

Marcussen Emergency Response Training

MEDICAL UNIT ACTIVITY LOG

1. Medical Unit Location	2. Operational Period (#)
	DATE: FROM: TO:
	TIME: FROM: TO:
3. Name	4. Other Notes
5. Activity Log	
DATE / TIME	NOTABLE ACTIVITIES
6 Prepared by	
6. Prepared by PRINT NAME:	
	FACILITY:





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- **PURPOSE:** The HICS 214 Activity Log records details of notable activities for any Hospital Incident Management Team (HIMT) position. These logs provide basic documentation of incident activity, and a reference for any After Action Report (AAR). Personnel should document how relevant incident activities are occurring and progressing, or any notable activities, actions taken and decisions made.
- **ORIGINATION:** Initiated and maintained by personnel in HIMT positions as it is needed or appropriate.
- **COPIES TO:** A completed HICS 214 must be submitted to the Documentation Unit Leader. Individuals may retain a copy for their own records.
- **NOTES:** Multiple pages can be used if needed. If additional pages are needed, use a blank HICS 214 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Print the name of the person for whom the activities are being documented.
4	HIMT Position	Enter the Hospital Incident Management Team (HIMT) position for which the activities are being documented.
5	Activity Log	Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date (m/d/y), as well as if the operational period covers more than one day.
		Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, information received, etc.
		This block can also be used to track personal work activities by adding columns such as "Action Required," "Delegated To," "Status," etc.
6	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

