

# SITUATION REPORT (SITREP)



ENVIRONMENT PROTECTION AUTHORITY

<b>Incident Name</b>		<b>Ref No.</b>	
<b>Section:</b>	<input type="checkbox"/> Incident Management Team (IMT)	<input type="checkbox"/> Forward Operating Base (FOB)	

<b>SITREP NUMBER</b>		<b>NEXT SITREP DUE</b>		<b>Final SITREP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Priority</b>	<input type="checkbox"/> Urgent	<input type="checkbox"/> Immediate	<input type="checkbox"/> Standard		
<b>Date</b>		<b>Time (24hr)</b>			

<b>POLREP Reference</b>					
<b>Name of Source Vessel/Facility</b>	<b>Name:</b>				
	<b>Type:</b>				
	<b>Year of Build:</b>				
	<b>Fuel:</b>				
<b>Location of Vessel</b>	<b>Latitude</b>		<b>Longitude</b>		
	<b>Geographic</b>				

<b>Weather</b> <i>(Overall weather conditions at site)</i>	
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**COMMENTS** *(Please note changes are presented in Italics)*

**Situation**

**Current Strategies**

<b>Planned Action</b>
<b>Other Information</b>

<b>SITREP Prepared By</b>	
<b>Name</b>	
<b>Agency</b>	
<b>Role</b>	
<b>Number of Pages Attached</b>	

ANY ATTACHMENTS