ACTIVITY LOG (ICS 214)

| 1. Incident Name: | | 2. Operational Period: | Date From: Time From: | Date To: Time To: |
|-----------------------|--------------------|------------------------|--------------------------|-------------------------|
| 3. Name: 4. IC | | I. ICS Position: | 5. | Home Agency (and Unit): |
| 6. Activity Log: | • | | <u> </u> | |
| Date/Time | Notable Activities | | | |
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| 7. Prepared by: Name: | | Position/Title: | | Signature: |
| ICS 214, Page 1 | | Date/Time: | | |

ACTIVITY LOG (ICS 214)

| 1. Incident Name: 2 | | 2. Operational Period: [| Date From: | Date To: |
|-----------------------|--------------------|--------------------------|------------|------------|
| | | ٦ | Time From: | Time To: |
| 6. Activity Log: | | | | |
| Date/Time | Notable Activities | | | |
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| 7. Prepared by: Name: | | Position/Title: | | Signature: |
| ICS 214, Page 2 | | Date/Time: | | |

ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level. These logs provide basic incident activity documentation, and a reference for any after-action report. **This particular version omits** "Resources Assigned", and may be used when one individual is reporting activities, rather than when a supervisor is reporting activities on behalf of a team. Examples may include individuals working in an Emergency Operations Center or Department Operations Center.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events, communications, or meetings.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

| Block Number | Block Title | Instructions | | |
|-----------------|--|--|--|--|
| 1 | Incident Name | Enter the name assigned to the incident. | | |
| 2 | Operational PeriodDate and Time FromDate and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. | | |
| 3 | Name | Enter the name of the person reporting activities and preparing the form. | | |
| 4 | ICS Position | Enter the ICS position of the person reporting activities. | | |
| 5 | Home Agency (and Unit) | Enter the home agency (City, County, District etc.) and unit (department, bureau, etc.) of the person completing the ICS 214. | | |
| 6 | Activity LogDate/TimeNotable Activities | Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. Activities described may include notable occurrences or events such as task assignments, task completions, difficulties encountered, meetings, assigned action items, etc. | | |
| 7 | Prepared by Name Position/Title Signature Date/Time | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). | | |