HICS 214 - ACTIVITY LOG

1. Incident Name	2. Operational Period (#)
	DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
3. Name	**4. Hospital Incident Management Team (HIMT) Position**

5. Activity Log

DATE / TIME	NOTABLE ACTIVITIES

6. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

Purpose: Provides documentation for basic incident activity and details of notable activities
Origination: Any Hospital Incident Management Team (HIMT) personnel
Copies to: Documentation Unit Leader

Gila River HEALTH CARE

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