

STATE OF WASHINGTON								
EMERGENCY WORKER DAILY ACTIVITY REPORT								
County in which Mission/Training/Event took place:						Mission No:		
Skagit County								
Mission/Training/Event Name:						Date:		
Unit Name:								
Unit Address:			2911 E College Way, Ste B, Mount Vernon, WA 98273					
NAME		EWC # and County	Incident Assignment	Cell Phone	Time IN*	Time OUT*	Total Hours	Total Miles
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
*Actual Mission/Training/Event Check In and Out Times (State)								
TOTAL PERSONNEL:			TOTAL HOURS:		TOTAL MILEAGE:			
THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY.								
Print Name and Title			Signature			Date		
By my signature below, I certify that these persons did participate in this Mission/Training/Event:								
Print Name and Title			Signature			Date		