

**STRIKE TEAM/TASK FORCE
COMPANY EMERGENCY RECORD**

DISPATCH INFORMATION

INCIDENT NAME: _____ COMPANY ID: _____

DATE OF REQUEST: _____ DISPATCH TIME: _____

INCIDENT #: _____ ORDER # _____ REQUEST # _____

APPARATUS INFORMATION:

SHOP #: _____ LICENSE #: _____

ODOMETER READING: _____ MAIN PUMP GPM: _____

PERSONNEL INFORMATION:

<u>NAME</u>	<u>RANK</u>	<u>ASSIGN/PLATOON</u>	<u>LAST 4 DIGITS SS#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Members with Wildland Experience: _____

Number of Members familiar with the area: _____

Any special concerns with equipment: _____

Cell phone number (s) and service provider (s)

Member completing form: _____

MAKE ADDITIONAL COMMENTS ON REVERSE SIDE