

Incident Form

Date _____

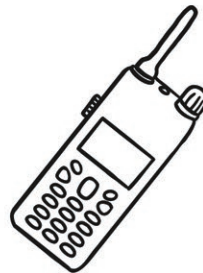
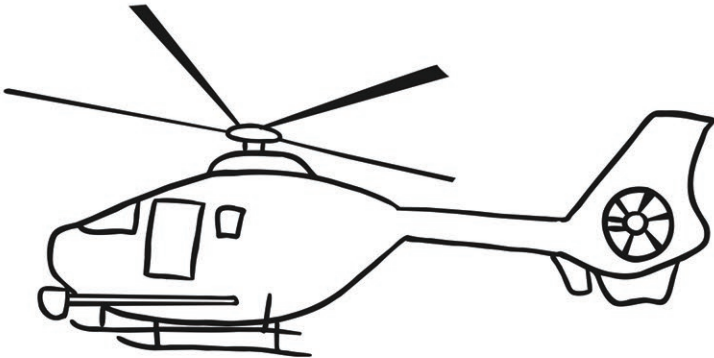
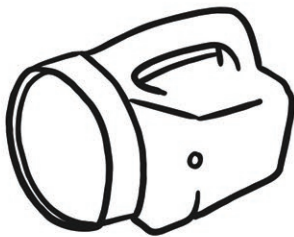
Time _____

Type of Incident _____

Location _____

What equipment is needed?

(Please circle)



Other emergency services required

Signed _____