McHenry County
EMA Activity SIGN-IN

EMA REPORT # _____ SHEET_____OF_____

DATE _____ OFFICER IN CHARGE _____

ACTIVITY / INCIDENT _____

LOCATION & REASON FOR CALL OUT _____

(This report must be returned to the MCEMA office within 24 hours after the activity)

PLEASE PRINT – USE BLACK INK ONLY

EMA ID NO.	NAME	Radio #	Time In	Time Out	Total Hours	LEAVE BLANK

TOTAL _____