

Comfort Centre Report

HRM Emergency Management

Overview		
Incident Title		
Comfort Centre Location <i>(Name of facility or civic address)</i>		
Report prepared by		
JEM Team Activated		
Date & time comfort centre opened		
Date & time comfort centre closed		
Total number of days active		
Food and drinks provided? <i>(Circle one)</i>	YES	NO
Activities or services provided? <i>(Circle one)</i>	YES	NO

Volunteer Summary *

	Open Time	Close Time	Number of Volunteers	Total Daily Hours
Day 01				
Day 02				
Day 03				
Day 04				
Day 05				
		Totals		

Resident Summary

	Adult	Youth	Daily Total
Day 01			
Day 02			
Day 03			
Day 04			
Day 05			
Totals			

Meals Summary

List types of refreshments, snacks, meals, and any other food items served.

<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____

Activities and Services

List any activities and services provided.

<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____

Requests

List any items, amenities or special accommodations residents requested.

<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____

Comments and Observations

List observations, comments, and other pertinent information.

[illegible]

Include the following documents as applicable:

- ☐ Resident Tracking Sheet
- ☐ Volunteer Timesheet
- ☐ Incident Log
- ☐ Communication Forms
- ☐ Requisition Forms
- ☐ Travel Expense Forms

Report Submitted by _____
(Signature)