

**STATE OF WASHINGTON  
EMERGENCY WORKER DAILY ACTIVITY REPORT**

County In Which Mission Took Place \_\_\_\_\_ State Mission Number \_\_\_\_\_  
 Mission Name: \_\_\_\_\_ Date \_\_\_\_\_ Date To: \_\_\_\_\_  
 Unit Name: \_\_\_\_\_  
 Unit Address: \_\_\_\_\_

	EMERGENCY WORKER NAME	COUNTY & CARD #	INCIDENT ASSIGNMENT	DATE:		DATE:		TOTAL HOURS	TOTAL MILES
				TIME IN *	TIME OUT *	TIME IN *	TIME OUT *		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

*\* Actual Incident Check In and Out Times.*

TOTAL PERSONNEL

TOTAL HOURS

TOTAL MILEAGE:

**THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY**

*By my signature below, I certify that these persons did participate in this mission in accordance with WAC 118-04-220:*

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature and Date