

## INSTRUCTIONS FOR COMPLETING LDH-ICS 214 AMB-ACTIVITY LOG

**Used By** This form is used by the Surge Ambulances to track daily activities.

**Purpose** The Activity Log (ICS 214-AMB) records details of notable activities. Ambulance crews should document how relevant incident activities are occurring and progressing, or any notable events or communications. These logs provide basic incident activity documentation, and a reference for compiling reports for FEMA reimbursements. They are supporting documentation of services and may be used for after-action reports. There shall be a completed form for every operational period the ambulance is on contract. Multiple sheets may be necessary to document the activities of one day and to cover the different operational periods. If blank lines are open when the form is closed for the day or operational period please enter "End of Log" on the next open line.

**Prepared by:** Ambulance crews

**Completed Forms** Completed ICS 214s are submitted to supervisors, who forward them to the TOC Documentation Unit. All completed original forms must be included when request for payment is submitted. It is recommended that individuals retain a copy for their own records.

Block Number	Block Title	Instructions
1	<b>Operational Period</b>	Enter the date (month/day/year) and the time (using 24 -hour clock/military time) of the Operational Period "From" and "TO"
2	<b>Incident Name</b>	Enter the name assigned to the incident.
3	<b>Agency/Provider Name</b>	Enter the Provider Name of the Ambulance Service, i.e. Subcontractor
4	<b>Placard #</b>	Enter the Placard Number issued to the unit.
5	<b>Activity Log</b>	Actions/Notes/Assignment/Activities
	PCR/Mission #	Enter PCR# as identified by the Surge Plan
	Start Time	Enter the time (24-hour clock) the activity started or you received the information.
	End Time	Enter the time (24-hour clock) the activity ended and the unit is available for a new assignment. If the entry is noting information only the End Time may not apply and you may enter N/A.
	Description of Activities	Enter the Address of the Origin and Destination of the Mission/Transport. Describe the activity or assignment, i.e. Transporting Patient from-To; EMS stand-by at Shelter; Waiting for assignment at staging; Enroute for fuel; Standby for SAR; Crew change, etc. Activities described may include notable occurrences or events such as task, assignments, task completions, injuries, difficulties encountered, etc.
6	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Printed Name</li> <li>• Signature</li> <li>• Date</li> </ul>	Enter the names and signature of the crew preparing the form. Enter <b>date (month/day/year) the form was completed.</b>