

FIRST PUSH ACTIVITY LOG

Applicant: _____

DATE: _____

Employee Name(s): _____

Cat.	Event Hours Worked (Military Time Only)			Detailed Description of Event Work Performed	Road Cleared
	Start Time	End Time	Total Hour		

TOTAL EVENT HOURS:

= the sum of disaster hours (listed above) for today.

VEHICLE AND EQUIPMENT ACTIVE USAGE (DRIVER / OPERATOR ONLY)

Cat.	Hours	Vehicle / Equipment Description	Equipment ID#

Comments

I CERTIFY THE INFORMATION ON THIS FORM IS ACCURATE

EMPLOYEE SIGNATURE: _____

DATE: _____