



# TEAM LEADER REPORT

ADDITIONAL COMMENTS / INFORMATION

## **INSTRUCTIONS TO COMPLETE MM02 TEAM LEADER REPORT**

**DATE:** (Top) Date of the incident.

**TIME DISPATCHED:** Notification Time

**TIME ASSEMBLED:** When resources are assembled to proceed – Where units are immediately dispersed to provide coverage and there is no assembly, use the time the leader reaches the assigned location.

**TIME @ STAGING:** Arrival at staging.

**TIME OF DEMOBILIZATION:** Release by IC or Staging Manager.

**INCIDENT LOCATION/DESIGNATION:** Provide the address or general location of the incident requiring action. If given a recognized incident name for general identification, provide same.

**PHONE NO.:** Business phone

**LEADER NAME:** Name of resource leader

**LEADER TITLE:** Rank or Organizational Title

**EMAIL:** Optional, for contact

**ORGANIZATION:** Primary employer of the person completing this report.

**RESOURCE TYPE & DESIGNATION:** Listing of type and designation of resources leader is responsible for.

**UNITS ASSIGNED:** List the Town, District or Company, and radio designation.

**GENERAL ACTIVITY DESCRIPTION:** Provide summary of who, what, where, why and how information.

Also, if units are used in the incident, complete activity log ICS214 to indicate the activity of committed units.

**COMMENTS:** General thoughts on the operation, whether good, bad or indifferent.

**SIGNATURE:** Person completing.

**DATE:** Date report was completed.