

Alabama SBDR – Consolidated Daily Report

Response: _____ (e.g., Hurricane Ida)

Site: _____ (e.g., FBC Selma)

☐ Travel Only

☐ Work Day Only

☐ Travel and Work

☐ Final Report

Report Date: _____

Unit Number/Team Name: _____

Unit/Team Leader Name: _____ **Phone:** _____

Incidents to Report: _____

(Include separate, completed Incident Report Form for White Hat)

(Illness or Injury, Property Damage, Equipment Issues, Etc.)

Morning Devotional/Meeting: YES or NO

Evening Devotional/Meeting: YES or NO

Evening Debrief: YES or NO

Volunteer Days

SBDR (1 day per member): _____ x _____ (hours) = _____ (Total Hours)

Other: (non-SBDR / Untrained Volunteer (UV))

(1 day per member): _____ x _____ (hours) = _____ (Total Hours)

TOTAL: (1 day per member): _____ x _____ (hours) = _____ (Total Hours)

Ministry Contacts:

Professions of Faith: _____

Gospel Presentations: _____

Ministry contacts: _____ (Non-chaplains only)

(includes prayer, spiritual discussion, encouragement conversations, spiritual tracts **given by any team member**)

Chaplaincy Contacts: _____

(includes prayer, spiritual discussion, encouragement conversations, spiritual tracts **given by chaplain**)

Other Decisions: _____

Bibles Distributed: _____

Tracts Distributed: _____

Needs Follow-up: YES or NO (Alabama reporting only) (If you have names/contact information for Emotional/Spiritual Care follow-up, circle YES and provide contact to White Hat)

Feeding: (Number of meals **prepared**)

DR Volunteers

Public

Breakfast: _____ = _____ (Total)

Lunch: _____ = _____ (Total)

Dinner: _____ = _____ (Total) = _____ (Total Meals Prepared Today)

Meal Projection: _____ (Number of meals you expect to prepare tomorrow)

Supporting: ☐ Red Cross ☐ Salvation Army ☐ Other ☐ Volunteers ONLY

Drive Thru or Walk Up Feeding Line? YES or NO

Shower / Laundry

Volunteer Showers: _____

Volunteer Laundry Loads: _____

Public Showers: _____

Public Laundry Loads: _____

Total Showers: = _____

Total Laundry Loads: = _____

Premixed Shockwave (Gal): _____

Crisis Buckets Distr (#): _____

Tarps Distr (#): _____

**See Reverse for
ALL Equipment Hours**

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ALL Equipment Hours:

(Count All Equipment in use, with power-on- used by or operated by, our volunteers) Also include Dry Goods Trucks, parked at site

Bucket Truck (#): _____ x _____ (hours) = Total Hours Used Today: _____

Forklift: (#): _____ x _____ (hours) = Total Hours Used Today: _____

Generators: (#): _____ x _____ (hours) = Total Hours Used Today: _____

(ALL Generator types; for portable light tower, count the generator, not the light tower)

Skid Steer (#): _____ x _____ (hours) = Total Hours Used Today: _____

Tractor: (#): _____ x _____ (hours) = Total Hours Used Today: _____

Trucks (#): _____ x _____ (hours) = Total Hours Used Today: _____

Other Veh. (#): _____ x _____ (hours) = Total Hours Used Today: _____

(ALL Truck/Vehicle types: Box Trucks, Towing/Hauling Trucks, Passenger Vehicles, Refrigeration Trucks, Dry Good Trucks, etc..)

TOTAL ALL Equipment Hours = _____