

**STATE OF WASHINGTON
EMERGENCY WORKER DAILY ACTIVITY REPORT**

County In Which Mission Took Place _____ State Mission Number _____
 Mission Name: _____ Date _____ Date To: _____
 Unit Name: _____
 Unit Address: _____

	EMERGENCY WORKER NAME	COUNTY & CARD #	INCIDENT ASSIGNMENT	DATE:		DATE:		TOTAL HOURS	TOTAL MILES
				TIME IN *	TIME OUT *	TIME IN *	TIME OUT *		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

** Actual Incident Check In and Out Times.*

TOTAL PERSONNEL

TOTAL HOURS

TOTAL MILEAGE:

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 in accordance with WAC 118-04-220:

Print Name and Title

Signature and Date