PENALLT COMMUNITY EMERGENCY PLAN

OPERATIONAL FORMS PACK

Printable forms for volunteer tasking, Pelham Hall operations, welfare, equipment and review.

REFERENCE	**CEP-FRM-01**	**CLASSIFICATION**	**OPERATIONAL - RESTRICTED WHEN COMPLETED**
VERSION	**0.1**	**STATUS**	**Draft for operational review**
ISSUED	12 July 2026	**REVIEW**	July 2027 or after activation/exercise

Completed forms may contain personal, welfare or incident information. Collect only what is necessary, keep forms secure and hand them to the Community Emergency Coordinator.

FORMS INCLUDED

- F1 - Volunteer availability and registration
- F2 - Volunteer tasking and check-in/out
- F3 - Community Support Centre registration
- F4 - Welfare need and action record
- F5 - Equipment issue and return
- F6 - First aid incident report
- F7 - Building / Emergency Box inspection
- F8 - Post-incident debrief

Separate record: The Community Emergency Incident Log is a separate document and should be started whenever decisions, welfare contact or volunteer tasking begin.

F1 - VOLUNTEER AVAILABILITY AND REGISTRATION

Registration does not guarantee tasking. Volunteers must confirm availability for each incident and may refuse or stop any task they consider unsafe.

INCIDENT / DATE		**VOLUNTEER NAME**	
PRIMARY CONTACT		**ALTERNATIVE CONTACT**	
HOME AREA / LOCATION		**AVAILABLE FROM / UNTIL**	
SKILLS / EXPERIENCE		**LIMITATIONS / HEALTH & SAFETY**	
VEHICLE / EQUIPMENT OFFERED		**COMPETENCE / LICENCE CONFIRMED**	
EMERGENCY CONTACT		**CONSENT TO OPERATIONAL USE OF DETAILS**	Yes / No
BRIEFING RECEIVED BY		**REGISTRATION TIME**	
SIGNATURE / CONFIRMATION		**RECORDED BY**	

AVAILABILITY / TASK PREFERENCES

Can help with	Yes	No	Conditions / notes
Telephone welfare checks	□	□	
Pelham Hall setup / reception	□	□	
Communications / logging	□	□	
Supplies / deliveries	□	□	
Driving / transport	□	□	
Practical equipment	□	□	
Other	□	□	

F2 - VOLUNTEER TASKING AND CHECK-IN/OUT

INCIDENT / DATE		TASK REFERENCE	
VOLUNTEER(S)		TASKED BY	
TASK / PURPOSE		LOCATION / ROUTE	
KNOWN HAZARDS		PPE / EQUIPMENT	
COMMUNICATION METHOD		CHECK-IN INTERVAL	
START / CHECK-OUT		EXPECTED RETURN	
STOP CONDITIONS / ESCALATION		ACTUAL RETURN / CHECK-IN	

BRIEFING CHECKLIST

Briefing item	Done	Notes
Task and limits understood	□	
Hazards and safe route understood	□	
No self-deployment / no task expansion	□	
Check-in and stop conditions agreed	□	
Emergency contact and return plan confirmed	□	
Outcome reported and logged	□	

OUTCOME / OBSERVATIONS

_____
_____
_____
_____
_____
_____
_____
_____

F3 - COMMUNITY SUPPORT CENTRE REGISTRATION

Urgent welfare needs take priority over registration. Use one line per person and record only the minimum information needed for accountability and onward support.

INCIDENT / DATE		**CENTRE OPENED**	
HALL LEAD		**REGISTRATION DESK**	

Name	Adult / child	Home area / address	Arrival	Immediate need / ref	Departure	Destination / notes

F4 - WELFARE NEED AND ACTION RECORD

Use only where more detail is necessary than the registration form. Do not diagnose, alter medication or record unnecessary medical history.

INCIDENT / DATE		**WELFARE REFERENCE**	
PERSON / HOUSEHOLD		**CONTACT / LOCATION**	
NEED IDENTIFIED		**TIME IDENTIFIED**	
IMMEDIATE RISK		**999 / 111 / SERVICE CONTACTED**	
ACTION AGREED		**OWNER**	
FOLLOW-UP TIME		**STATUS**	Open / Monitoring / Closed
MINIMUM RELEVANT INFORMATION		**CONSENT / LAWFUL NEED**	
CLOSED / HANDED OVER		**RECORDED BY**	

ACTION AND FOLLOW-UP NOTES

F5 - EQUIPMENT ISSUE AND RETURN

INCIDENT / DATE		EQUIPMENT CUSTODIAN	
LOCATION		SHEET NUMBER	

Item / ID	Issued to	Time out	Condition out	Time in	Condition in	Action / initials

F6 - FIRST AID INCIDENT REPORT

Call 999 for immediate danger or serious injury. This form is a factual incident record, not a clinical assessment.

DATE / TIME		LOCATION	
PERSON INVOLVED		CONTACT / REFERENCE	
COMPLETED BY		FIRST AIDER / ROLE	
WHAT HAPPENED		INJURY / SYMPTOMS OBSERVED	
ACTION / FIRST AID GIVEN		999 / 111 / OTHER SERVICE	
WITNESSES		EQUIPMENT USED	
HANDOVER / OUTCOME		TIME CLOSED	

FACTUAL DESCRIPTION AND FOLLOW-UP

F7 - BUILDING / EMERGENCY BOX INSPECTION

INSPECTION DATE		**COMPLETED BY**	
TYPE	Routine / Pre-incident / Post-use	**NEXT REVIEW**	

Inspection item	Pass	Fail	Action required / owner / date
Access / keys confirmed	□	□	
Building visually safe	□	□	
Emergency exits / fire safety checked	□	□	
Water / toilets / sanitation available	□	□	
Electricity / lighting available	□	□	
Battery state and settings checked	□	□	
Communications tested	□	□	
Emergency Box current and accessible	□	□	
First aid kit complete / in date	□	□	
Torches, radios, lights and power banks charged	□	□	
Maps, forms and stationery complete	□	□	
Sandbag reserve and storage checked	□	□	
Damage / missing items recorded	□	□	

F8 - POST-INCIDENT DEBRIEF

INCIDENT / DATE		DEBRIEF DATE	
NAME / ROLE		FACILITATOR	
INVOLVEMENT		ACTION CARD(S) USED	
LOG / RECORD REFERENCE		CONFIDENTIAL ISSUES SEPARATE	Yes / No

WHAT WORKED WELL

WHAT DID NOT WORK OR CREATED RISK

INFORMATION, EQUIPMENT OR CONTACTS THAT WERE MISSING

ACTIONS AND OWNERS