

TEAM DAILY ACTIVITY REPORT (214)

Applicant: _____

Date: _____

Team Lead: _____

Employee ID: _____

Team Name: _____

Team ID: _____

Cat. A – Debris Removal

Cat. B – Emergency Protective Measures

Cat. C – Roads and Bridges

Cat. D – Water Control Facilities

Cat. E – Building and Equipment

Cat. F – Utility Systems

Cat. G – Recreational & Other

Note: If conducting temporary repairs to a Cat C – G site, please utilize Cat B for this time.

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

TEAM MEMBERS

[illegible]

VEHICLE AND EQUIPMENT ACTIVE USAGE (DRIVER / OPERATOR ONLY)

Equipment Operator	Equip ID	Vehicle / Equipment Description	Hours

PURCHASES MADE / MATERIALS USED (ATTACH RECEIPTS/INVOICES)

Quantity	Item Description	Stock ID	Invoice #

Comments**I CERTIFY THE INFORMATION ON THIS FORM IS ACCURATE****EMPLOYEE SIGNATURE:****DATE:**