Filling Out Your 214

Step 1

Incident Name:			Operational Period:	Date From:		Date To:	
Project:			*ENTER Military Time HH:mm*	Time From:		Time To:	
Name:			ICS Position:			ICS Supervisor:	
Emp. ID#:		Rank:	Division:				
Vehicle Number:		Beginning Mileage:		Ending Mileage:			
Name of Vehicle Operator:			Calculated Total Mileage:		0		

NOTE: For personnel towing/using trailers, boats, ATV's or more then one vehicle, complete an additional vehicle log in addition to the Daily Unit Log (see page three of COJ ICS 214).
Email completed forms to EOCFinance@coj.net at the end of each day

Incident Name	Appropriate disaster or event
Operational Period	This should mirror the operation period of the event.
Name, Rank, Division	Your information
Vehicle #	Motorpool number
Beginning and End Mileage	Start and end mileage for the workday. There can only be one vehicle operator documented.

Step 2

Resources Assigned			
Emp. ID#	Name:	ICS Position:	Home Agency/Division:

Scheduled Work Hours					
If you are reporting for work on a non-schedule duty day, please document OFF here:					
Shift Start Time:		End Time:		Lunch Time:	

Resources Assigned	Used for Strike Teams and Task Forces.
Scheduled Work Hours	Your scheduled shift beginning and end time. If you are working on a day other than a scheduled work day, document OFF.

Step 3

Activity Log		
Date	Time	Notable Activities, Actions, Accidents, and Agreements

Activity Log	This section should be completed on all forms and should give a brief overview of all actions, agreements, assignments, and accidents during the work period.