## **ACTIVITY LOG (ICS 214)**

Incident Name:				(			Date From: Time From: Date To: Time To:				
Name: Ca				Call S	ign:	Squad #:			Home Agency:		
Employee / Badge #:			Rank:					Phone #:			
Enroute Time:		Check In Time:		1		Check Out Time:			Est. Return Time:		
Total Hours Worked:			Regi		ılar Hours Worked:				Overtime Hou		s Worked:
Assigned Vehicle Information: (To be completed by driver of vehicle only)											
Vehicle Number:					Vehicle Make:				Vehicle Model:		
Beginning Mileage:				Ending Mileage:					Total Mileage:		
Passenger in Vehicle:											
Equipment Assigned:											
Equipmen	t Number:			<b>Equipment Descrip</b>		•					
Beginning	Hours:	!		Endin	Ending Hours:			Total Hours:		ırs:	
			Nature	of Mis	ssion Assign	ed: (Ched	ck al	II that a	apply)		
Traffic Control: Ev			Evacuations:		Roving Se	curity: Rapid		Rapid F	l Response:		Security Post:
Escort Detail:		Scouting:		Logistics:		Welfar		Welfare	re Check:		Other:
Activity Log:											
Time:	Mission #: Notable Activity:										
Prepared by: Name: Call Sign: Signature:											
	ICS 214, Page 1 Date: Supervisor Name / Employee #:										

## **ACTIVITY LOG (ICS 214)**

Incident N	lame:		Operational Period:	Date From: Time From:	Date To: Time To:				
Activity Log (continuation):									
Time:	Mission #:			,					
8. Prepared by: Name: Call Sign: Signature:									
ICS 214, Page 2		e: Supervisor Name / Employee #:							