

STATE OF WASHINGTON EMERGENCY WORKER DAILY ACTIVITY REPORT

County in which mission/incident took place:		Mission/Incident Number:	
Mission/Incident Name:		Date From:	Date To:
Unit Name:			
Unit Address:			

EMERGENCY WORKER NAME	CARD No.	ASSIGNMENT OR TEAM	DATE		DATE		DATE		TOTAL HOURS	ROUND TRIP MILES (DRIVER)
			IN	*OUT	IN	*OUT	IN	*OUT		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
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21.										
22.										
23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										

* The time a person could reasonably have expected to reach home without stopping enroute.

TOTAL PERSONNEL:	TOTAL HOURS:	TOTAL MILEAGE:
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THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY.

By my signature below, I certify that these persons did participate in this mission/incident:

Print Name and Title	Signature
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