



U.S. DEPARTMENT OF THE INTERIOR EMERGENCY MANAGEMENT REPORTING SITUATION REPORT (ICS-209-DOI)



1. INCIDENT NAME		2. INCIDENT TYPE	
3. REPORTING PERIOD	4. REPORT CATEGORY	5. REPORTING UNIT	
3a. From (Date/Time):	Bureau / Office Report <input type="checkbox"/>	6. REPORT TYPE	
3a. To (Date/Time):	NRF Principal Planner Report <input type="checkbox"/>		
	Region <input type="checkbox"/>		
	Field Unit <input type="checkbox"/>	Initial Report <input type="checkbox"/>	7. REPORT NUMBER
	Other <input type="checkbox"/>	Update Report <input type="checkbox"/>	
		Final Report <input type="checkbox"/>	
8. INCIDENT LOCATION			
8a. City:	8b. Unit Name:	8c. U.S. National Grid Reference:	8d. Lat/Long Coordinates:
State:			Latitude:
			Longitude:

9. SITUATION

10. STATUS OF PERSONS

	10a. # of Dead	10b. # of Injured	10c. # of Hospitalized	10d. # of Missing/Unaccounted	10e. Other
Employees					
Visitors					
Volunteers					
Others (Category:_____)					
Others (Category:_____)					

10f. Other Casualty Information:

11. BUREAU / OFFICE IMPACTS - Summary of Damages to Infrastructure

NUMBER OF PROPERTIES / STRUCTURES that are THREATENED: _____ DAMAGED: _____ DESTROYED _____.

BRIEF DESCRIPTION OF THE IMPACTS:

12. ACCOMPLISHMENTS / UPDATES for this Operational Period

13. OBJECTIVES for the Next Operational Period

14. UNMET NEEDS, SHORTFALLS, ASSISTANCE NEEDED

15. PERSONNEL			
15a. Personnel EMPLOYED by the Reporting Unit			
From the Reporting Unit	ESF or Agency/Unit:	# of Employed Personnel:	
From Other Agencies/Units	ESF or Agency/Unit:	# of Employed Personnel:	
	ESF or Agency/Unit:	# of Employed Personnel:	
	ESF or Agency/Unit:	# of Employed Personnel:	
	ESF or Agency/Unit:	# of Employed Personnel:	
	ESF or Agency/Unit:	# of Employed Personnel:	
15b. Personnel DEPLOYED for Operations Managed by Others			
To Other Agencies/Units	ESF or Agency/Unit:	# of Deployed Personnel:	
	ESF or Agency/Unit:	# of Deployed Personnel:	
	ESF or Agency/Unit:	# of Deployed Personnel:	
	ESF or Agency/Unit:	# of Deployed Personnel:	
	ESF or Agency/Unit:	# of Deployed Personnel:	
	ESF or Agency/Unit:	# of Deployed Personnel:	
16. MISSION ASSIGNMENT MANAGEMENT			
	Amount Authorized	Expended Reimbursable	Expended Non-Reimbursable
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
17. TOTAL COSTS to Date			

18. ADDITIONAL INFORMATION

19. PREPARED BY & CONTACT INFORMATION

Name of Preparer:
Phone Number:
Email Address:

20. APPROVED BY

Name of Approver:
Title:

21. SENT (DATE / TIME):

Date:
Time:

22. PRIMARY LOCATION / ORGANIZATION SENT TO:

GENERAL INSTRUCTIONS FOR REPORTING SERIOUS EMERGENCY INCIDENTS: DOI SITUATION REPORT (ICS-209-DOI)

In completing the DOI Situation Report (ICS-209-DOI), the following fields on the report need to be filled out:

