## ACTIVITY LOG (ICS 214)

1. Incident Name:		<b>2. Operational Period:</b> Date Date To: Time From: 0700 Time To: 0659		
0. November 1				
3. Name:		4. ICS Position:	5. Home Agency (and Unit):	
6. Resources Assi	gned:			
Name		ICS Position	Home Agency (and Unit)	
7. Activity Log:				
Date/Time	Notable Activities			
	Response Hours	Regular Hours	Total Hours	
8. Prepared by: Name:		Employee Signature:	Date:	
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		Supervisor Signature:	Date:	

## ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period:	Date From:	Date To:		
			Time From:0700	Time To:0659		
7. Activity Log (continuation):						
Date/Time	Notable Activities					
8. Prepared by: Name:		Employee Signature:		_Date:		
ICS 214, Page 2		7		Date:		
		Supervisor Signature.				