

INDIVIDUAL DAILY LOG (214)

Applicant: _____ DATE: _____

Name
First, Last: _____ EMPLOYEE
ID: _____

Cat. A – Debris Removal
Cat. D – Water Control Facilities
Cat. G – Recreational & Other

Cat. B – Emergency Protective Measures
Cat. E – Building and Equipment
Note: If conducting temporary repairs to a Cat C – G site, please utilize Cat B for this time.

Cat. C – Roads and Bridges
Cat. F – Utility Systems

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

TOTAL EVENT HOURS: _____

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

PURCHASES MADE / MATERIALS USED (ATTACH RECEIPTS/INVOICES)

Cat.	Quantity	Item Description	Stock ID	Invoice #

VEHICLE AND EQUIPMENT ACTIVE USAGE (DRIVER / OPERATOR ONLY)

Cat.	Hours	Vehicle / Equipment Description	Equipment ID#

I CERTIFY THE INFORMATION ON THIS FORM IS ACCURATE

EMPLOYEE SIGNATURE: _____

DATE: _____