



Team Daily Activity Log



Purpose:

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

Fields:

Top Section

- Applicant: Organization that the employees work for
- Department: Department that the employees work in
- Date
- Team Lead: The designated team leader (and the individual most likely to complete the form on behalf of the team)

Work Performed Section

This section is intended to identify the activities being performed by the team, as well as the associated work locations.

- Category: Used to identify the FEMA Category of Work associated with the activity/location. If employees completing the form 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
- Start Time
- End Time
- Activity Hours
- Event Related (Y/N): Used to identify whether the time entry is associated with the event.

“Team Members (Include Team Lead)” Section

This section is intended to identify all of the individual employees that make up the team and specify the specific work locations and time worked for each employee.

- Category: Used to identify the FEMA Category of Work associated with the activity/location. If employees completing the form are unable to correctly identify the proper Category, your organization can assign other personnel to perform this task
- Employee ID: Unique identifier assigned by the Applicant
- Employee Name





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- **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
- **Start Time**
- **End Time**
- **Event Related (Y/N):** Used to identify whether the entry is associated with FEMA-eligible activities. If employees completing the form are unable to correctly identify the proper Category, your organization can assign other personnel to perform this task

“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
- **Equipment Operator:** employee that operated the equipment. All equipment hours should be supported by one or more designated operators
- **Equipment Description:** The employee should provide a sufficient description of the equipment used (e.g., Ford F-250 crew cab 4x4, Ford 14CY dump truck, etc.).
- **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
- **Total Hours:** Used to document the total number of hours the equipment item was in active use
- **Event Related (Y/N):** Used to identify whether the equipment is associated with FEMA-eligible activities. If employees are unable to correctly identify eligibility, your organization can assign other personnel to perform this task.

“Equipment Used – Mileage” Section

- **Category:** See “Equipment Used - Hourly” Section above
- **Equipment ID:** Unique equipment identifier assigned by the Applicant
- **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





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“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 and Purpose:** The employee should provide a sufficient description of what the item is and why it was needed
- **Invoice/Receipt Number:**
- **Amount:** The cost associated with the item listed
- **Event Related (Y/N):**

“Certification” Section

- **Team Lead Signature & Date:** Certification by the team lead 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





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Applicant:

Team Lead:

Department:

Date:

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)

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

Category	Description of Work Performed	Work Location	Start Time	End Time	Activity Hours	Event Related

Total Non-Event Activity Hours:

Total Event Activity Hours:

Team Members (Including Team Lead)

Category	Employee ID	Name	Work Location	Start Time	End Time	Labor Hours	Event Related

Total Non-Event Hours:

Total Event Hours:





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

Category	Equipment ID#	Vehicle Equipment Description	Work Location	Hours	Event Related

Total Non-Event Related Hours:

Total Event Related Hours:

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

Category	Equipment ID#	Destination	Start Odometer	End Odometer	Miles	Event Related

Total Non-Event Related Miles:

Total Event Related Miles:

MATERIALS USED (ATTACH RECEIPTS/INVOICES)

Category	Item Description and Purpose	Invoice/Receipt Number	Amount	Event Related

I CERTIFY THE INFORMATION ON THIS FORM IS ACCURATE

EMPLOYEE SIGNATURE:

DATE:

REVIEWER SIGNATURE:

DATE:

