City of Santa Monica
Daily Shelter Activity Report
Report due into City EOC by 8:00 A.M. each day

Shelter Site: _____ Date:_____

To: City of Santa Monica

From:_____

Shelter Capacity	Overnight Capacity	Breakfast	Lunch	Dinner

Report Period:_____ Shelter Phone:_____

	Day Shift	Evening Shift
Shelter Manager	_____	_____
Asst. Shelter Manager	_____	_____
Nurse	_____	_____
Workers	_____	_____

Narrative (Day Shift)

Narrative (Evening Shift)

Supplies Needed:

Immediate	Future

Additional Comments: