

**For:** State and County Offices

**FSA Situation Report (SITREP) Reporting Procedures**

**Approved by:** Deputy Administrator, Management



**1 Overview**

**A Background**

USDA SITREP is:

- used to summarize, communicate, and coordinate organizational and operational priorities, activities, and resources as a result of a disaster or emergency event
- a tool used to keep senior management officials informed, updated, and advised on emergency situation and associated activities.

State Offices impacted by a disaster or emergency event shall prepare and forward SITREP’s to EPD to be consolidated into a single FSA report that is forwarded to the USDA OpsCenter. The USDA OpsCenter uses the consolidated SITREP to incorporate into the report for the USDA Office of the Secretary, sub-cabinet members, and other Department and Agency leadership.

**B Purpose**

This notice:

- revises SITREP reporting procedures
- clarifies the elements of SITREP
- revises SITREP POC’s
- obsoletes Notice SEM-1.

**C Contact**

For questions about this notice, contact David Porter, EPD, by either of the following:

- e-mail at **david.porter@wdc.usda.gov**
- telephone at 202-720-9865.

<b>Disposal Date</b>	<b>Distribution</b>
June 1, 2012	State Offices; State Offices relay to County Offices

## Notice SEM-6

### 2 Situation Reporting

#### A SITREP Template

As the USDA SEB Chairperson, FSA SED's or their designee shall use the SITREP template (Exhibit 1) to report on the following FSA disaster activities:

- activities during current reporting period
- planned activities for next reporting period
- SEB preparedness and recovery activities, intergovernmental affairs, and decisions made at SEB meetings.

**Note:** SITREP templates are located on the EPD SharePoint site at

<https://fsa.sc.gov.usda.gov/camd/ep/State%20Emergency%20Boards/Forms/AllItems.aspx>.

#### B Situation Reporting Elements (Initial SITREP)

State Offices impacted by a disaster, emergency, or event of significant impact shall submit SITREP. When submitting the initial SITREP (Exhibit 1), the following elements need to be addressed:

- Incident Name
- Incident Type: Natural Disaster, Chemical Spill, Terrorism, Radiation Spill, etc.
- As of Date and Time
- Report Category
- Reporting Info
- Report Number
- Incident Location Information
- Activities During Current Reporting Period:
  - impact on FSA personnel
  - impact on FSA and facilities
  - States or county EOP's activated
  - impact on FSA mission and ability to serve the public

## Notice SEM-6

### 2 Situation Reporting (Continued)

#### B Situation Reporting Elements (Initial SITREP) (Continued)

- FSA support to the response
- acres and types of crops damaged
- numbers and types of livestock killed
- impacts to agricultural transportation and trade
- outreach/communications efforts
- SEB meeting major points/decisions/activities
- unmet needs

**Note:** This includes any issues or specific questions being raised by farmers and other USDA customers.

- Planned Activities for Next Reporting Period
- Supplemental Documentation.

**Note:** Any additional support information, such as GIS maps, damage assessments, etc., if available shall be attached to the SITREP template.

#### C Situation Reporting Elements (Update SITREP)

When submitting SITREP updates, only new information for the current reporting period (period from last report submission) should be provided. See Exhibit 2.

The SITREP update should be able to stand alone without referencing previous reports. Information that has been submitted in previous reports should be deleted to submit a fresh SITREP each day.

If there is no change or no new information available, the State Office shall provide an e-mail stating “No New Information”.

#### D Situation Reporting Distribution

State Offices shall submit their SITREP to EPD whenever reportable activities occur or as requested by EPD. SITREP’s shall be submitted daily by 5 p.m. e.t. to EPD POC’s identified in subparagraph E under the subject title, “Daily SITREP for the State of Your State – Today’s Date”.

**Note:** Based on the incident, the submittal due time and frequency is subject to change.

## Notice SEM-6

### 2 Situation Reporting (Continued)

#### E FSA Emergency Preparedness Specialist POC's

The following individuals are the FSA Emergency Preparedness POC's:

- Jerry Epting, EPD Director, by either of the following:
  - e-mail at **jerry.epting@wdc.usda.gov**
  - telephone at 202-720-7696
- David Tidwell, EPD Emergency Preparedness Specialist, by either of the following:
  - e-mail at **david.tidwell@wdc.usda.gov**
  - telephone at 202-720-4542
- David Porter, EPD Emergency Preparedness Specialist, by either of the following:
  - e-mail at **david.porter@wdc.usda.gov**
  - telephone at 202-720-9865.

USDA SITREP (Initial Report)

