EMERGENCY MANAGEMENT
FAUQUIER COUNTY

Activity Log (ICS 214)

1. Incident Name	2. Operational Period:	Date From	Date To
COVID-19		Time from	Time To
3. Name	4. Position/Assignment	5. Home Agency	

6. Personnel Roster Assigned		
Name	Position/Title	Home Agency/Unit

7. Activity Log	
Time	Major Events

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Time	Major Events
8. Supplies Used	
Amount	Item
	N-95/KN95
	Surgical Masks
	Gowns
	Sleeves
	Gloves
	Disposable Coveralls
	Goggles
	Face Shields
9. Prepared by (Name and Position)	

Submit