

T.1.228 LDCC Situation Report

**Situation Report
<Insert Local Government Area> Local Disaster Coordination
Centre**

Event		
Sitrep No:	Date:	Time period:
Distribution:		
<ul style="list-style-type: none"> • <insert District> District Disaster Coordination Centre • (others) 		
From:		
<insert Local Government> Local Disaster Coordination Centre Phone: <Insert Number> Facsimile: <Insert Number> Email: <Insert Email Address>		

Summary

Impacts

Emerging Issues

Key Messages

Approval

Prepared by:		Signature	Date:	Time:
Approved by:		Signature	Date:	Time: