| STATE OF WASHINGTON EMERGENCY WORKER DAILY ACTIVITY REPORT | | | | | | | | |
|--|---|---------|--------------------------|----------|------|----------|----------------|------------------------------------|
| County in which mission/incident took place: | | | Mission/Incident Number: | | | | | |
| Mission/Incident Name: | | | | Date Fro | m: | | Date To: | |
| Unit Name: | UNDERWATER SEARCH & RESCUE VOLUNTEERS (USRV) – KITS | | | | | TSAP C | OUNTY | |
| Unit Address: | 15998 BETHEL BURLEY RD SE, PORT ORCHARD, WA 98367 | | | | | | | |
| EMERGENCY WORKER | CARD | ASSIGN. | DATE | | DATE | | TOTAL HOURS | ROUND TRIP MILES (DRIVER) |
| 1. | No. | OR TEAM | IN | *OUT | IN | *OUT | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |
| 16. | | | | | | | | |
| 17. | | | | | | | | |
| 18. | | | | | | | | |
| * The time a person could reasonably have expected to reach home without stopping enroute. | | | | | | | | |
| TOTAL PERSONNEL: | EL: TO | | OTAL HOURS: TOTAL I | | | IILEAGE: | | |
| 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/incident: | | | | | | | | |
| Print Name and Title EMD - 078 (02/00) | | | Signature | | | | | |