

Disaster Field Unit - Incident Work Report - City of Placid

Use one form per crew, per location, each day

| | | | | | | | | | | | | | | | |
|---|-------------|---------------|-------------|--|-----------------|---------------|--|----------------------------------|--------|---------------------|-----------------|---------------------------------|-------|------|------|
| Incident Address | | | | | | | | | | | | Incident # | | | |
| Description of Problem | | | | | | | | | | | | Damage Category A B C D E F G H | | | |
| Description of Work Done | | | | | | | | | | | | | | | |
| Date | | | Start Time | | | Mutual Aid | Is this a Mutual Aid Crew ? Y <input type="checkbox"/> N <input type="checkbox"/> Mixed <input type="checkbox"/> | | | | | | | | |
| My Supervisor | | | Stop Time | | | | Mutual Aid Agency | | | | Department | | | | |
| Are Damage Photos Attached ? Y <input type="checkbox"/> N <input type="checkbox"/> | | | | | | | Mission # | | | | Radio / Phone # | | | | |
| Personnel | Unit Opr. | Employee Name | | | Employee I.D. # | | | Job Title & Department or Agency | | | | Hours | Reg. | O.T. | C.O. |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Equipment | Unit # | License# | Description | | | City Eq. | Rented | Donated | Vendor | | P.O. # | Hours | Miles | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Materials | Description | | Units | Stock | Unit Cost | Total Cost | | Vendor | | P.O. # | Fees | Purpose | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Receipt # | | | |
| | | | | | | | | | | | | Cost | | | |
| | | | | | | | | | | | | | | | |
| Name of employee completing form, please print | | | | | | | | | | Phone # | | | | | |
| 3DC Use Only Dept | | | | 3DC Use Only Log Number | | | | | | Preparers Signature | | | | | |
| 3DC Name | | | | 3DC Phone# | | | | | | 3DC Signature | | | | | |
| Originator : All Field Personnel or Supervisors | | | | Routing : Send forms to the Finance Section of the EOC daily, attach any receipts or invoices. | | | | | | | | | | | |
| A separate form should be filled out for each different work location. All personnel, equipment, supplies, materials, and fees should be accounted for. | | | | | | | | | | | | | | | |

Additional Personnel

| Unit Opr. | Employee Name | Employee I.D. # | Job Title & Department or Agency | Hours | Reg. | O.T. | C.O. |
|-----------|---------------|-----------------|----------------------------------|-------|------|------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Additional Equipment

| Unit # | License# | Description | City Eq. | Rented | Donated | Vendor | P.O. # | Hours | Miles |
|--------|----------|-------------|----------|--------|---------|--------|--------|-------|-------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Rental Equipment Used

| Unit # | License# | Description | City Eq. | Rented | Donated | Vendor | P.O. # | Hours | Miles |
|--------|----------|-------------|----------|--------|---------|--------|--------|-------|-------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Additional Materials

| Description | Units | Stock | Unit Cost | Total Cost | Vendor | P.O. # | Fees | Purpose |
|-------------|-------|-------|-----------|------------|--------|--------|------|-----------|
| | | | | | | | | |
| | | | | | | | | Receipt # |
| | | | | | | | | Cost |
| | | | | | | | | |

Notes: