

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.)