Escalation, or Spread and other influencing factors:

28. Strategic Objectives: (define planned end-state for incident):

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Additional Incident Decision Support Information (continued)

29. Critical Resource Needs:

30. **Strategic Discussion** If applicable, list major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or impacts:

31. **Planned Actions for Next Operational Period** (if applicable):

32. **Incident Action Completed - Justification** (if applicable):

33. **Incident Completion Date**

Date:

Location:

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Additional Incident Decision Support Information (continued)

34. Remarks (or continuation of any comments above (please note comment #):