Community Emergency Response Team
Incident Status Log Sheet

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Date: __ /__ /__

	Time Reported	Time Assigned	Time Completed		Localized	Area wide	Gas Leak	H2O Leak	Electric	Chemical	Light	Moderate	Heavy	Injured	Trapped	Dead	Vehicle	On Foot	None	
Incident Number	**Time Schedule**			**Address/Location**	**Fire**		**Hazards**				**Structure Damage Level**			**People**			**Roads Accessibility**			**Assigned To**
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