



Task Number: _____ RCC/RCMP/BCAS File Number: _____

A. TO BE COMPLETED BY TASK LEADER

Group: _____ Region: _____ Area: _____

Task Type: _____

Date Task Commenced: _____ Time Task Commenced: _____

Date Task Completed: _____ Time Task Completed: _____

Number of Registered Volunteers Involved: _____ Number of Person Hours: _____

Number of Other Response Personnel Involved: _____ Number of Person Hours: _____

Number of Victims: _____ Injured: _____ Fatalities: _____ Still Missing: _____

Details of Task (attach additional pages if required): _____

Equipment Used/Lost Equipment Repair/Replacement Request attached - YES NO

Task Leader's Name: _____ Signature: _____ Date: _____

Where applicable

EP Coordinator's Name: _____ Signature: _____ Date: _____

B. TO BE COMPLETED BY PEP REGIONAL MANAGER

Comments/Recommendations:

Regional Manager Signature: _____ Date: _____