

Critical Infrastructure & Key Resources (CIKR) Status Report

Business Name: _____

Address: _____

County: _____ Event Name: _____ Report # _____

Date & Time: _____ Contact Person: _____

Phone & E-Mail: _____

Summary of Issue: _____

Indicate below if any of these services have been interrupted or impacted:

Utilities Services:	Commerce:	Systems:
Natural Gas ()	Shipping ()	HVAC (Heating Ventilation A/C) ()
Water ()	Receiving ()	Refrigeration ()
Electricity ()	Access to facility ()	Sewage ()
Communications ()		Flooding ()
Other _____ ()	Other _____ ()	Other _____ ()

SITUATION IS: **IMPROVING**() **DETERIORATING**() **MAINTAINING**()

Do you anticipate your situation will, in the next 24 hours: Improve(), Deteriorate() or Maintain()?

Do you have a COOP? (Continuity of Operations Plan) Yes () / No (),

Has it been implemented? Yes () / No (),

Describe your needs for the next time period to improve or maintain your current situation, What will you need in?

24 Hours _____

48 Hours _____

96 Hours _____

Additional Information: