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| --- | --- | --- | --- |
| A picture containing text, sign  Description automatically generated |  | **Texas Emergency Medical Task Force** |  |
| **CAN Report:****State Coordination center**SUBMIT DAILY TO SCO@TXEMTF.ORG |
| Summary |
|  |

|  |  |  |
| --- | --- | --- |
| CAN Report Date | State Mission Assignment | Prepared BY: ‘position’ |
| Date | Incident as it appears in WebEOC | Name, title  |

|  |
| --- |
| Condition |
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| **Mission Tasking** |
| **Add mission objectives here – high level** |
| **Pertinent Data Points** |
|

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| --- | --- | --- | --- | --- |
| **Area of Operations** | **Number of EMTF Personnel Assigned** | **Number of Patient Encounters** | **Number of Patients Treated** | **Number of Patients Transported** |
|  |  |  |  |  |

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| Actions |
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| * **What did you do today?**
 |

|  |
| --- |
| needs |
|  |

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|  |
| * **Unmet needs**
 |
| **Team Member Movement** |
| * **Incoming, outgoing**
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