

MASSACHUSETTS FIRE & EMS MOBILIZATION

TEAM LEADER REPORT

DATE:

Time Dispatched:	Incident Location/Designation:
Time Assembled:	
Time @ Staging:	
Time of Demobilization:	
Leader Name:	Phone No.
Leader Title:	Email:
Organization:	
Resource Type & Designation:	Units Assigned:
Task Force: _____	
Strike Team: _____	
Individual Resource: _____	
General Activity Description:	
(Use Activity Log ICS 214 for Specific Unit Activity)	
Comments:	

Signed_____ **Date:** _____

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.