

Section 7

Forms

Forms

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ACTION PLAN		DISTRICT/SCHOOL:	
FOR OPERATIONAL PERIOD:		PREPARED:	
FROM: <i>Date</i>	TO: <i>Date</i>	<i>Date</i>	
<i>Time</i>	<i>Time</i>	<i>Time</i>	
GENERAL OBJECTIVES			
OBJECTIVES should be stated in measurable terms to allow for evaluation of progress.			
Each TASK assigned to Sections should address a specific OBJECTIVE.			
WEATHER FORECAST FOR OPERATIONAL PERIOD			
SAFETY MESSAGE			
ATTACHMENTS (✓ IF ATTACHED)			
<input type="checkbox"/> Current Situation Report	<input type="checkbox"/> Task Assignments	<input type="checkbox"/> Traffic/Staging Area Map	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
PREPARED BY (Planning Section Chief):		Approved by (EOC Director/IC):	
Date and Time:		Date and Time:	

EOC STAFFING LIST		DISTRICT/SCHOOL:
FOR OPERATIONAL PERIOD:		PREPARED: <i>Date</i> <i>Time</i>
FROM: <i>Date</i>	TO: <i>Date</i>	
<i>Time</i>	<i>Time</i>	
MANAGEMENT SECTION	OPERATIONS SECTION	
Incident Commander	Operations Section Chief	
District Incident Commander	Assembly/Shelter Coordinator	
Public Information Officer	Reunification Coordinator	
Liaison Officer	First Aid Coordinator	
Safety Officer	Facilities & Security Coordinator	
Legal	Search and Accountability Coordinator	
	Crisis Intervention Team	
PLANNING & INTEL SECTION	LOGISTICS SECTION	
Planning & Intel Section Chief	Logistics Section Chief	
Documentation Coordinator	Communications Coordinator	
Incident Scribe	Supplies and Staffing Coordinator	
	Transportation Coordinator	
	Others:	
AGENCY REPRESENTATIVES	FINANCE & ADMIN SECTION	
	Administration & Finance Chief	
	Recordkeeping Coordinator	
Approved by:	Prepared by:	
<input type="checkbox"/> If additional space is needed, ✓ box and use reverse side of this sheet		

EOC SECTION TASKS		DISTRICT/SCHOOL:		Part B	
For Op Period from: <i>Date</i>		Time		to: <i>Date</i>	
Time					
PLANNING SECTION			Assigned To:		
LOGISTICS SECTION			Assigned To:		
FINANCE SECTION			Assigned To:		

EOC Management Situation Report (page 1 of 2)

DATE:	TIME:	REPORT NO.	Reporting Period
PREPARED BY:		EVENT:	
EOC Director/IC (Shift _____)			

EOC ACTIVATION/DECLARATIONS/ORDINANCES		
ACTIVATION/DECLARATION/ORDINANCE	SUBJECT MATTER	DATE/TIME
EOC ACTIVATION		
LOCAL EMERGENCY DECLARATION		
BOARD OF SUPERVISORS CONFIRMATION		
COUNTY DECLARATION		
GUBERNATORIAL DECLARATION		
PRESIDENTIAL DECLARATION		
SMALL BUSINESS ADMIN. DECLARATION		
RESOLUTION OR ORDINANCE NO.		
RESOLUTION OR ORDINANCE NO.		

ACTION PLAN OBJECTIVES FOR TOMORROW (EOC DIRECTOR/INCIDENT COMMANDER)

EOC Management Situation Report (page 2 of 2)

SAFETY MESSAGE (SAFETY OFFICER)

LIAISON REPRESENTATIVES FROM OTHER AGENCIES (LIAISON OFFICER)			
ORGANIZATION/AGENCY	NAME	EOC LOCATION	CONTACT NUMBER
Fire Department			
Police Department			
Sheriff Department			
American Red Cross			
State Patrol			
EMS Superintendent			
Transit			
OSPI			
Mental Health			

DISTRIBUTION:

- All Section Chiefs
- All Operations Team Leaders
- All Management Section staff
- Documentation Team
- _____
- _____
- _____

SCHEDULED BRIEFINGS (EOC Director/IC - PLANS CHIEF/PIO)				
BRIEFING TYPE	FREQUENCY	TIME	LOCATION	BRIEFER
Section Chiefs	2/Daily			EOC Director/IC /Plans Chief
Team Leaders	2/Daily			Plans Chief
Media	2/Daily			PIO

