|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee/Team:** |  | **On-Site Supervisor:** |  | | |
| **Employee Phone:** |  | **Supervisor Phone:** |  | | |
| **Employee Radio:** |  | **Supervisor Radio:** |  | | |
| **ICS Position:** |  | **ICS Position:** |  | | |
| **Date:** |  | **Operational Period:** |  | | |
| **Employee Signature** |  | **Time Signed:** |  | | |
| **Equipment Assigned** | | | **Check Out** | **Check In** | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
|  | | |  |  | |
| **Departmental Objectives** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Information Important to Operations** | | | | | |
|  | | | | | |
| **Responsibilities** | | | **Time Complete** | | **Initials** |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |