

### ACTIVITY LOG PER SHIFT (ICS 214 – MODIFIED) (DHS-1)

1. Incident Name:				2. Home Agency (and Unit):			
3. Your Name			4. Employee ID #:		5. Incident Position/Job Function:		
Use 24 hour time	6. START Date:		Time:	END Date:	Time:	7. Meal Break: Y <input type="checkbox"/> N <input type="checkbox"/>	
8. Activity Log:						Start:                  Stop:	
Time: START                  STOP		Location / Address		Related Activities – Specify: <b>DISASTER (D)</b> or <b>REGULAR (R)</b>			
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9. Prepared by:				Civil Service Job Class:			
Signature :						Date:	
10. Vehicle used: Y <input type="checkbox"/> N <input type="checkbox"/>		Vehicle operator name:			County Vehicle ID # :		
Government vehicle <input type="checkbox"/> Rented vehicle <input type="checkbox"/> Personal Vehicle <input type="checkbox"/>				Miles driven _____ AND hours used _____			
11. Last Item: Take a picture of your “COMPLETED” Activity Log 214 for your records...						Page ____ of ____	