

Disaster Report

Reporting Period

From (date)

To (date)

Incident

Date		Location	
Type		Stake	
Stake president	Phone number	Email address	
Person submitting report	Phone number	Email address	

Report Details

Full-Time Missionaries

All missionaries are safe and accounted for. <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional details
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Church Members

Number of member injuries	Number of member deaths	Number of member homes damaged	Number of member homes destroyed
Additional details			

Church Buildings

Damage to Church facilities

Community

Effect on community, including infrastructure such as power, water supplies, and communications

Volunteers

Number of volunteers	Total number of volunteer hours
Description of volunteer activities	
Volunteer injuries or accidents <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional details	

Anticipated Needs

Local Church facilities are needed. <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance from neighboring Church units is needed. <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance from Church headquarters is needed. <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional details		