

UNIFORM ACTIVITY LOG (ICS 214) ADAPTED FOR ALL DEPARTMENTS OF:
CITY OF JACKSONVILLE

Incident Name:		Operational Period: Date From:		Date To:
Project:		<i>ENTER Military Time HH:mm</i> Time From:		Time To:
Name:	ICS Position:		ICS Supervisor:	
Emp. ID#:	Rank:	Division:		
Vehicle Number:		Beginning Mileage:	Ending Mileage:	
Name of Vehicle Operator:			Calculated Total Mileage:	



NOTE: For personnel towing/using trailers, boats, ATV's or more then one vehicle, complete an additional vehicle log in addition to the Daily Unit Log (see page three of COJ ICS 214).
Email completed forms to EOCFinance@coj.net at the end of each day

Resources Assigned

Emp. ID#	Name:	ICS Position:	Home Agency/Division:



Scheduled Work Hours

If you are reporting for work on a non-schedule duty day, please document OFF here:			
Shift Start Time:		End Time:	Lunch Time:

Activity Log

Date	Time	Notable Activities, Actions, Accidents, and Agreements

Signature

Date

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Incident Name:		Operational Period		Date From:	Date To:
				Time From:	Time To:
Name:	ICS Position/Other			ICS Supervisor	
ID#:	Rank:				

Vehicle #2 (Vehicle, Trailer, ATV, Boat)

Vehicle Information	MP #:	Year:	Make:	Model:
Plate#:	Vin #:	Special Info:		
Beginning Mileage:	Ending Mileage:			
			Total Milage:	

Vehicle #3 (Vehicle, Trailer, ATV, Boat)

Vehicle Information	MP #:	Year:	Make:	Model:
Plate#:	Vin #:	Special Info:		
Beginning Mileage:	Ending Mileage:			
			Total Milage:	

Vehicle #4 (Vehicle, Trailer, ATV, Boat)

Vehicle Information	MP #:	Year:	Make:	Model:
Plate#:	Vin #:	Special Info:		
Beginning Mileage:	Ending Mileage:			
			Total Milage:	

Vehicle #5 (Vehicle, Trailer, ATV, Boat)

Vehicle Information	MP #:	Year:	Make:	Model:
Plate#:	Vin #:	Special Info:		
Beginning Mileage:	Ending Mileage:			
			Total Milage:	