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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 | | | |
|  | | | |

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| --- | --- | --- |
| 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** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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** |