TASK REPORT FORM

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): _____

_____

_____

_____

_____

_____

_____

_____

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_____

Equipment Used/Lost (Equipment Repair/Replacement Request attached YES/N0)

_____

_____

_____

_____

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:_____