		<h2 style="margin: 0;">U.S Department of Agriculture</h2> <h3 style="margin: 0;">Incident SITREP/SPOT</h3>		
<b>1. INCIDENT NAME:</b> _____		<b>2. INCIDENT TYPE</b> Natural Disaster, Chemical Spill, Terrorism, Radiation Spill, etc: _____		
<b>3. AS OF:</b> 3a. Date: _____		<b>4. REPORT CATEGORY:</b> <input type="checkbox"/> Agency/Office Report <input type="checkbox"/> ESF Summary <input type="checkbox"/> Region <input checked="" type="checkbox"/> Field Unit <input checked="" type="checkbox"/> SEB <input type="checkbox"/> CEB <input type="checkbox"/> Other		<b>5. REPORTING INFO:</b> 5a. Organization: <b>Farm Service Agency (FSA)</b>
3b. Time: _____		15b. State: _____		<b>6. REPORT NUMBER:</b> 6a. <input checked="" type="checkbox"/> SITREP <input type="checkbox"/> SPOT 6b. <input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Update Update #: _____
<b>7. INCIDENT LOCATION</b>				
7a. City, State: List out or state "Multiple" for regional impacts _____			7b. Office: List out or state "Multiple" for regional impacts _____	
7c. Address or Lat/Long Coordinates: List out or state "Multiple" for regional impacts _____				
<b>8. REPORTING ACTIVITIES</b>				
<b>8a. Activities During Current Reporting Period</b> <ul style="list-style-type: none"> <li>• Impact on FSA personnel                             <ul style="list-style-type: none"> <li>○ Number in area _____</li> <li>○ Number displaced _____</li> <li>○ Number injured _____</li> <li>○ Number deceased _____</li> </ul> </li> <li>• Impact on FSA and facilities                             <ul style="list-style-type: none"> <li>○ Number of facilities destroyed _____</li> <li>○ Number of facilities with major damage _____</li> <li>○ Number of facilities with minor damage _____</li> </ul> </li> <li>• States or County EOPs Activated                             <ul style="list-style-type: none"> <li>○ List state/counties here _____</li> </ul> </li> <li>• Impact on FSA mission and ability to serve the public                             <ul style="list-style-type: none"> <li>○ List impacts here _____</li> </ul> </li> <li>• FSA support to the response                             <ul style="list-style-type: none"> <li>○ List support here _____</li> </ul> </li> <li>• Acres and types of crops damaged                             <ul style="list-style-type: none"> <li>○ List crops and amount here _____</li> </ul> </li> <li>• Numbers and types of livestock killed                             <ul style="list-style-type: none"> <li>○ List livestock numbers and types here _____</li> </ul> </li> <li>• Impacts to agricultural transportation and trade                             <ul style="list-style-type: none"> <li>○ List impacts here _____</li> </ul> </li> <li>• Outreach/Communications efforts                             <ul style="list-style-type: none"> <li>○ List efforts here _____</li> </ul> </li> <li>• SEB meeting major points/decisions/activities                             <ul style="list-style-type: none"> <li>○ List points/decisions/activities here _____</li> <li>○ List preparedness/recovery activities here _____</li> <li>○ List Intergovernmental contacts here _____</li> </ul> </li> <li>• Unmet needs                             <ul style="list-style-type: none"> <li>○ List needs here _____</li> </ul> </li> </ul>			<b>8b. Planned Activities For Next Reporting Period</b> <ul style="list-style-type: none"> <li>• Activities to be performed during the next period</li> </ul>	
<b>9a. PREPARED BY:</b> _____		<b>10. APPROVED BY:</b> _____		<b>11. SENT (Date/Time):</b> _____ / _____
<b>9b. CONTACT INFORMATION OF PREPARER:</b> Phone: _____ Fax: _____ Email: _____				
SEND COMPLETED AND APPROVED FORM TO: Jerry Epting, <a href="mailto:jerry.epting@wdc.usda.gov">jerry.epting@wdc.usda.gov</a> ; David Tidwell, <a href="mailto:david.tidwell@wdc.usda.gov">david.tidwell@wdc.usda.gov</a> ; and David Porter, <a href="mailto:david.porter@wdc.usda.gov">david.porter@wdc.usda.gov</a>				

(FSA Revised 09-26-11)

USDA SITREP (Update Report)

		<h2 style="margin: 0;">U.S Department of Agriculture</h2> <h3 style="margin: 0;">Incident SITREP/SPOT</h3>		
<b>1. INCIDENT NAME:</b> _____		<b>2. INCIDENT TYPE</b> Natural Disaster, Chemical Spill, Terrorism, Radiation Spill, etc: _____		
<b>3. AS OF:</b> 3a. Date: _____		<b>4. REPORT CATEGORY:</b> <input type="checkbox"/> Agency/Office Report <input type="checkbox"/> ESF Summary <input type="checkbox"/> Region <input checked="" type="checkbox"/> Field Unit <input checked="" type="checkbox"/> SEB <input type="checkbox"/> CEB <input type="checkbox"/> Other		<b>5. REPORTING INFO:</b> 5a. Organization: Farm Service Agency (FSA) 15b. State: _____
3b. Time: _____		<b>6. REPORT NUMBER:</b> 6a. <input checked="" type="checkbox"/> SITREP <input type="checkbox"/> SPOT 6b. <input type="checkbox"/> Initial Report <input checked="" type="checkbox"/> Update Update #: _____		
<b>7. INCIDENT LOCATION</b>				
7a. City, State: List out or state "Multiple" for regional impacts _____		7b. Office: List out or state "Multiple" for regional impacts _____		
7c. Address or Lat/Long Coordinates: List out or state "Multiple" for regional impacts _____				
<b>8. REPORTING ACTIVITIES</b>				
<b>8a. Activities During Current Reporting Period</b> <ul style="list-style-type: none"> <li>Activities performed during this period (Only)</li> </ul>		<b>8b. Planned Activities For Next Reporting Period</b> <ul style="list-style-type: none"> <li>Activities to be performed during the next period</li> </ul>		
<b>9a. PREPARED BY:</b> _____		<b>10. APPROVED BY:</b> _____		<b>11. SENT (Date/Time):</b> _____ / _____
<b>9b. CONTACT INFORMATION OF PREPARER:</b> Phone: _____ Fax: _____ Email: _____				
SEND COMPLETED AND APPROVED FORM TO: Jerry Epting, <a href="mailto:jerry.epting@wdc.usda.gov">jerry.epting@wdc.usda.gov</a> ; David Tidwell, <a href="mailto:david.tidwell@wdc.usda.gov">david.tidwell@wdc.usda.gov</a> ; and David Porter, <a href="mailto:david.porter@wdc.usda.gov">david.porter@wdc.usda.gov</a>				

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