HCFAS
Mutual Aid Log Sheet

Date _____ Day _____ Time _____ **HCFAS Run #** _____

Call we Signal 24 TO another department:

Call origin: MedCom ( ) Alarm Phone ( ) Walk-In ( )

Location: _____ Priority Code: _____

How many full crews were on duty? _____ What call numbers? _____

If full crew on duty, what additional crew members were needed? _____

If 2-15-80 staffed, Name/Status: _____

If 2-15-81 staffed, Name/Status: _____

If 2-15-82 staffed, Name/Status _____

Name and status of personnel who responded to Signal 3s: _____

Time call returned to MedCom: _____ Dispatcher # _____

If known, department who responded to call: _____

If we took the 24 back, what time: _____

Call we receive FROM another department:

Location: _____ Priority Code: _____

Department Requesting 24 (if known) _____ Reason _____

HCFAS Responding Crew: On-Duty Crew ( ) Back-Up Crew ( )

Comments: _____

HCFAS Dispatcher Name _____ **#** _____

Dispatcher: Make **3** copies and distribute to Chief, Captain, and Secretary. Original to Chief Dispatcher.

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