CIVIL AIR PATROL
EMERGENCY SERVICES ALERT/RESOURCE REPORT

UNIT NAME: UNIT NUMBER:	Report quarterly and as changes dictate. Report Date: _____ 20_____
ADDRESS:	Person to contact and their telephone number / fax / E-mail for questions about information on this form:

ALERT ROSTER
(prioritize alerting sequence beginning with Commander, ES Officer, qualified ES members)

Grade	Name	Home Phone	Work Phone	Pager / Cellular

Resource Data
Please write in the number of each resource currently available.

NO.	ITEM	COMMENTS			
	Qualified Incident Commanders				
	Qualified SAR Mission Pilots				
	Qualified CD Mission Pilots				
	Qualified Observers				
	Qualified Scanners				
	Qualified Ground Team Leader				
	Qualified Ground Team Member				
	Chaplains				
	Aircraft (Corporate)	Member Owned:			
	HF Radio	Fixed:	Mobile/Vehicle:	Transportable:	
	2M Radio	Fixed:	Mobile/Vehicle:	Transportable:	
	Repeaters	Fixed:	Mobile/Vehicle:	Transportable:	
	VHF Radio AM	Fixed:	Mobile/Vehicle:	Portable:	
	Communications Vehicle				
	Internet Access Mission Base				
	Vans				
	4x4 Vehicles				
	Slow Scan Video				
	Cameras (Carry Back)	Video:	Digital:	35mm:	
	Radiological Monitoring Capable	Ground Qualified:	Airborne Qualified:	Equip.:	
	Hand-held DF Units				
	Aircraft DF Units				
	Practice ELT				
	Generators, transportable	Personal	CAP	120V or 240V	#AMPS
	HAM Radio Operators				
	FCC General Radio Operators				