



Instructions for Completing EOC Forms

Position Log

Please refer to the following guide when filling out a Position Log. Each item in the *Field* column corresponds to a specific field on the Position Log. The *Instructions* column provides information on what goes in each field and the *Example* column provides an example of a correct field entry.

Field	Instructions	Example
Incident/Event Name:	Enter the name of the incident or emergency event.	<i>Spider Creek Flood</i>
Section/Function:	Enter the name of the EOC section or function for which the log is being used.	<i>Planning Section</i>
Position:	Enter the specific EOC position(s) that are using the log.	<i>Planning Section Chief</i>
Date column	Enter in the date for each log entry.	<i>13 Dec 2010</i>
Time column	Using the 24 hour clock, enter in the time that each log entry was made.	<i>0831</i>
To/From column	Enter the name/title of the individual to whom the action, decision or enquiry is being directed, or from whom the action, decision or enquiry originated.	[Enquiry] <i>From: Jane Smith/Info Officer</i> [Action] <i>To: Fred Jones/Ops Chief</i>
Action/Decision/Enquiry column	In a concise and factual way, describe the action, decision, enquiry, observations or other activity that were being made. Use black or blue ink. Initial entries if more than one position is using the log. If errors are made put a single lines through the error and continue.	<i>Request #A001 for 10,000 sand bags forwarded to Logistics.</i>
Follow-up Required column	Highlight key follow-up actions (if any) that are needed to complete/close the log entry.	<i>Advise Incident Commander that sand bags have been ordered</i>
Page	Pre-enter the page numbers in the bottom right corner to ensure proper sequencing of pages in the log.	<i>1</i>
Working Notes (page 2)	This area has been left for working/rough notes related to log entries.	<i>500 sandbags per bundle, 10 bundles per pallet = 2 pallets for 10,000 sandbags.</i>

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Instructions for Completing EOC Forms

Incident Report

Please refer to the following guide when filling out an Incident Report. Each item in the *Field* column corresponds to a specific field on the Incident Report. The *Instructions* column provides information on what goes in each field and the *Example* column provides an example of a correct field entry.

Field	Instructions	Example
Original Report or Incident Update:	Put a check mark in the correct box to indicate whether this is the first report or an update to a previously-reported incident.	<input checked="" type="checkbox"/>
Update #:	Enter incident update numbers sequentially, starting with the first update as #1. Enter N/A for original incident reports.	2
Date of Incident or Update:	Enter the date the incident took place, or for updates enter the date of the incident update.	13 Dec 2010
Time of Incident or Update:	Enter the time the incident took place or for updates enter the time of the incident update. Use 24 hour clock.	1300
Tracking No.	Enter in the tracking number for the incident (often provided by your organization, local authority, or provincial authority).	10-1234
Reported By:	Name: Enter the name of the individual who provided the report or update on the incident. Dept/Agency: Enter the name of the department or agency with which the individual who reported on the incident is associated. Contact Number: Enter the phone number/email of the individual who is reporting the incident/update.	Ron Smith ABC Fire Department 250-555-5555 and/or rsmith@abcfire.ca

Critical Information

Field	Instructions	Example
Incident Type:	Enter the type of incident that occurred.	Interface Fire
Location/Site Name:	If the location or site of the incident has a specific name, enter it here. If not, enter N/A.	Reeves Street Park
Incident Name:	Enter in the name given to this incident. If no name has been issued, create one using a geographical and hazard reference.	Reeves Park Interface Fire



