STAGING AREA LOG

_____Command Minimum # of Companies in Staging_____
(Command Name)

STAGING ESTABLISHED: DIVISION / GROUP
LOCATIONS:
Time _____ _____ _____
Location _____ _____ _____
_____ _____

This form shall be completed at any incident where staging is established. It shall be forwarded to the Operations Officer or the Incident Commander at the completion of the incident. **PRINT LEGIBLY**

STAGING MANAGER _____/_____/_____

Unit #	Time In	Sent To	Time Out	Time In	Sent To	Time Out	Time In	Sent To	Time Out

Incident Information (Inc#/Loc.):_____

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