



Daily Activity Report EMS



Purpose:

Used to record event-related and non-event-related activities performed by an individual. This form is general in nature and can be used by a wide variety of Applicants/Departments to document event-related activities.

Fields:

“Team Member(s)” Section

- **Top Section:**
 - **Event ID:** An event number, name, or unique identifier.
 - **Applicant:** Entity or Organization Name.
 - **Department:** Specific section, bureau, etc.
 - **Date:** Please use “MM/DD/YYYY” format.
- **Employee ID**
- **Employee Name**
- Note: Please include yourself - even if you are the only team member - and any team members including the team lead.
- Note: Additional team members may be included if all members performed the same activities at the same location for the same amount of time. If any team member deviates (i.e. leaves early, comes in late, etc.), they should submit their own Daily Activity Report.

“Labor” Section

- **Category:** Used to identify the FEMA Category of Work associated with the time entry. If employees are unable to correctly identify the proper Category, your organization can assign other personnel to perform this task.
- **Description of Work Performed:** Used to describe work performed related to the time entry. Sufficient language should be provided for FEMA/FDEM reviewers to understand the type of work being performed. While it is an open text field it will pre-populate with commonly performed potentially FEMA-eligible activities. *If you do not know what category of work it is, please select "N/A" for a full list of potentially FEMA-eligible activities.*
- **Work Location:** The employee should provide a sufficient description of the actual location where the work was performed. Depending on the circumstances, this may be a physical address, road intersection, GPS coordinates, or other as appropriate.
 - Enter coordinates in decimal format (e.g., 34.0522, -118.2437).
- **Start Time:** Enter in 24-hour military time format "HH:MM" (include the colon).
- **End Time:** Enter in 24-hour military time format "HH:MM" (include the colon).
- **Event Related:** Used to identify whether the time entry is associated with the event.
- **Employee/Reviewer Signature:** This can be used to certify the Daily Activity Report if the employee is only filling out the "Labor" Section.

“Equipment Used – Hourly” Section

- **Category:** Used to identify the FEMA Category of Work associated with equipment used. If employees are unable to correctly identify the proper Category, your organization can assign other personnel to perform this task.
- **Equipment ID:** Unique equipment identifier assigned by the Applicant.
- **Operator:** Name or ID of employee who used the equipment.





Daily Activity Report EMS



- **Equipment Description:** The employee should provide a sufficient description of the equipment used (e.g., Dodge Charger police cruiser, Ford 14CY dump truck, etc.).
- **Work Location:** See “Labor” Section above.
- **Total Hours:** Used to document the total number of hours the equipment item was in active use
- **Event Related:** Used to identify whether the time entry is associated with the event.

“Equipment Used – Mileage” Section

- **Category:** See “Equipment Used - Hourly” Section above.
- **Equipment ID:** Unique equipment identifier assigned by the Applicant.
- **Operator:** Name or ID of employee who used the equipment.
- **Destination/Purpose:** The employee should provide a sufficient description of the destination and/or purpose of the claimed mileage.
- **Start & End Odometer:** These two fields should only be used if all mileage is event related.
- **Total Miles:** This field will auto-calculate if Start & End Odometer readings are entered. If Start & End Odometer readings are not entered, the total miles driven should be entered.
- **Event Related (Y/N):** See “Equipment Used - Hourly” Section above.

“Materials Used” Section

- **Category:** Used to identify the FEMA Category of Work associated with materials used. If employees are unable to correctly identify the proper Category, your organization can assign other personnel to perform this task.
- **Item Description:** Provide a sufficient description of what the item is and why it was needed.
- **Quantity:** Amount of item that was purchased/used.
- **Total Cost:** The cost associated with the item listed.
- **Justification:** Provide a sufficient description of why the item was needed.
- **Invoice/Receipt Number:** Unique invoice/receipt number to identify transaction.
- **From Stock? (Y/N):** Was the material taken from inventory/stock? If so, select 'Y'.

“Certification” Section

- **Employee Signature & Date:** Certification by the employee that all information is accurate to the best of their knowledge
- **Reviewer Signature & Date:** Provides an opportunity for a reviewer, supervisor, or other personnel to confirm that all information is accurate to the best of their knowledge. This field could serve as an opportunity to confirm that the Category of Work, “Event Related” applicability, equipment ID numbers, and other information is accurate

“Additional Notes” Section

- **#:** Corresponds to a unique row on pgs. 3-5 of the Daily Activity Report.
- **Additional Notes, Comments, or Justification:** Optional free text fields used to provide additional clarification to a corresponding row # on pgs. 3-5 of the Daily Activity Report.





Daily Activity Report - EMS



Event ID:

Applicant Name:

Department:

Date:

Please include yourself - even if you are the only team member - and any team members including the team lead, when applicable. Additional team members may be included only if all members performed the same activities at the same location for the same amount of time. If any team member deviates (i.e. leaves early, comes in late, etc.), they should submit their own Daily Activity Report.

Employee ID	Employee Name





Daily Activity Report - EMS



LABOR

Emergency Work Categories: A (Debris Removal) | B (Emergency Protective Measures)
Permanent Work Categories: C (Roads and Bridges) | D (Water Control) | E (Buildings and Equipment) | F (Utility Systems) | G (Recreational & Other) | I (Building Code and Floodplain Management Administration and Enforcement)

Note: If conducting temporary repairs to a Cat C – G site, please utilize Cat B for this activity
Note: Activities marked with an asterisk * may require additional documentation or justification according to FEMA guidelines
Enter time as HH:MM using a 24-hour clock

#	Category	Description of Work Performed	Work Location / GPS Coord.	Start Time	End Time	Labor Hours	Event Related
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Total Non-Event Related Hours:

Total Event Related Hours:

Employee Signature:

(If only filling out information on this page,
otherwise leave blank)

Reviewer Signature:





Daily Activity Report - EMS



VEHICLE AND EQUIPMENT ACTIVE (DRIVER / OPERATOR ONLY) - HOURS ONLY

#	Category	Equipment ID#	Operator	Vehicle Equipment Description	Work Location / GPS Coord.	Hours	Event Related
14							
15							
16							
17							
18							
19							

Total Non-Event Related Hours:

Total Event Related Hours:

VEHICLE AND EQUIPMENT ACTIVE (DRIVER / OPERATOR ONLY) - MILEAGE ONLY

#	Category	Equipment ID#	Operator	Destination	Start Odometer	End Odometer	Miles	Event Related
20								
21								

Total Non-Event Related Miles:

Total Event Related Miles:

MATERIALS USED (ATTACH RECEIPTS/INVOICES)

#	Category	Item Description	Quantity	Total Cost	Justification	Invoice / Receipt Number	From Stock?
22							
23							
24							
25							
26							
27							
28							

I CERTIFY THE INFORMATION ON THIS FORM IS ACCURATE

Employee Signature:

Date:

Reviewer Signature:

Date:





Daily Activity Report - EMS

Additional Notes



#	Additional Notes, Comments, or Justification
1	
2	
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