

COUNTY STATUS REPORT

Station Calling: _____

Location/City: _____

Time of Report (Zulu): _____

STATUS OF: YES IF OK, PARTIAL, OR NO FOR COMPLETE LOSS

POWER: _____

WATER: _____

SANITATION: _____

MEDICAL FACILITY: _____

COMMUNICATION: _____

TRANSPORTATION: _____

Source: Commercial Broadcast

 Government Broadcast/EAS

 Civil Government/Public Official

 Amateur

 Relay

REMARKS: