

**ICS 214 – ACTIVITY LOG**

Event Name:

Operational Period (Today's Date):

**PERSONNEL INFORMATION**

Name (Last, First)		Employee Number	
Classification/Rank		Unit of Assignment	

**TIMEKEEPING**

RDO	Straight Time Hours			Shift Details	
	Time In	Time Out	Total	Enroute to Incident	
<input type="checkbox"/> Yes				Staging (10-97)	
	Overtime Hours			Staging (10-98)	
<input type="checkbox"/> No	Time In	Time Out	Total	Arrival at UOA	
				18-Hour Time	

**VEHICLE**

Driver's Information (Passenger Skip this Section)

Vehicle Number		Starting Mileage	
Vehicle Make		Ending Mileage	
Vehicle Model		Total Mileage	

**ASSIGNMENT SUMMARY**

Call Sign		Squad	
Supervisor			
Mission Assignments (Check all that apply)	<input type="checkbox"/> Escort <input type="checkbox"/> Evacuations <input type="checkbox"/> Hard Closure <input type="checkbox"/> Incident Management Team <input type="checkbox"/> Logistics	<input type="checkbox"/> Rapid Response Force <input type="checkbox"/> Roving Security <input type="checkbox"/> Search & Rescue <input type="checkbox"/> Scout <input type="checkbox"/> Security Post	<input type="checkbox"/> Soft Closure <input type="checkbox"/> Welfare Check <input type="checkbox"/> Other

**ACTIVITY LOG**

Time	Mission# (If Applicable)	Notable Activity/Assignment Detail
<input type="checkbox"/> Continued (See Next Page)		

**SUBMITTED BY**

Name		Signature	
Employee Number			
Date			

**REVIEW & APPROVAL**

Name		Signature	
Employee Number			
Date			



## ACTIVITY LOG (CONTINUED)

## **SUBMITTED BY**

Name		Signature	
Employee Number			
Date			

## REVIEW & APPROVAL

Name		Signature	
Employee Number			
Date			