Monthly Emergency Response Log

Instructions: All employees with authorization to commute as an emergency responder must complete this log monthly and submit it to the associate director of Administrative Operations through the chain of command by the 5th working day of each month. Failure to submit this log or submission of logs which indicate no emergency responses will result in revocation of the director's authorization to use a state vehicle for commuting purposes.

Name: _____ For the Month/Year: _____/_____
Printed Name of Authorized Employee

List emergency responses occurring during the period above for which the state vehicle was used outside of normal work hours;

Date/Time	Description of Emergency
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Use additional lines if necessary

_____/_____
Signature of Employee Date

_____/_____
Signature of Facility/District/Unit Head Date

_____/_____
Signature of Associate Director/Executive Staff Date

Authorization for commuting in state vehicle is: Continued ☐
Rescinded ☐

_____/_____
Signature of Director/Designee Date