| Situation Verification Worksheet | | | |
|---|---|-----|----|
| Date: | Time: | | |
| Source of the information: | | | |
| Source person to contact: | | | |
| Notes: | | | |
| | | | |
| | | | |
| Verification questions to consider: | | Yes | No |
| Is the source a formal source such as CDC, the state public health laboratory, or county health official? | | | |
| 2. Was this person part of the incident and not a third party? | | | |
| 3. Have there been related calls to a HOTLINE or information line for the public? | | | |
| 4. Is your report from first responders? | | | |
| 5. Can you identify and locate witnesses? | | | |
| 6. If the information came from a Web site or e-mail, is the site or e-mail sender credible? | | | |
| 7. Did you question the veracit | 7. Did you question the veracity of the information source and find it trustworthy? | | |