Incident Status:	Put a check mark in the box beside the word that best describes the current status of the incident (Major Assistance Required, Assistance Required, Under Control, Resolved, Unknown, Closed).	<input checked="" type="checkbox"/>
Incident Prognosis:	Put a check mark in the box beside the word that best describes the prognosis of the incident (Worsening, Improving, Stable, Unknown).	<input checked="" type="checkbox"/>
Lead Agency:	Enter the name of the agency that is currently in charge of the incident at the site level.	<i>ABC Fire Department</i>
Related Event:	As applicable, enter the name of any larger event that this incident may be related to. Enter N/A if there is no other related event.	<i>Mt. George South Interface Fire</i>
Severity:	Put a check mark in the box beside the word that best describes the current severity of the incident (Major, Moderate, Unknown, Minor).	<input checked="" type="checkbox"/>
Initial Situation Summary/Nature of Update:	Using brief and concise sentences or point form provide a summary of what has happened to this point or for an update, what has happened since the last report/update.	<i>Fire is 35 hectares in size and not contained. Winds from the north are moving the fire towards a residential sub-division. Gusting winds are predicted for this evening. Some residents are voluntarily evacuating. Local fire and forestry crews are on site. Fire-fighting efforts are focused on protection of residential structures.</i>
Anticipated Actions/Support Required:	In point form, outline anticipated actions of site responders and/or anticipated support that site responders require. List high-level items only and follow-up requests for resources using a Resource Request form.	<ul style="list-style-type: none"> - <i>Requesting additional fire crews to assist with containment efforts.</i> - <i>Will continue with defensive actions until requested crews arrive.</i>

Location

Field	Instructions	Example
Location/Site Name:	If the location or site of the incident has a specific name, enter it here. If not, enter N/A.	<i>Reeves Street Park</i>
Street Address:	If incident has occurred at a specific street address, enter it here.	<i>11025 Reeves Road</i>



City, Province:	Enter the city and province where the incident has occurred.	<i>Hazardville, BC</i>
Intersection Street 1:	If the incident location can be better described by a street intersection, enter the 1 st street name here. If a street address has been identified, this field may not be necessary.	<i>Hwy 97</i>
Intersection Street 2:	If the incident location can be better described by a street intersection, enter the 2 nd street name here. If a street address has been identified, this field may not be necessary.	<i>Reeves Road</i>

Casualties and Infrastructure

Field	Instructions	Example								
Fatalities, Injuries & Evacuees	Enter the number of people confirmed and/or estimated as deceased. Enter the number of people injured; confirmed and/or estimated. Enter the number of people displaced/evacuated from their homes related to this event; confirmed and/or estimated.	<table border="1"> <thead> <tr> <th>Confirmed</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td><i>2</i></td> <td><i>0</i></td> </tr> <tr> <td><i>0</i></td> <td><i>0</i></td> </tr> <tr> <td><i>0</i></td> <td><i>500</i></td> </tr> </tbody> </table>	Confirmed	Estimated	<i>2</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>500</i>
Confirmed	Estimated									
<i>2</i>	<i>0</i>									
<i>0</i>	<i>0</i>									
<i>0</i>	<i>500</i>									
Building, Utility and Road Damage	Check the box that best describes the current level of damage to buildings, utilities and roads (Heavy, Moderate, Light, None). Details can be provided in the Initial Situation Summary/Nature of Update field as necessary.	<input checked="" type="checkbox"/>								

Other

Field	Instructions	Example
Supporting Agencies:	List the names of each assisting or supporting agency currently working with the site level, along with a contact name and phone number.	<i>BC Hydro, Jeff Dealy (555-555-5555)</i> <i>Min of Forests, Janice Chan (555-555-5555)</i>
ICP Established:	Check the box beside Yes or No to indicate whether an Incident Command Post has been established.	<input checked="" type="checkbox"/>
ICP Location:	Enter location of the Incident Command Post (intersection, address, landmark).	<i>Hwy 97 and Frontage Road, NW corner of intersection</i>



Field	Instructions	Example
Completed by:	<p>Name: Enter the name of the person receiving the incident report/update and completing this form.</p> <p>Function/Title: Enter the position title or function of the person completing this form.</p> <p>Date & Time: Enter the date and time that this form was completed. Use 24 hour clock.</p>	<p><i>John Taylor</i></p> <p><i>Operations Section Chief</i></p> <p><i>13 Dec 2010 - 1520 hrs</i></p>
Logged/Entered:	When applicable, check the box once the report has been entered/recorded on a electronic tracking system or display.	<input checked="" type="checkbox"/>
Distribution:	Check boxes beside each function receiving the report (Operations, Planning, EOC Director). Next to Other, enter the name of any additional functions/agencies on the distribution for this report.	<input checked="" type="checkbox"/> Other: <i>BC Hydro Liaison Officer</i>



Instructions for Completing EOC Forms

Status Report

Please refer to the following guide when filling out a Status Report. Each item in the *Field* column corresponds to a specific field on the Status Report. The *Instructions* column provides information on what goes in each field and the *Example* column provides an example of a correct field entry.

