

Daily Unit Log		Incident Name _____		Date _____	
Unit Name _____			Assignment _____		
Unit Leader _____			Operational Period _____		
Rank/Name _____		ICS Position _____		Regular Duty Assignment _____	
Vehicle Year _____		Vehicle Make _____		Vehicle Model _____	
Vehicle Plate Number _____		Vehicle Vin # _____		Unit Number _____	
Vehicle Beginning Mileage _____		_____		Vehicle Ending Mileage _____	
NOTE: For personnel towing trailers, using boats, using gators complete a supplement vehicle log in addition to the Daily Unit Log.					

Daily Activities

Beginning Time	Ending Time	Total Time	Address/Location Information	Vehicle Idling Y/N	Total Vehicle Idle Time	Notes

Beginning Time	Ending Time	Total Time	Address/Location Information	Vehicle Idling Y/N	Total Vehicle	Notes

Vehicle Supplement Log	Incident Name _____	Date _____	
Unit Name _____		Assignment _____	
Unit Leader _____		Operational Period _____	
Rank/Name _____	ICS Position _____	Regular Duty Assignment _____	
Vehicle # 2 (Trailer, Gator, Boat, etc)			
Vehicle Year _____	Vehicle Make _____	Vehicle Model _____	Unit Number _____
Vehicle Plate Number _____	Vehicle Vin # _____	Special Vehicle Info _____	
Vehicle Beginning Mileage _____		Vehicle Ending Mileage _____	
Vehicle # 3 (Trailer, Gator, Boat, etc)			
Vehicle Year _____	Vehicle Make _____	Vehicle Model _____	Unit Number _____
Vehicle Plate Number _____	Vehicle Vin # _____	Special Vehicle Info _____	
Vehicle Beginning Mileage _____		Vehicle Ending Mileage _____	
Vehicle # 4 (Trailer, Gator, Boat, etc)			
Vehicle Year _____	Vehicle Make _____	Vehicle Model _____	Unit Number _____
Vehicle Plate Number _____	Vehicle Vin # _____	Special Vehicle Info _____	
Vehicle Beginning Mileage _____		Vehicle Ending Mileage _____	