

# Appendix 11 - Message Form - IN DUPLICATE

## Western Downs Local Disaster Coordination Centre

Date:     (e.g. 09/11/01)

Time:   (e.g. 23:59)

Ref:

**Caller Details :**

Name:	SYLVIA MAYLER									
Address	[REDACTED]									
Suburb:	[REDACTED]									
Town:	[REDACTED]									
Phone:	[REDACTED]									
									Postcode:	4413
	Fax: [REDACTED]									

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Assistance Requested | <input type="checkbox"/> Injury (000)                | <input type="checkbox"/> Update Info on previous call |
| <input type="checkbox"/> Offer of Assistance             | <input type="checkbox"/> Flooding / Sandbags         | Previous Ref _____                                    |
| <input type="checkbox"/> Information Requested           | <input type="checkbox"/> Structural Damage           | <input type="checkbox"/> OTHER                        |
| <input type="checkbox"/> Tree Down                       | <input type="checkbox"/> Enquiry about previous call |   |
| <input type="checkbox"/> Electricity (132296)            |  |   |

**Message / Request Details:**

Water Rises about an inch an hour. Next to caravan park.  
How & where to move to?

Call Officer: Initials:    Name: Allison Zeller

Tasking:    Urgent     Routine     No Further Co-ordination

SES <input checked="" type="checkbox"/>	Police <input type="checkbox"/>	Ambulance <input type="checkbox"/>	Fire <input type="checkbox"/>	LDC / OPSO <input type="checkbox"/>
Ergon <input type="checkbox"/>	Telstra <input type="checkbox"/>	Media <input type="checkbox"/>	Main Roads <input type="checkbox"/>	DCC Intel. <input type="checkbox"/>
Council - other <input type="checkbox"/>	Dalby Works <input type="checkbox"/>	Dalby Utilities <input type="checkbox"/>	Community Support <input type="checkbox"/>	

Other (Specify) \_\_\_\_\_

Tasking Officer: Initials:    Name: HILKEY

**Action Proposed/Taken:**

Work crew assigned     Item(s) supplied     No further Action     Other

Advised of SES ph of assistance  
Advised of care centre @ care centre

Completion Date:     (e.g. 09/11/01)    Time:   (e.g. 23:59)

Action Officer: Initials:       Signature: [REDACTED]