Activity Log (ICS 214)

| **1. Incident Name:**  | **2. Operational Period:** Date From: Date To:  Time From: Time To:  |
| --- | --- |
| **3. Name:** | **4. ICS Position: (if applicable)** | **5. Department:** |
| **6. Resources Assigned (to you and if applicable):** |
| Name | ICS Position (if applicable) | Agency or Department |
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| **7. Activity Log:** |
| Date/Hours | Notable Activities (including action items and decision paths) |
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| **8. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 214, Page 1** | Date/Time:  |

Activity Log (ICS 214)

| **1. Incident Name:**  | **2. Operational Period:** Date From: Date To:  Time From: Time To:  |
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| **7. Activity Log** (continuation)**:** |
| Date/Time | Notable Activities |
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| **8. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 214, Page 2** | Date/Time:  |