SCHEDULED MEETINGS (EOC Director/IC - PLANS CHIEF/PIO)				
MEETING TYPE	FREQUENCY	TIME	LOCATION	FACILITATOR
Planning Meeting	2/Daily			EOC Director/IC /Plans Chief

SECTION ACTIVITY LOG			
SECTION:		LOCATION:	PAGE ____ OF ____ PAGES
SECTION CHIEF/TEAM LEADER:		FROM:	TO:
TIME	INCIDENTS, MESSAGES, NOTES	ACTION TAKEN	INITIA
Completed by:		Position Title:	Date:

SITUATION STATUS REPORT INITIAL

- INITIAL ASSESSMENT -

District/School _____ Team: _____

Completed by _____ Date _____ Time _____

Immediate Assistance Required

_____ None _____ Medical _____ Fire

_____ Search & Rescue _____ Support Personnel _____ Other

Condition of Students

_____ All Accounted For _____ No Injuries _____ No immediate help required

_____ Missing (number)

Names

_____ Trapped in Building: (number)

Names

_____ Injured (number)

_____ Number Requiring Immediate Medical Attention

Type of Injury

Names

_____ Deceased: (number)

Names

SITUATION STATUS REPORT (CONTINUED)

Condition of Staff or Visitors

_____ All Accounted For _____ No Injuries _____ No immediate help required

_____ Missing (number) _____ Names

_____ Trapped in Building (number) _____ Names

_____ Injured (number) _____ Number Requiring Immediate Medical Attention

Type of Injury

Names

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Deceased: (number)

Names

Condition of School Building and Grounds

e.g.: wall cracked, fallen light fixtures, shattered windows, broken water pipes, flooding, etc.

_____	_____
_____	_____
_____	_____

Condition of Neighborhood

e.g.: fallen power lines, debris-cluttered streets, etc.

_____	_____
_____	_____
_____	_____

SITUATION STATUS UPDATE REPORT

District/School _____ Team: _____

Completed by _____ Date _____ Time _____

_____ Number of children remaining at school

_____ Number of Staff or Visitors remaining at school

_____ Number of staff members remaining to care for children

_____ Assistance Required:

_____ water

_____ food

_____ blankets

_____ additional personnel (number) to assist in student care

_____ Other:

STAFF SIGN IN/SIGN OUT LOG

DATE: _____ EVENT: _____

SECTION: _____ TEAM: _____ TEAM LEADER: _____

Time IN	Print Name/SIGNATURE	Time OUT	INITIALS	Destination Upon Check Out and Contact Info
	Print			
	Signature			
	Print			
	Signature			
	Print			
	Signature			
	Print			
	Signature			
	Signature			
	Print			
	Signature			
	Print			
	Signature			
	Print			
	Signature			
	Print			
	Signature			
	Print			
	Signature			

This form is to be filled out as a roster of all team members reporting to a team assignment. Each person is to sign in upon being assigned to a team and sign out when released by the Team Leader. Upon check-out, individuals should list their intended destination (if possible) and contact information in case they need to be reached. The Team Leader is responsible for making sure this form is filled out and is kept current.

STUDENT REQUEST FORM

STEP 1. Fill in one form for each student requested. PLEASE PRINT CLEARLY. LEAVE GREY CELLS BLANK FOR STAFF USE.

STEP 2. Give Request Form and your photo ID to staff at the Request Gate.

STEP 3. Move to the Release Gate. Please leave the campus as soon as you are reunited with the requested student(s).

STUDENT		GRADE	FOR STAFF USE	
DATE/TIME		TEACHER	PHOTO ID VERIFIED BY	
REQUESTED BY			AUTHORIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Print name)			MEDICAL NEEDS	
<i>I assume custody of the student named above as parent, guardian or authorized adult. (circle one)</i>			PHOTO ID VERIFIED 2x BY	
_____ (Signature)			STUDENT STATUS (check one) <input type="checkbox"/> RELEASED <input type="checkbox"/> CUSTODY ISSUES <input type="checkbox"/> ABSENT <input type="checkbox"/> MEDICAL/FIRST AID <input type="checkbox"/> UNACCOUNTED-MISSING	
DESTINATION		PHONE NO.	NOTES	
ARE YOU AUTHORIZED TO PICK UP OTHER STUDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No			TIME RELEASED	

Student Release Log

Student Release Form # _____

Student Name	Date/Time Released	Signature of Parent or Guardian

STAFF TRAINED IN FIRST AID AND CPR

[illegible]

MEDICAL TREATMENT LOG

Date: _____

Patient Name	Time:	Description of Treatment	Triage Category	Initials

TAG

Patient Name:

Filled out by:

IMMEDIATE
Life Threatening

Respirations – Over 30/Minute

Profusion – Over 2 Seconds

Injuries:

TRIAGE TAG

Patient Name:

Filled out by:

MINOR
Walking Wounded

All Walking Wounded are Classified as
Minor.

