

Incident Form

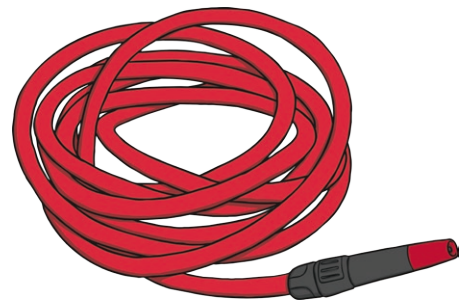
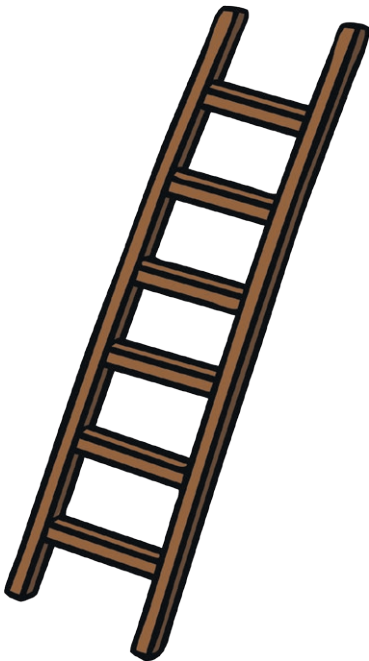
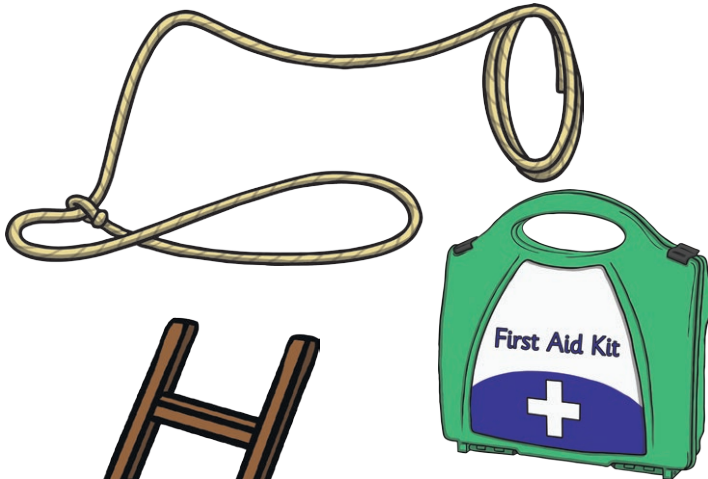
Date: _____

Time: _____

Type of Incident: _____

Location: _____

What Equipment is Needed? (Please Circle)



Other Emergency Services Required: _____

Signed: _____