Purpose:
Records details of notable activities at any and all ICS levels and provide basic incident activity documentation including any after action reports.

In some cases, it can be a requirement for any reimbursement of expenses.

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From: Date To: Time To:	
3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page ˜ Date/Time: _____

Preparation:
The ICS 214 is completed by all volunteers.

Distribution:
Completed ICS 214 forms are submitted to the Emergency Coordinator, or designee for submission to the Documentation Unit of the Planning and Intel Section.

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From: Date To: Time To:	
3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page ___ Date/Time: _____

Incident Name
- Formal
- Provided by Incident Commander
- If multiple Events – Multiple Colors Help

Header
- Your Name and Assigned Position
- Agency (Butte County ARES)

Resources
- List any resources under your command
- Include contact information for reference

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From: Date To: Time To:	
3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page ___ Date/Time: _____

Activity Log
- Date and Time (2400 hour clock)
- Notable or major items

Footer
- Who prepared the form?
- What position does the person hold that completed the form?
- Signature, Date and Time of completion
- Page X of X

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From: Date To: Time To:	
3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

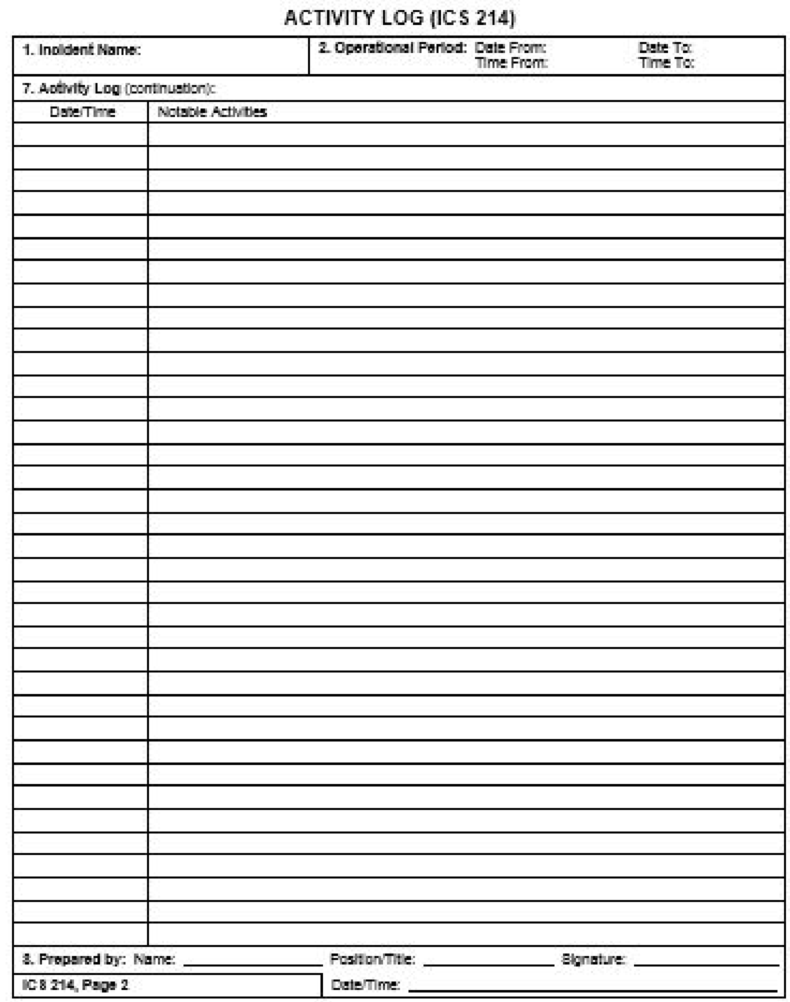
Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page ___ Date/Time: _____

Page two

- More room to write events



ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: Time From: Date To: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

8. Prepared by: Name: ________ Position/Title: ________ Signature: ________

ICS 214, Page 2 | Date/Time: ________

Process Suggestions

- Use an Easy Carry Notebook
  - Op Period TOP OF EVERY PAGE
  - Three Columns – Record and Plan
    - Write Date & Time
    - Type if Applicable

