

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"/> Rapid Response Force	<input type="checkbox"/> Soft Closure
	<input type="checkbox"/> Evacuations	<input type="checkbox"/> Roving Security	<input type="checkbox"/> Welfare Check
	<input type="checkbox"/> Hard Closure	<input type="checkbox"/> Search & Rescue	<input type="checkbox"/> Other
	<input type="checkbox"/> Incident Management Team	<input type="checkbox"/> Scout	
	<input type="checkbox"/> Logistics	<input type="checkbox"/> Security Post	

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			

Operational Period (Today's Date):

[illegible]

Name		Signature	
Employee Number			
Date			

Name		Signature	
Employee Number			
Date			