**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).*