**INFORME DE VERIFICACION DE EMERGENCIA**

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| --- | --- | --- | --- |
| **Fecha de Realización:** | Día/ Mes/ Año | **Hora:** |  |

Lugar de la Emergencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Descripción de la Emergencia

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Resumen de la situación general

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Acciones Realizadas por el Comité de Gestión del Riesgo (en caso de emergencias por desastres naturales) o CTJT (en caso de emergencia en el marco del conflicto armado)

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Recursos del Departamento y el Municipio para atender la Emergencia.

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Fuente de Información

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Siglas

**CTJT:** Comité Territorial de Justicia Transicional

**CRUE:** Centro Regulador de Urgencias y Emergencias

**CREPAD**: Comité Regional para la prevención y atención de desastres

**IPA:** Instituciones Prestadoras de Salud

**UM**: Unidad Movil

**CON:** Comité Operativo Nacional

**SNPAD:** Sistema Nacional de Prevención y Atención de Desastres.

Realizado Por:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_