1. **Incident Name:** Provide name given to incident.
2. **Incident Type:** Enter type of incident. [Categories: aircraft accidents, BOR hydroelectric/water production, CBRNE, COOP Plan activation, cyber security and IT operations, dam/levee safety incidents, drought, earthquake, fatalities and injuries, flooding, HAZMAT, intelligence alerts and warnings, law enforcement (Serious Incident Reports), oil spill, other incidents – DOI, other incidents – non DOI, pipeline/oil rig incidents, power outages, protests and demonstrations, public health, search and rescue (non-NRF), security incident response, severe weather, significant damage to DOI assets, special events, Suspicious Activity Reports, tropical weather, tsunami, volcano, wildfire, wildlife health.]
3. **Reporting Period** 3a. *From:* Provide reporting period start date/time. 3b. *To:* Provide reporting period end date/time. (Local time of the reporting unit, unless otherwise specified.)
4. **Report Category:** Check the box based on report category. Options include Bureau/Office Report, NRF Principal Planner, (for an ESF-specific report), Region, Field Unit or Other.
5. **Reporting Unit:** Enter the specific reporting entity.
6. **Report Type:** Indicate the report type. Options include: INITIAL REPORT for the first reporting period and UPDATE REPORT for subsequent reporting periods. DOI SITREPs (ICS-209-DOI) are submitted once per operational period until the incident is closed. The Final REPORT should be checked if this is the final report the reporting unit will be submitting on this incident.
7. **Report Number:** For use by the reporting unit to track the SITREPs.
8. **Incident Location:** Enter this information using 8a, 8b and/or 8c. (Not all of the fields need to be filled out, but at least one field needs to be filled out.)
 - 8a. *City, State:* Enter in the city and state in which the incident is occurring.
 - 8b. *Unit Name:* Enter the name of the specific unit (such as a particular National Park or National Wildlife Refuge) where the incident is occurring.
 - 8c. *U.S. National Grid Reference:* Enter the U.S. National Grid Reference where the incident is occurring.
 - 8d. *Lat/Long Coordinates:* Enter the latitude and longitude where the incident is occurring.
9. **Situation:** Describe the ongoing situation and the nature of the event to include the incident's growth, ongoing weather problems, hazards (and potential hazards) involved, threats/impacts to persons and property (infrastructure, DOI lands, personnel, etc), and secondary impacts. In addition, describe response activities, including notifications, evacuations, and/or sheltering-in-place that has occurred or is currently in process.
10. **Status of Persons:** Enter this information to account for employees, visitors, volunteers and others (provide a description of the category these persons fall within) who were/are impacted by the incident.
 - 10a. *# of Dead:* Enter the number of persons who have died related to the incident.
 - 10b. *# of Injured/Ill:* Enter the number of persons who were injured or became ill as a result of the incident.
 - 10c. *# of Hospitalized:* Enter the total number of persons who have been (and are currently) hospitalized as a result of the incident.

- 10d. *# of Missing/Unaccounted*: Enter the number of persons who are missing or otherwise unaccounted.
 - 10e. *# of Other*: Enter the number of employees who are in other situations that do not fit 10a – 10d. For any employees who are counted in this category, provide details in 10f.
 - 10f. *Other Casualty Information*: Use this space to describe any other additional information relevant to the casualties noted in 10a – 10e. For example, but not limited to, describe the type of casualty that is being classified as the Other category of 10e or the status of those hospitalized (such as a breakdown of the number of persons currently hospitalized at the end of the operational period and those who have recovered and been discharged from the hospital).
11. **Bureau/Office Impacts – Summary of Damages to Infrastructure**: This section to be completed by Bureaus/Offices only. Bureaus and offices should provide information about their damaged, threatened or destroyed property or infrastructure (to include critical infrastructure, wildlife habitats and other valuable resources). Enter the number of structures/property that is threatened, damaged or destroyed. In addition, provide a brief description of the impacts as they relate to these structures and properties.
 12. **Accomplishments/Updates for this Operational Period**: Detail the accomplishments of the reporting unit during the operational period to include incident response and/or COOP activities.
 13. **Objectives for Next Operational Period**: Detail the objectives for the reporting unit during the next operational period to include incident response and/or COOP activities.
 14. **Unmet Needs, Shortfalls, Assistance Requested**: Describe any unmet needs or shortfalls the reporting unit is facing. In addition, describe any assistance that the reporting unit is requesting of bureaus/offices, Departmental headquarters or other elements (specify from which other organization/unit this assistance is being requested).
 15. **Personnel**: In boxes 15a and 15b, account for personnel who are assigned to the operational response.
 - 15a. *Personnel Employed by Reporting Unit*: List by parent organization/unit the number of personnel being employed by the reporting unit during the operational period.
 - 15b. *Personnel Deployed for Operations Managed by Others*: List the number of personnel from the reporting unit who have been assigned to other organizations/units which are responding to the same overall event.
 16. **ESF Mission Management**: This entry to be completed only by National Response Framework ESF Principal Planners. Enter the FEMA Mission Assignment Number, along with the amount authorized and expended (reimbursable and non-reimbursable) for each of the Mission Assignments being tracked/managed by the reporting unit.
 17. **Total Costs to Date**: Enter estimated total cost of operations including personnel costs.
 18. **Additional Information**: This space can be used to provide additional details to previous items or provide other information.
 19. **Prepared by & Contact Information**: Provide the name, phone number and email address of the specific individual who prepared the ICS-209-DOI.
 20. **Approved by**: Insert the name and title of the individual that approved the prepared ICS-209-DOI.
 21. **Sent (Date/Time)**: Insert the date and time that the ICS-209-DOI is being sent for submission.
 22. **Primary Location, Organization or Agency sent to**: Insert the name of the organization/unit (for example Bureau HQ, Bureau COOP Site or the IOC) to which the ICS-209-DOI is being submitted.