Injuries:

TRIAGE TAG

Patient Name:

Filled out by:

DELAYED
**Serious, Not Life
Threatening**

Respirations – Under 30/Minute

Profusion – Under 2 Seconds

Injuries:

TRIAGE TAG

Patient Name:

Filled out by:

DEAD
No Respirations

<p>MEDICAL TREATMENT FORM</p> <p>Treatment provided by: _____</p> <p>Time of treatment: _____</p> <p>Describe treatment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Confirm triage category: _____</p> <p><u>UPDATES:</u> _____</p> <p>_____</p>
<p>MEDICAL TREATMENT FORM</p> <p>Treatment provided by: _____</p> <p>Time of treatment: _____</p> <p>Describe treatment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Confirm triage category: _____</p> <p><u>UPDATES:</u> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>MEDICAL TREATMENT FORM</p> <p>Treatment provided by: _____</p> <p>Time of treatment: _____</p> <p>Describe treatment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Confirm triage category: _____</p> <p><u>UPDATES:</u> _____</p> <p>_____</p>
<p>MEDICAL TREATMENT FORM</p> <p>Treatment provided by: _____</p> <p>Time of treatment: _____</p> <p>Describe treatment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Confirm triage category: _____</p> <p><u>UPDATES:</u> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Injury and Missing Person's Report

School: _____ Room Number: _____

Teacher's Name: _____ Date: _____

INJURED		
Name	Type of Injury	Location

Individual Medical Treatment Log

Date: _____

Time: _____

General Information

Name: _____

GENDER: ☐ Male
☐ Female

Address: _____

City: _____ Zip Code: _____ E-Mail: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Student I.D.#: _____

Height: _____ Weight: _____ Blood Pressure: _____ Resting Pulse: _____

Medical Treatment During Incident:

<i>Type of Injury</i>	<i>Treatment Administered</i>	Treatment Administered by:

Medication Administered or Prescribed:

Medication Name	Dosage	Frequency	Side Effects (Known and potential)	Reason for taking

EMERGENCY TIME/SITUATION FORM	
NAME/I.D.#:	
CONTACT INFO:	Home Phone: Cell Phone: Address:
HOURS WORKED:	Arrived at: Departed at: Total Hours Worked:
ICS/VOLUNTEER ROLE:	
DESCRIPTION OF DUTIES:	
PERSONAL EXPENDITURES:	
INJURIES:	
OTHER DETAILS:	

Signature of Staff/Volunteer:

PRINT NAME DATE

SIGNATURE DATE

Authorized by:

PRINT NAME DATE

PRINT NAME DATE

ANY PIECE OF PAPER CAN BE USED TO RELAY MESSAGES – HOWEVER, YOU MUST BE SURE TO IDENTIFY WHEN A MESSAGE IS CONFIDENTIAL

General Message Form

Cut here

CONFIDENTAL Message Form

AFTER ACTION REPORT TEMPLATE

SCHOOL/DISTRICT: _____

DATE(S) OF INCIDENT: _____

SUMMARY OF INCIDENT: _____

MANAGEMENT SECTION SUMMARY:

EOC Director/Incident Commander(s): _____

Summary: _____

PIO(s): _____

Summary: _____

Liaison Officer(s): _____

Summary: _____

Safety Officer(s): _____

Summary: _____

MANAGEMENT SECTION LESSONS LEARNED: _____

OPERATIONS SECTION SUMMARY:

OPERATIONS SECTION CHIEF(s): _____

Summary: _____

Assembly and Shelter Team Leader(s): _____

Summary: _____

Communications Team Leader(s): _____

Summary: _____

Crisis Intervention Team Leader(s): _____

Summary: _____

First Aid Team Leader(s): _____

Summary: _____

Light Search and Rescue Team Leader(s): _____

Summary: _____

Maintenance/Fire/Site Security Team Leader(s): _____

Summary: _____

Student Release/Staff Accounting Team Leader(s): _____

Summary: _____

OPERATIONS SECTION LESSONS LEARNED: _____

LOGISTICS SECTION SUMMARY:

