

FEMA US&R RESPONSE SYSTEM

INCIDENT SUPPORT TEAM

IST/TASK FORCE INJURY/ILLNESS LOG			INCIDENT		OPERATIONAL PERIOD DATE TIMES		REPORTIN UNIT	IG ESF #9	FORM US&R—016	3/
NAME:			POSITION TITLE:		MISSION ASSIGNMENT #:			TIME:		
DISPOSITION: 1 — Return to Full Duty 2 — Return			n to Light Duty 3 — Off Work		4 — Hospitalized 5 -		— Evacuate	uated 6 — Death		
US&R TF	DATE/TIME	DATE FIRST REPORTED	NAME (Last, First, Middle)		COMPLAINT			TREATMENT (If referred, record on Patient Referral/Tracking Form)		DISP. (1 - 6)