

1. Incident Name	2. Date Prepared	3. Time Completed	UNIT DEBRIEF LOG ICS 214B – NDOW	
4. Unit Name/Designators	5. Unit Leader			
	Name:		DATE	TIME
	Position:		From:	To:
7. Personnel Roster Assigned				
Name	ICS Position		Affiliation	
8. Operational Period Debrief				
General Remarks / Accomplishments:				
:				
ADDITIONAL/SUPPORTING DOCUMENTATION: <input type="checkbox"/> Response Manager <input type="checkbox"/> Photographs <input type="checkbox"/> Video <input type="checkbox"/> Logbook <input type="checkbox"/> Other: _____				
Health & Safety Issues / Problem Areas:				
Next Operational Period Requirements (Additional-Reduction in Resources) (Tactical Changes):				

1. Incident Name	2. Date Prepared	3. Time Completed	UNIT DEBRIEF LOG ICS 214B – NDOW		
Preparer Name:	Position:				
9. Equipment Assigned					
Support Vehicle Inventory:					
Vehicle Type	Vehicle License/ ID No.	Agency	Start Time/ Mileage	End Time/ Mileage	Initials
Support Equipment Inventory:					
Equipment Type	Equipment License/ ID No.	Agency	Start Time	End Time	Initials
Vehicle/Equipment Unused:					
10. Prepared By (signature):					