LOGISTICS SECTION CHIEF(s): _____

Summary: _____

Supplies and Staffing Team Leader(s): _____

Summary: _____

Transportation Team Leader(s): _____

Summary: _____

LOGISTICS SECTION LESSONS LEARNED: _____

PLANNING/INTELLIGENCE SECTION SUMMARY:

PLANNING/INTELLIGENCE SECTION CHIEF(s): _____

Summary: _____

Documentation Team Leader(s): _____

Summary: _____

Situation Status Team Leader(s): _____

Summary: _____

PLANNING/INTELLIGENCE SECTION LESSONS LEARNED: _____

FINANCE/ADMINISTRATION SECTION SUMMARY:

FINANCE/ADMINISTRATION SECTION CHIEF(s): _____

Summary: _____

Recordkeeping Team Leader(s): _____

Summary: _____

FINANCE/ADMINISTRATION SECTION LESSONS LEARNED: _____

POSITIVE RESULTS: _____

ITEMS FOR CORRECTION/IMPROVEMENT: _____

Estimated date for completion of corrections/improvements: _____

COMMENTS: _____

Signature of EOC Director/Incident Commander Date _____

Signature of Planning/Intelligence Chief Date _____

Emergency Supplies Inventory

Food and Water

Suggested quantities are for 100 people for a period of 72 hours.

<i>Food</i> <u>Item</u>	<u>Recommended Quantity</u>	<u>Quantity on</u> <u>Hand</u>
Raisins - boxed and dated	20 lbs.	_____
Large potatoes - canned and dated	60 cans	_____
Large soups - dated	60 cans	_____
Stewed tomatoes - dated	20 cans	_____
Large canned beans - dated	20 cans	_____
Large mixed fruit or fruit - dated	60 cans	_____
Large peanut butter	20 tubs	_____
Crackers	2 cases	_____
Canned fruit juice	2 cases	_____
Sugar cubes	4 boxes	_____

Note: Military rations (MREs) may be substituted for the above items in order to maximize shelf life and storage space.

<i>Water</i> <u>Item</u>	<u>Recommended Quantity</u>	<u>Quantity on</u> <u>Hand</u>
Drinking water – based on 2 quarts per person-per day	150 gallons	_____

Note: Commercially packaged water (Aqua Blocks or bottled water) may be substituted for the above item in order to maximize shelf life and storage space.

Emergency Supplies

ASSEMBLY/SHELTER

Suggested quantities are for 100 people for a period of 72 hours.

<u>Item</u>	<u>Recommended Quantity</u>	<u>Quantity on Hand</u>
Blankets	100	_____
Large battery operated radio with batteries or hand crank radio	1	_____
Heavy duty flashlights with spare batteries and bulbs or hand crank flashlights	4	_____
Whistles (for communicating with staff and students)	4	_____
Clipboards	4	_____
Ink pens	6	_____
Medium garbage bags	4 packages (40 count)	_____
Large 3-ply garbage bags	4 packages (20 count)	_____
Plastic buckets - 5 gallon	6	_____
Pads of paper	4	_____
Scotch tape	4 rolls	_____
Bed sheet strips (to be used as optional bandages)	4	_____
Plastic cups	6 packages (100 count)	_____
Paper plates	6 packages (100 count)	_____
Plastic spoons, knives and forks	6 packages (100 count)	_____
Can openers - manual	5	_____
Portable toilet kit	2	_____
Activities or games for children	5	_____

