

Date: _____ To: _____ Email: _____
Pages: _____ From: _____ Phone #: _____

DOCUMENTATION OF DISASTER PROBLEMS AND RESOLUTIONS

Local Agency Director:

WIC Clinic(s) Affected: _____

Date and Description of Disaster:

Location where Water is provided:

Location where Food is provided:

List all disaster problems including WIC clinic, WIC staff, vendor, and participant. Write "Resolved" and the date of resolution on the line of the problem when it is resolved. Once a problem is marked as "Resolved", omit the problem from the following lists.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signed: _____ Date: _____

Email daily to the State Agency Disaster Coordinator or Designee to report ongoing problems and resolutions until all problems are resolved or addressed