

Affected Population with Access/Functional Needs			
(Insert approximate numbers into the space provided along with any assigned escorts and caregivers)			
<input type="checkbox"/> Visually Impaired	<u>1</u>	<input type="checkbox"/> Pregnant women	<u>1</u>
<input type="checkbox"/> Deaf/Hard of hearing	<u>5</u>	<input type="checkbox"/> Children with or w/o disabilities	_____
<input type="checkbox"/> Mobility Impaired	<u>4</u>	<input type="checkbox"/> People who don't read or speak English	_____
<input type="checkbox"/> Single working parent	<u>8</u>	<input type="checkbox"/> People with limited English proficiency	_____
<input type="checkbox"/> People w/o vehicles or other transportation	<u>0</u>	<input type="checkbox"/> Elderly persons w/o disabilities	_____
<input type="checkbox"/> People with special dietary needs	<u>10</u>	<input type="checkbox"/> People from different cultures/races/nations	_____
<input type="checkbox"/> People with chronic medical conditions	<u>50</u>	<input type="checkbox"/> Economically challenged	_____
<input type="checkbox"/> People with dementia or other intellectual or behavioral disabilities	<u>12</u>		
Incident Management			
Is the local government able to manage this response? Yes: _____ No: <input checked="" type="checkbox"/>			
Incident Commander/Lead Community Official <u>Garrie</u> ^{mayor} / <u>Janette Mendelob</u> ^{TC Teller}			
EOC location <u>City of Teller</u>			
EOC Phone Number: <u>9076423401</u> / EOC FAX: <u>9076427051</u>			
Other communications <u>SAT Phones</u> <u>In reach</u>			
Public radio system? Yes: _____ No: <input checked="" type="checkbox"/> Call sign/Frequency _____			
Remarks			
<u>need evacuation road and an emergency shelter, people dont have a place to go in the case of an emergency. need new sea wall</u>			
Person Filing Report			
Reported By: <u>Janelle Mendelob</u>		<u>tribal coordinator</u>	
(Name)		Title	
Date and Time <u>09/19/22</u> / <u>4:06</u> Next report will be sent at <u>09/26/22</u>			

<u>Damage to Essential or Lifeline Facilities</u>	
(Insert appropriate numbers into the space provided)	
<u>ESSENTIAL LIFELINES</u> <input type="checkbox"/> Power Generation and Powerlines _____ <input type="checkbox"/> Fuel Supply, Storage, and Delivery Systems <u>✓</u> _____ <input type="checkbox"/> Water Production, Treatment, and Storage _____ <input type="checkbox"/> Sewage Treatment Facilities _____ <input type="checkbox"/> Heating Facilities _____ <input type="checkbox"/> Communication Systems _____	<u>CRITICAL FACILITIES</u> <input type="checkbox"/> Hospitals/Clinics _____ <input type="checkbox"/> Schools _____ <input type="checkbox"/> Teacher Housing _____ <input type="checkbox"/> Community, Tribal, or Government Buildings _____ <input type="checkbox"/> Fire and Police Stations _____ <input type="checkbox"/> Roads/Bridges <u>✓</u> _____ <input type="checkbox"/> Airports/Runways _____ <input type="checkbox"/> Levees/Sea Walls <u>✓</u> _____
<u>Type of Emergency Assistance Needed</u>	
(See Table 3: Basic and Immediate Needs List)	
<u>BASIC NEEDS</u> <input checked="" type="checkbox"/> Food <input checked="" type="checkbox"/> Water <input type="checkbox"/> Power <input checked="" type="checkbox"/> Emergency Shelter <input type="checkbox"/> Heat <input checked="" type="checkbox"/> Fuel <input type="checkbox"/> Communication <input type="checkbox"/> Sanitation <input type="checkbox"/> Safety and Security <input type="checkbox"/> Short-Term Medical Care, Equipment, and Supplies <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Clothing/Bedding <input type="checkbox"/> Mental and Behavioral Health	<u>IMMEDIATE NEEDS</u> <input type="checkbox"/> Situational Awareness <input type="checkbox"/> Accountability <input type="checkbox"/> Evacuation <input type="checkbox"/> Short-Term Shelter <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Public Safety <input type="checkbox"/> Emergency Medical Care <input type="checkbox"/> Incident/Emergency Management <input checked="" type="checkbox"/> Oil/Fuel Spills, Haz Mat, and Chemical Release Response and Cleanup <input type="checkbox"/> Emergency and Public Information <input type="checkbox"/> Critical and Prescribed Medications <input type="checkbox"/> Flood-Fighting Resources <input checked="" type="checkbox"/> Debris Clearance and Removal
<u>Debris Management</u>	
(Explain in Remarks Section)	
Are there large accumulations of debris? Yes: _____ No: _____	
Is there a need for emergency debris clearance? Yes: _____ No: <u>✓</u> _____	

APPENDIX H

INITIAL ASSESSMENT REPORT

Reporting location <u>Teller Alaska</u>	9/19/22 9:23 am
<small>(Name of village/city/borough)</small>	<small>Date & time</small>
Reported By: <u>Janele Menedelook</u>	tribal coordinator
<small>(Name)</small>	<small>Title</small>
Area(s) affected <u>seawall property damage</u> <u>beach erosion</u>	
Type of Disaster/Emergency <u>Flood, erosion</u>	
<small>(e.g., flood, fire, windstorm, earthquake, landslide)</small>	
Casualties	
<small>(Insert appropriate numbers into the space provided)</small>	
A. Deceased	<u>0</u>
B. Injured	<u>0</u>
C. Endangered	<u>0</u>
D. Missing	<u>0</u>
E. Require medical help	<u>1</u> 8
F. Trapped/isolated	<u>0</u>
Evacuation and Sheltering	
<small>(Insert appropriate numbers into the space provided)</small>	
A. Total population sheltered	<u>278</u>
B. Total # shelters open <u>(homes)</u>	<u>23</u>
C. Homes evacuated	<u>30</u>
D. # sheltered overnight	<u>105</u>
Damage to Private Property	
INDIVIDUALS	
A. Homes and Dwellings	<u>7</u>
B. Boats	<u>1</u>
C. Vehicles/Four Wheelers	_____
D. Private Property	_____
TRADITIONAL/CULTURAL	
G. Boats and/or motors	8
H. Subsistence equipment (Fishing Nets/Wheels)	<u>3/6</u>
I. Fish Camps/Drying Racks	_____
J. Berry-picking areas	_____
K. Cemetery	_____
L. Meeting Halls	_____
BUSINESS/COMMERCIAL	
E. Rentals/Apartments	_____
F. Businesses/Stores	_____

pulleys/
bouys

This report of actual or expected damage should be used to request specific support from the SEOC. It will also save valuable time if the person reporting this information is an ELECTED OFFICIAL with the authority to request assistance