Report Number 1

Continuity Status Reporting Form

For Use By HQ PSSOs and Field Elements
Within 1 Hour of Notification or Incident

Live Event - Real World

Print Form

Reset Form

Report Date/Time: Date Time

Office/Field Element:

Name of Submitter: First: MI: Last:

1. Contact Information:

a. Non-Secure Phone:

b. Non-Secure Fax:

c. Secure Phone:

d. Secure Fax:

e. E-mail Address:

2. General Information:

a. Has a **continuity** event been declared by your office/site?

b. Has the **continuity of operations** condition changed based on this event?

c. Has the **security** preparedness level changed?

d. Are **continuity** communications operational?

e. Is the office/site able to fully execute its required **PMEFs/MEFs/ESAs**?

f. Has the office/site been **directed** to change continuity preparedness levels?

If the office/site has achieved the directed preparedness level, when was it achieved?
i. Date ii. Time

If the office/site has **not** achieved the directed preparedness level, when will it be achieved?
i. Date ii. Time

3. Describe the Situation:

4. Highest Ranking Official:

a. Name and title of official

b. Contact info of official

Please email to HQCOOP@nnsa.doe.gov **and**
NASC-COOP_devolution@nnsa.doe.gov

Submit Via Email

or fax to (301) 903-6417 and (505) 845-5926