



ACTIVITY LOG ICS 214

1. INCIDENT/EVENT NAME
2. OPERATIONAL PERIOD

From (Date and Time):

To (Date and Time):

3. NAME
4. ICS POSITION
5. AGENCY/ OFFICE

6. RESOURCES ASSIGNED

NAME
ICS POSITION
AGENCY/ OFFICE

7. ACTIVITY LOG

DATE
TIME
NOTABLE ACTIVITIES
Use additional sheets as needed
8. Prepared by (____)

Name and Signature:

Date Prepared:

Time Prepared: