**Event Attendance / Activity Log**

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| **Incident Name:** | **Operational Period****Date From:** **Date To:** **Time:**  |
| **Facility Name:**  |
| **Attendees** *(list names of all participants)* |
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| **Activity Log** |
| **Event Summary:** |
| **Additional Details:** *(other notable activities such as meetings, phone calls, & tasks that were completed during this event)* |
| **Prepared By**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |

*(This form is intended to be used by the Healthcare Facility to provide basic documentation from an event. Please keep copy of information in your records).*