Field	Instructions	Example
Incident/Event Name:	Enter the name of the incident/event.	Mt. George Interface Fire
Section/Function Reporting:	Enter the name of the section or function that is reporting.	Logistics Section
Date:	Enter the date the Status Report is completed.	15 Jul 2010
Time:	Enter the time at which the information is current – most likely when you finish completing the form.	0930
Tracking No.	Enter in the tracking number for the incident (often provided by your organization, local authority, or provincial authority).	10-1234
Prepared By: - Name - Dept/Agency - Contact Number	- In the <i>Name</i> field, enter the name of the person completing the report - In the <i>Dept/Agency</i> field, enter the name of the department or agency with which you are associated <u>or</u> your position title in the EOC. - In the <i>Contact Number</i> field, enter the phone number of the person completing the form.	Nick Smith Log Section Chief 555-656-6555
Current Situation:	Concisely and in point form, describe what is currently happening in terms of your section/function/element's area of responsibility.	- Requested six helicopters to support fire efforts – waiting for reply. - Requested additional fire crews to support the Williams Lake site. Confirmed to arrive at



		<p>ICP December 16 at 0600.</p> <ul style="list-style-type: none"> - Liaising with Operations Section to assess logistical needs.
<p>Outstanding Issues/Challenges:</p>	<p>Concisely and in point form, outline the issues and challenges for the current operational period that still need to be resolved. Typically, these are outstanding items that will be resolved during this operational period.</p>	<ul style="list-style-type: none"> - Reply not yet received regarding helicopters - New computer printer for EOC still needs to be configured on 50% of EOC computers.
<p>Anticipated Priorities/Activities:</p>	<p>Concisely and in point form, outline the priorities of your section or function over the next operational period.</p>	<ul style="list-style-type: none"> - Reassess logistical needs with Operations Section - Confirm EOC staffing needs for next 48 hours
<p>Other Comments/Issues:</p>	<p>Concisely and in point form, outline any other comments or issues (media, safety, public information, etc.) that need to be reviewed .</p>	<ul style="list-style-type: none"> - All Section Chiefs and supervisors are reminded to monitor personnel to ensure compliance with required rest periods and shifts.
<p>Distribution:</p>	<p>Indicate to whom you are distributing this Status Report by placing a check mark in the box beside <i>Section/Function Members</i>, <i>Planning</i> and/or <i>EOCD</i> (EOC Director). If you are distributing the report to others, indicate to whom in the space next to <i>Other</i>.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Section/Function Members <input checked="" type="checkbox"/> Planning <input checked="" type="checkbox"/> EOCD Other _____



Instructions for Completing EOC Forms

Action Plan

Please refer to the following guide when filling out an Action Plan. Each item in the *Field* column corresponds to a specific field on the Action Plan. The *Instructions* column provides information on what goes in each field and the *Example* column provides an example of a correct field entry.

Field	Instructions	Example
Incident/Event Name:	Enter name of the incident or event.	Mt. George Interface Fire
Jurisdiction/Agency:	Enter name of the jurisdiction (municipality) or agency for which the Action Plan is being written.	Fort George Regional District
Date Prepared:	Enter date the Action Plan form was completed.	22 Aug 2010
Time Prepared:	Enter time the Action Plan form was completed. Use 24 hour clock.	0930
Tracking No.:	Enter in the tracking number for the incident (often provided by your organization, local authority, or provincial authority).	10-5678
Prepared for Operational Period No.:	<ul style="list-style-type: none"> - In the first box, enter in the number indicating for which operational period the Action Plan is being prepared. - In the <i>Start Date/Time</i> box, enter the date and time that the operation period begins. - In the <i>End Date/Time</i> box, enter the date and time that the operational period ends. 	2 23 Aug 2010 – 0800 23 Aug 2010 – 2000
Objectives/Priorities:	In the numbered boxes below <i>Objectives/Priorities</i> , enter the high-level activities that are necessary to complete during the operational period indicated on this form. You are not limited to six objectives, less can be used or more can be added.	1. Support establishment of Reception Centre to receive evacuees. 2. Conduct news briefing with local media.
Related Tasks	Under each objective, list the tasks that must be completed in order to meet the objective. You are not limited to three tasks, less can be used or more can be added.	1a) secure/confirm facility to set-up Reception Centre 1b) call-out training Reception Centre personnel.



