



# Incident Sign-in Sheet

**INCIDENT:** \_\_\_\_\_  
**Started By:** \_\_\_\_\_  
**Stopped By:** \_\_\_\_\_  
**Relieved By:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Page # \_\_\_\_\_ of \_\_\_\_\_ Pages

By signing this document, you are attesting to the fact you have attended and participated in the efforts & operations for this incident in compliance with applicable regulatory policies and state and or federal laws.

**Step 1** Print Today's Date & Time of Your Arrival or Departure

**Step 2** Print Your Employee # and First and Last Name

**Step 3** Print Your Agency, Assignment, Brief Reason

**Step 4** Attest With Your Signature

DATE/TIME In/Out	NUMBER & NAME	DISPOSITION			SIGNATURE
HRS <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> AM <input type="checkbox"/> PM	EMP#:	Agency:	Assigned:	Reason:	
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