	Left Open is a “To Do” Item
HW	Indicates Item to Cover In Hot Wash
T	Indicates Transfer to Next Shift

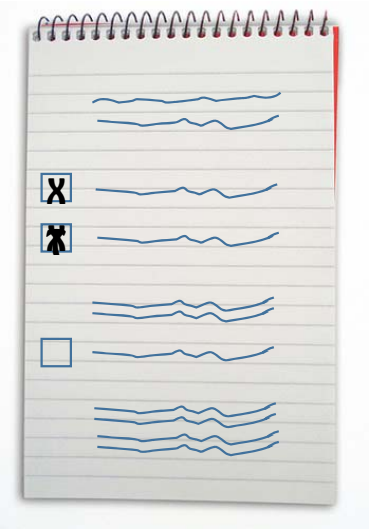
Process Suggestions

- Use an Easy Carry Notebook
  - Op Period TOP OF EVERY PAGE
  - Three Columns – Record and Plan
    - Write Date & Time
    - Type if Applicable

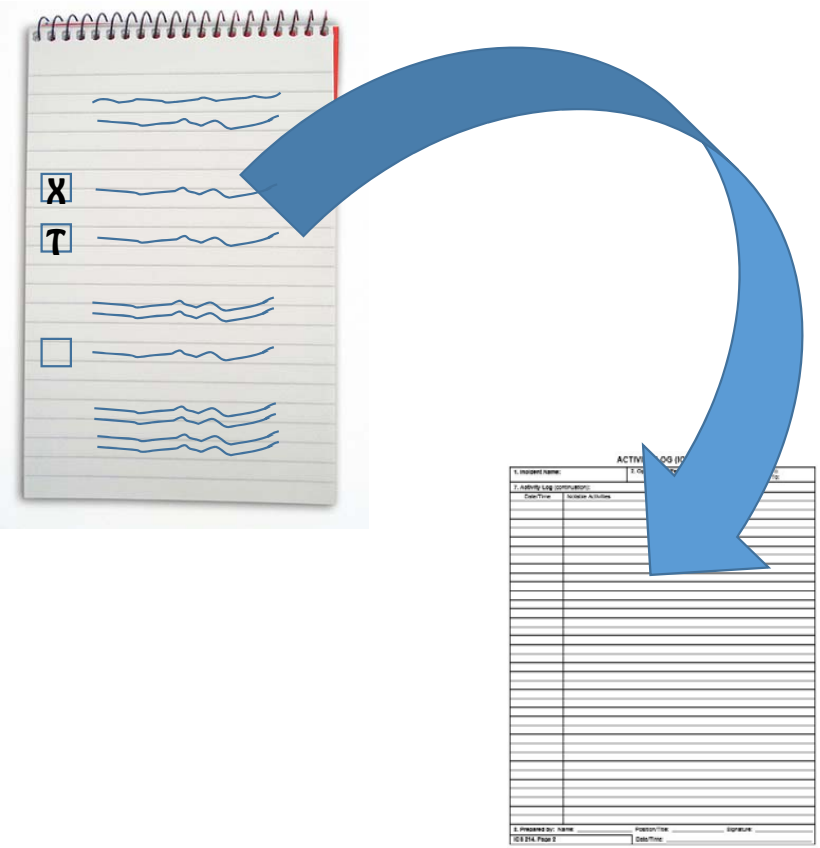
☐ Left Open is a “To Do” Item

HW Indicates Item to Cover In Hot Wash

T Indicates Transfer to Next Shift



Process Suggestions

- Use an Easy Carry Notebook
  - Op Period TOP OF EVERY PAGE
  - Three Columns – Record and Plan
    - Write Date & Time
    - Type if Applicable
      - [ ] Left Open is a “To Do” Item
      - [HW] Indicates Item to Cover In Hot Wash
      - [T] Indicates Transfer to Next Shift
    - Notes

- Complete 214 IN SUMMARY
  - Header
  - See Attached
  - Footer