

EMERGENCY RECORDS LOG

	INCIDENT LOCATION (ADDRESS)	TYPE OF CALL INCIDENT CODE	TIME ON SCENE	TIME AVAILABLE	UNIT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

COMPANY NAME _____

DATE _____



INCIDENT CODES: TREES DOWN, WIRES DOWN, ROAD CLOSED, PUBLIC SERVICE.

PLEASE FAX THIS FORM TO CLEARFIELD 911 - 768-9920

ANNEX V