Emergency***FIRST AID, Cont'd***

<u>Item</u>	<u>Recommended Quantity</u>	<u>Quantity on Hand</u>
First Aid Handbook (current, Red Cross)	1	_____
Alcohol	4 bottles	_____
Alcohol prep	4 boxes - 100 count	_____
Aluminum foil - 18 inches wide	4 rolls	_____
Antibiotic solution (Betadine)	4 bottles	_____
Aromatic spirits of ammonia	4 boxes - 10 count	_____
Band-Aids - assorted sizes	8 boxes	_____
Bandage - ACE wrap, Kerlix, Kling, or other conforming bandage of several widths - 2, 3, 4, 6 inch)	4 boxes each	_____
Bandage scissors - blunt nose type	9 pairs	_____
Bandage, triangular - 36 x 40 x 55 inch	30	_____
Basin, emesis - disposable	10	_____
Blankets - space or disposable	150	_____
Blood pressure cuff with manometer	6	_____
Burn sheets - sterile, disposable	4 packages	_____
Cervical collar - small, medium & large	4 each	_____
Cotton balls - unsterile	4 large packages	_____
Disinfectant - hand washing	4 gallons	_____
Dressings - 2x2's, 3x3's & 4x4's sterile	4 boxes each	_____
Dressings - 5x9's & 8x10's sterile	4 boxes each	_____
Dressings - eye pad, oval sterile	15 boxes	_____
Dressings - gauze 3x36 inch sterile	4 boxes	_____
Ipecac	4 bottles	_____
Kleenex	10 boxes	_____
Marking pens - skin	6	_____
Needles - for removing splinters & glass	4 packages	_____
Note pads	20	_____

<u>Item</u>	<u>Recommended Quantity</u>	<u>Quantity on Hand</u>
Pack - cold Temp-Aid	1 case	_____
Paper cups	4 boxes	_____
Pack - hot Temp-aid	1 case	_____
Paper bags	4 boxes	_____
Paper towels	4 cases	_____
Pencils or ball point pens	4 packages	_____
Petroleum jelly	4 large jars	_____
Pitcher or jar with cover - can be used as a measuring device	4 one quart size	_____
Q-tip swabs	6 packages	_____
Safety pins - assorted sizes	6 packages	_____
Saline - 1 tsp. per quart sterile water = normal saline	4 boxes	_____
Sanitary napkins - can be used for heavy bleeding wounds	2 cases	_____
Spine board - long and short	2 each	_____
Splints - inflatable, boards, magazines or other	Several sets	_____
Standard surgical gloves - medium and large	4 boxes	_____
Table	4	_____
Thermometer - oral - Tempa-dot, disposable	4 boxes each	_____
Toilet tissue	4 cases	_____
Tongue depressors	4 packages	_____
Towelettes - moist	15 boxes	_____
Treatment log	1	_____
Triage tags (from Office of Emergency Services)	150	_____
Tweezers - large	9 pairs	_____
Tylenol (15 grains)	6 bottles	_____
Water purification tablets, or	4 bottles	_____
Household bleach (6 drops in 1 gallon of water)	2 gallons	_____

BOMB THREAT CALL PROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist (reverse side) immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up, but from a different phone, contact FPS immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call _____
- Handle note as minimally as possible.

If a bomb threat is received by email:

- Call _____
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

WHO TO CONTACT (select one)

- Follow your local guidelines
- Federal Protective Service (FPS) Police
1-877-4-FPS-411 (1-877-437-7411)
- 911

BOMB THREAT CHECKLIST

Date: _____ Time: _____

Time Caller Hung Up: _____ Phone Number Where Call Received: _____

Ask Caller:

- Where is the bomb located?
(Building, Floor, Room, etc.) _____
- When will it go off? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will make it explode? _____
- Did you place the bomb? Yes No _____
- Why? _____
- What is your name? _____

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (Background and level of noise) _____
- Estimated age: _____
- Is voice familiar? If so, who does it sound like? _____
- Other points: _____

Caller's Voice	Background Sounds:	Threat Language:
<input type="checkbox"/> Accent	<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Angry	<input type="checkbox"/> House Noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Calm	<input type="checkbox"/> Kitchen Noises	<input type="checkbox"/> Taped
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> Street Noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Coughing	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Crying	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Deep	<input type="checkbox"/> Music	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Motor	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Clear	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Static	
<input type="checkbox"/> Excited	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Female	<input type="checkbox"/> Factory machinery	
<input type="checkbox"/> Laughter	<input type="checkbox"/> Local	
<input type="checkbox"/> Lisp	<input type="checkbox"/> Long distance	
<input type="checkbox"/> Loud		
<input type="checkbox"/> Male		
<input type="checkbox"/> Nasal		
<input type="checkbox"/> Normal		
<input type="checkbox"/> Ragged		
<input type="checkbox"/> Rapid		
<input type="checkbox"/> Raspy		
<input type="checkbox"/> Slow		
<input type="checkbox"/> Slurred		
<input type="checkbox"/> Soft		
<input type="checkbox"/> Stutter		

Other Information: _____



**Homeland
Security**