

Incident Log Form

<i>Facility:</i>	<u>Additional Comments:</u>
<i>Date:</i>	
<i>Recorder:</i>	
<i>Initial Description of Event:</i>	

Time:	Action (check all that apply):	By whom:	Description/Comments:
	<input type="checkbox"/> Info Received <input type="checkbox"/> Info Provided <input type="checkbox"/> Announcement <input type="checkbox"/> Question/Issue/Problem	<input type="checkbox"/> Evacuation <input type="checkbox"/> Sheltering <input type="checkbox"/> Lockdown <input type="checkbox"/> Reunification	
	<input type="checkbox"/> Info Received <input type="checkbox"/> Info Provided <input type="checkbox"/> Announcement <input type="checkbox"/> Question/Issue/Problem	<input type="checkbox"/> Evacuation <input type="checkbox"/> Sheltering <input type="checkbox"/> Lockdown <input type="checkbox"/> Reunification	
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