		2a) book facility to house media briefing. 2b) prepare speaking notes for official spokesperson.
Responsible	Following the task, identify what function/element is responsible for ensuring the task is completed.	1a) Logistics Facilities Unit 1b) ESS Branch Coord, Ops Section
Recommended by:	Obtain signature of the senior EOC person responsible for submitting the Action Plan to the EOC Director. This is usually, the Planning Section Chief.	<i>Nicole Taylor</i>
Approved by	Once the action plan has been reviewed and agreed upon by the EOC Management Team, the EOC Director will approve the plan by signing in this field.	<i>Helen Chan</i>
Distribution	Indicate to whom you are distributing this Action Plan by placing a check mark in the box beside <i>Mgmt Team</i> (Management Team), <i>Planning</i> , <i>EOCD</i> (EOC Director), and/or <i>EOC Personnel</i> . If you are distributing the report to others, indicate to whom in the space next to <i>Other</i> .	<input checked="" type="checkbox"/> Mgmt Team <input checked="" type="checkbox"/> Planning <input checked="" type="checkbox"/> EOCD <input checked="" type="checkbox"/> EOC Personnel Others _____



Instructions for Completing EOC Forms

Situation Report – Part 1: Summary

Please refer to the following guide when filling out a Situation Report. Each item in the *Field* column corresponds to a specific field on the Situation Report. The *Instructions* column provides information on what goes in each field and the *Example* column provides an example of a correct field entry.

Note: The following instructions apply only to *Part 1- Summary* of the Situation Report. The details for *Part 2* should be customized by each organization, based on the type of emergencies normally encountered, and on organizational needs.

Field	Instructions	Example
Jurisdiction/Agency:	Enter name of the jurisdiction (municipality) or agency for which the Situation Report is being written.	Fort George Regional District
City, Province:	Enter the names of the city and province where the incident took place.	Hazardville, BC
Date of Report:	Enter the date that the information in the Situation Report applies to.	12 Aug 2010
Time of Report	Enter the time that the information in the Situation Report last relates to. Use 24 hour clock.	0930
Report Number:	Enter the sequential version number of the Situation Report. More than one may be completed. The first report is Report # 1. - Check the box next to Final Report ONLY if this is the final Situation Report.	2 <input checked="" type="checkbox"/> Final Report

Primary Contact Information

Field	Instructions	Example
Name:	Enter name of person to contact for clarification or additional information, this is usually the EOC's Liaison Officer.	Duane LaPierre
Function/Title:	Enter the name of the contact person's function or position title.	Liaison Officer
Phone:	Enter contact person's phone number.	555-555-5555
Satellite/Other Phone:	Enter satellite or other phone number for contact person, if applicable.	444-444-4444
Email:	Enter the contact person's or functions	eocio@eoccity.ca



	email address.	
Frequency/Call Sign:	Enter the radio frequency and call sign for the EOC/contact person, as applicable. If the reporting EOC has an Amateur Radio Station, the contact information would go here. Commercial frequency information may also be provided.	145.120 Mhz VE7PLR

Site-Support Facility

Field	Instructions	Example
EOC/ECC Activated:	Check the Yes box if your Emergency Operations Centre (EOC) or Emergency Coordination Centre (ECC) has been activated. Check the No box if it has not been activated.	<input checked="" type="checkbox"/> Yes
Activation Level:	Check the box next to level to which you have activated your EOC/ECC (Level 1 – small, 2 - large or 3 – major event).	<input checked="" type="checkbox"/> Level 2
Hours of Operation:	Enter the daily opening and closing times for your EOC. If open 24 hours per day specify “24 hrs”.	0800 – 2000

General Incident/Event Information

Field	Instructions	Example
Event Name:	Enter name of the incident/event.	Mt. George Interface Fire
Tracking No.:	Enter in the tracking number for the incident (often provided by your organization, local authority, or provincial authority).	10-5678
Overall Status:	Put a check mark in box next to the word that most accurately describe the current status of the incident. Only check one box: <ul style="list-style-type: none"> - Major Assistance Required - Assistance Required - Under Control - Resolved - Unknown - Closed 	<input checked="" type="checkbox"/> Assistance Required
Incident Prognosis:	Put a check mark in the box next to the word that most accurately describe the immediate prognosis of the incident. Only check one box: <ul style="list-style-type: none"> - Worsening 	<input checked="" type="checkbox"/> Worsening



	<ul style="list-style-type: none"> - Stable - Improving - Unknown 	
Overall Severity:	<p>Put a check mark in the box next to the word that most accurately describe the overall severity of the event. Only check one box.</p> <ul style="list-style-type: none"> - Major - Moderate - Minor - Unknown 	<input checked="" type="checkbox"/> Moderate

Initial Situation Summary

Field	Instructions	Example
Initial Situation Summary:	Provide a brief summary of what has happened or changed since the last Situation Report. Bold any new information.	Fire is still estimated at 100 hectares. Winds have changed to the south, pushing the fire towards the Mt. Adams subdivision. An evacuation order has been issued for Mt Adams subdivision. A second reception centre is being set-up at the Southville Arena.
Current Objectives/Priorities:	In point form, concisely list the current objectives/priorities for the incident/event. This should be similar to the current EOC Action Plan.	<ul style="list-style-type: none"> - Coordinate the evacuation of Mt. Adams subdivision - Coordinate the establishment of a Reception Centre at Southville Arena. - Conduct media briefing for release of evacuation information.
Future Objectives/Priorities:	In point form, concisely list incident/event objectives and priorities for the near future. This can come from the upcoming Action Plan if it has been developed.	<ul style="list-style-type: none"> - Support the establishment of security measures for the evacuated areas. - Activate the Recovery Unit in Planning to plan for longer term community needs.



<p>Concerns/Problems:</p>	<p>In point form, concisely list any concerns or issues that are pressing for the EOC.</p>	<ul style="list-style-type: none"> - Evacuation of livestock may become an issue - Large number of tourists currently in the area.
<p>Prepared by:</p> <ul style="list-style-type: none"> - Name - Function/Title - Date & Time 	<p>In the <i>Name</i> field, enter name of person preparing report.</p> <p>In the <i>Function/Title</i> field, enter function/title of person preparing report</p> <p>In the <i>Date & Time</i> field, enter date and time report was completed. This may be different than the Date/Time of Report field as it may take hours to pull the full report together.</p>	<p>John Taylor</p> <p>Situation Unit Coordinator</p> <p>12 Aug 2010 - 1130</p>
<p>Approved by:</p> <ul style="list-style-type: none"> - Planning Chief - EOC Director - Date & Time 	<p>In the <i>Planning Chief</i> field: Obtain approval and signature of Planning Chief before forwarding to EOC Director.</p> <p>In the EOC Director field, obtain approval and signature of EOC Director following review by Planning Chief.</p>	<p><i>Duane LaPierre</i></p> <p><i>Jay Smith</i></p>
<p>Distribution:</p>	<p>Indicate distribution of this Situation Report by placing a check mark in the appropriate boxes and/or entering additional recipients beside <i>Other</i>.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Planning <input checked="" type="checkbox"/> EOCD



Instructions for Completing EOC Forms

Resource Request

Please refer to the following guide when filling out a Resource Request form. Each item in the *Field* column corresponds to a specific field on the Resource Request form. The *Instructions* column provides information on what goes in each field and the *Example* column provides an example of a correct field entry.

Field	Instructions	Example
Date of Request:	Enter in the date that you received the resource request.	14 Dec 2010
Time of Request:	Enter in the time that you received the resource request.	2200
Request No.	Create a unique sequential number for each resource request. Recommend the use of pre-numbering forms.	A0012
Priority:	Indicate the level of priority for the resource request by placing a check mark in the appropriate box. This information should come from the requester. High – emergency/life-safety demands related to request Medium – request has significant time sensitive priority. Specify details in <i>When Required</i> field. Low - Routine priority. Request handled in the order they are received.	<input checked="" type="checkbox"/> Medium (Priority)
Tracking No.	Enter in the tracking number for the incident (often provided by your organization, local authority, or provincial authority).	10-5678
Requested by: - Name - Dept/Agency/ Function - Contact Number	In the <i>Name</i> field, enter name of person requesting resource(s). In the <i>Dept/Agency/Function</i> field, enter dept/agency/function of person requesting the resource(s). In the <i>Contact Number</i> field, enter the phone number of the person requesting.	Ron Smith Public Works 555-566-5665



What is Being Requested?

Field	Instructions	Example
Resource Type/Kind:	Enter the resource <i>kind</i> (what the resource is. e.g., boat, helicopter) and <i>type</i> (as per resource typing tables or specify details/capacity required) that is being requested.	Excavator, type 2
Quantity:	Enter number of resource(s) required.	2
Units of Measure:	Enter measure of unit used for the <i>Quantity</i> field. (e.g., per, each, case, flat, dozen, gross...)	each
When Required:	If there is a specific time for delivery or availability of the resource, enter it in this field.	18 Aug 2010 - 0700
Mission (Purpose for Resource):	Indicate how you intend to use the resource. This information will help Logistics source alternatives, if the initial resource is not available.	To shore up river banks
Resource must come with:	Place a check mark in the appropriate box(s) or indicate under <i>Other</i> if there are additional associated resources required (e.g., qualified operator for the requested excavator; fire crew to come with their own food and gear).	<input checked="" type="checkbox"/> Fuel <input checked="" type="checkbox"/> Operator(s) <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Other: _____
Special Instructions:	Enter special instructions regarding the request, or delivery of the requested item (e.g., safety message, ingress/egress routes).	Hwy 9A is closed, use detour via Lancaster to access Staging Area

Forward Request to:

The resource request may be forwarded to an organization, agency, vendor or individual who will ultimately be supplying the resources (the resource supplier). This area is usually completed by the person making the final commitment with the resource supplier. It would not be filled out if a request was just moving from Ops to Logistics within the EOC.

Field	Instructions	Example
Contact Name/Position:	Enter the contact name and position of the individual associated with the resource supplier.	John Smith
Organization/Agency /Vendor:	If the Resource Request has been forwarded to an Organization/ Agency/Vendor (resource supplier), enter the organization/business name here.	Joe's Backhoe Service



Contact Number:	Enter the phone number/email for the person identified in the <i>Contact Name/Position</i> field above.	567-890-1234
Estimated Cost:	Enter the estimated cost of the resource, as indicated by the supplier (organization, agency or vendor).	\$3,000/day
Actions Taken:	Indicate arrangements made with the supplier (e.g., purchase order issued, delivery instructions provided to vendor).	PO #83840

Delivery/Assigned Location:

Field	Instructions	Example
Location/Site Name:	If the delivery site has a specific name, enter it here.	Maple Hill Staging Area.
Street Address:	Enter street address of delivery location, if applicable.	1248 Lancaster Street
City, Province:	Enter city & province of delivery location.	Hazardville, BC
Report To:	Enter name and title of individual who will receive delivery of the requested resource.	Janet Plough, Facilities Manager
Contact Number:	Enter telephone number(s) of individual who will receive delivery.	555-566-1243
Intersection Street 1	Where necessary or applicable, enter the name of the first intersecting streets where the resource is to be delivered.	Lancaster Street
Intersection Street 2	Where necessary or applicable, enter the name of the second intersecting street where the resource is to be delivered.	Main Street
Completed By:	In the <i>Name</i> field, enter name of the person filling out this form. In the <i>Function/Title</i> field, enter function/title of person filling out this form. In the <i>Date & Time</i> field, enter date and time when this request was first recorded.	Linda Evans Logistics Chief 18 Aug 2010
Entered	Check the box beside <i>Entered</i> once the form has been entered into your tracking system.	Entered <input checked="" type="checkbox"/>



Financial Approval

Field	Instructions	Example
Spending Authority: - Name - Function/Title - Signature	In the <i>Name</i> field, enter the name of the person with authority to commit to this request. In the <i>Function/Title</i> field, enter function/title of person authorizing this request. In the <i>Signature</i> field, have the spending authority sign.	Roger Clemens EOC Director <i>Roger Clemens</i>
Distribution:	Indicate to whom you are distributing this Resource Request by placing a check mark in the appropriate boxes and/or entering additional recipients beside <i>Other</i> .	<input checked="" type="checkbox"/> Operations <input checked="" type="checkbox"/> Planning <input checked="" type="checkbox"/> Logistics <input checked="" type="checkbox"/> Finance Other _____