

CERT MEMBER SIGN-IN

DISASTER SIMULATION

Activity Name: _____

01/01/2001

Date: _____

PLEASE PRINT CLEARLY

LEGEND: Name: First, Last; Time In /Time Out: 24 hour format; Qualifications: Current FA, CPR, AED, BBP, ODL, CDL, EMT, RN, DR. Specialties: ICS, Radio, Rescue, Pilot, Backhoe, Chainsaw, Secretarial, etc. Radio Training: H=Ham, Y=Trained, N=Cannot operate; Base: G=Grove, O=Oak Knoll, OT=Other

#	Name	Time In	Time Out	Qualifications/ Specialties	Cell Phone #	Can Text Message Well	Field Ready (ID, PPE, etc.)	Radio Training (H, Y, N)	Base (G, O, B, L, T, OT)
1	TIM TIMMONS	0800		HAM OPERATOR, RESCUE	541-482-2222	Y	Y	Y	L
2	JEFF JEFFRIES	0810	0835	SECRETARIAL	541-488-8888	Y	N	N	L
3	BILL WILLIAMSON	0840		MEDICAL	541-488-1111	Y	Y	Y	G
4									
5									
6									
7									
8									
9									
10									