



Southern Baptist Disaster Relief Daily Unit Report Form



Unit # _____

Unit Name _____

Date _____ Deployment Location _____

Unit Leader Name & Cell # _____

Reporting Individual's Name & Cell Phone (if someone other than Unit Leader is reporting):

VOLUNTEER COUNT

- a. _____ Total number of DR team members onsite today
- b. _____ Number of local community volunteers (SUVs) who worked today with your unit
- _____ **Total volunteers who worked today** (Add lines a and b)
- _____ Number of hours the team worked

EVANGELISTIC/MINISTRY OPPORTUNITIES

- a. _____ Number of Bibles distributed
- b. _____ Number of chaplaincy contacts
(prayer, spiritual discussion, encouragement conversation, giving of tract or Bible, etc. by a chaplain)
- c. _____ Number of ministry contacts
(same as above, by any team member not a chaplain)
- d. _____ Number of gospel presentations
- e. _____ Number of salvation decisions
- f. _____ Number of other decisions

Share a story:

STAFF MEETINGS AND DEBRIEFINGS

Morning Meeting/Devotion _____ Yes _____ No

Evening Meeting/Devotion _____ Yes _____ No

ASSESSMENT REPORT

_____ Number of Assessments completed today

CHILDREN'S RESPONSE REPORT

_____ Total number of children served today

_____ # of families served today

PLEASE COMPLETE NEXT PAGE!

CLEANUP AND RECOVERY REPORT

Chainsaw:

Number of jobs completed today: _____

Heavy Equipment Hours: _____

Flood Recovery (Mud-Out)

Number of structures where you did tear-out: removal of debris, walls, floors, furniture, etc. on flooded properties)-

Tear-outs completed today: _____

Pressure Wash (*Number of structures pressure washed today*): _____

Mold Remediation (*Number of structures treated for mold*): _____

Heavy Equipment Hours: _____

Temporary Roofing (*Number of structures where you placed a tarp*): _____

Repair jobs (*report complete repair jobs only*): _____

Premixed Shockwave (*# of gallons given to homeowners*): _____

COMMUNICATIONS REPORT:

Messages handled: _____

FEEDING REPORT

Check all that apply at this site:

____ Supporting Feeding Operation: ____ Red Cross ____ The Salvation Army ____ Other

____ Feeding Volunteers

Provide numbers:

_____ Breakfast _____ Lunch _____ Dinner _____ **Total Meals**

Feeding Line? ____ Yes ____ No

(Are you handing out meals to the community onsite? Only answer yes if community members are coming to the site to pick up meals.)

SHOWER/LAUNDRY REPORT

a. _____ Total number of showers

b. _____ Total number of laundry loads

ILLNESSES, ACCIDENTS, PROBLEMS, SUGGESTIONS, OR CONCERNS

- If illness or injury, give name of person and nature of problem and file an incident report.
- If an equipment problem, give name and nature of problem.
