Disaster Field Unit - Incident Work Report (LEM-1)

Use one form per crew, per location, each day

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Incident Address | | | | | | | | | | | | | | | | | | | | | Incident # | | | | | | | | |
| Description of Problem | | |  | | | | | | | | | | | | | | | | | | FEMA Category: A B C D E F G | | | | | | | | |
| Description of Work Done | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | Start Time | | | | | **Mutual Aid** | | | Is this a Mutual Aid Crew? Y □ N □ Mixed □ | | | | | | | | | | | | | | | | |
| My Supervisor | | | | | Stop Time | | | | | Mutual Aid Agency | | | | | | | | Department | | | | | | | | |
| Are Damage Photos Attached? Y □ N □ | | | | | | | | | | Mission # | | | | | | | | Radio / Phone # | | | | | | | | |
| **Personnel** | Unit Opr. | Employee Name | | | | | Employee I.D. # | | | | | | Job Title & Department or Agency | | | | | | | | | | **Hours** | | | Reg. | O.T. | | Call Out |
|  |  | | | | |  | | | | | |  | | | | | | | | | |  |  | |  |
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| **Equipment** | Unit # | License# | | Description | | | | | | | | City Eq. | | Rented | | Donated | | Vendor Name | | | | | | | P.O. # | | Hours | | Miles |
|  |  | |  | | | | | | | |  | |  | |  | |  | | | | | | |  | |  | |  |
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| **Materials** | Description | | | | | Units | | Stock | Unit Cost | | Total Cost | | | | Vendor | | | | P.O. # | | | **Fees** | | | Purpose | | | | |
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|  | | | | |  | |  |  | |  | | | |  | | | |  | | | 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. |
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Additional Equipment

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| Unit # | License# | Description | City Eq. | Rented | Donated | Vendor Name | P.O. # | Hours | Miles |
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Rental Equipment Used

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| Unit # | License# | Description | | | | | City Eq. | | Rented | Donated | | Vendor Name | | | P.O. # | Hours | Miles |
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| Additional Materials,Description | | | Units | Stock | Unit Cost | Total Cost | | Vendor | | | P.O. # | | **Fees** | Purpose | | | |
|  | | |  |  |  |  | |  | | |  | |  | | | |
|  | | |  |  |  |  | |  | | |  | | Receipt # | |  | |
|  | | |  |  |  |  | |  | | |  | | Cost | |  | |
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Notes: