HICS 214 - ACTIVITY LOG

1. Incident Name	**2. Operational Period (#)**
	DATE: FROM: _____ TO: _____
	TIME: FROM: _____ TO: _____

3. Name	**4. Hospital Incident Management Team (HIMT) Position**

5. Activity Log

DATE / TIME	NOTABLE ACTIVITIES

6. Prepared by

PRINT NAME: _____   SIGNATURE: _____

DATE/TIME: _____   FACILITY: _____

Purpose: Provides documentation for basic incident activity and details of notable activities
Origination: Any Hospital Incident Management Team (HIMT) personnel
Copies to: Documentation Unit Leader

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HOSPITAL INCIDENT COMMAND SYSTEM