Day # \_\_\_\_\_\_

SOUTHERN BAPTIST DISASTER RELIEF

**DAILY REPORTING FORM**

**DR # \_\_\_\_\_\_\_\_\_\_\_**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_

Type of Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER COUNT**

**(All Units are required to submit this section)**

A. \_\_\_\_\_ Number of Team Members at start of day

B. \_\_\_\_\_ Number of New Team Members arrivals today

C. \_\_\_\_\_ **Total** number of team members on-site today

D. \_\_\_\_\_ Number of local community volunteers who worked today

**Add line C \_\_\_\_\_ to line D = \_\_\_\_\_\_\_\_ Total Volunteers who worked today**

E. \_\_\_\_\_ Number of Team Members who departed today

**FOOD SERVICE COUNT**

Meals Requested ARC (A) Serving Line (B) ERVS (C)

Breakfast\_\_\_\_\_ Breakfast \_\_\_\_\_ Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_ Lunch \_\_\_\_\_ Lunch \_\_\_\_\_

Dinner \_\_\_\_\_ Dinner \_\_\_\_\_ Dinner \_\_\_\_\_

**Total Requested**  \_\_\_\_\_\_\_(A) Sub-Total \_\_\_\_\_\_\_(B) Sub-Total \_\_\_\_\_\_\_(C)

**GRAND TOTAL \_\_\_\_\_\_\_(D) MEALS SERVED TODAY**

(Column B+C)

**CLEAN UP AND RECOVERY REPORT**

A. Number of jobs completed to date (from beginning) \_\_\_\_\_\_\_\_\_\_(A)

B. Number of jobs completed today. \_\_\_\_\_\_\_\_\_\_(B)

C. Number of jobs remaining. \_\_\_\_\_\_\_\_\_\_(C)

**CHILD CARE**

Total Number of Children Served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OTHER UNITS

Showers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laundry loads\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Gallons of Water Purified\_\_\_\_\_\_\_\_\_\_\_

# COMMUNICATIONS REPORT

## 

## A. HF Messages \_\_\_\_\_\_\_(A)

## B. Reports \_\_\_\_\_\_\_(B)

## C. Hours on Duty \_\_\_\_\_\_\_(C)

## (per operator)

**TOTAL TRAFFIC \_\_\_\_\_\_\_\_(add A & B)**

**PROBLEM REPORT**

A. Illness and Injuries (Give name and nature of illness or injury-file Incident Report)

B. Equipment Problems (Give name and nature of equipment problems)

C. Other Problems

**STAFF MEETINGS AND DEBRIEFINGS**

Morning Meeting and Devotions \_\_\_Yes \_\_\_ No (check one)

Evening Meetings and Devotions \_\_\_ Yes \_\_\_ No (check one)

Other Meetings: (List Topics discussed)

# EVANGELISTIC/MINISTRY OPPORTUNITY

(Brief Description)

**SUGGESTIONS/CONCERNS**

(List any questions, suggestions or concerns about the operation.)

[SBC DRFORM3]

(9-18-00)^~