OFFICE OF THE CHIEF OF POLICE

NOTICE

May 7, 2019

TO:

All Department Personnel

FROM:

Chief of Police

SUBJECT:

ACTIVITY LOG (LAPD ICS 214), FORM 14.20.12 - REVISED

The Activity Log (LAPD ICS 214), Form 14.20.12, has been revised to increase efficiency of incident management and <u>shall</u> be used during pre-planned events and spontaneous incidents. The revised form will allow for more thorough documentation and capturing of pertinent information, and is consistent with the national standards defined by the Federal Emergency Management Agency. The revisions will enhance the process of managing Department resources and assist with the capturing of necessary information to be qualified for Federal reimbursement.

The Activity Log is attached for immediate use and duplication and is available in E-Forms on the Department's Local Area Network. The use and distribution of this form remain the same. The completion of this form is self-explanatory. All other Activity Log (LAPD ICS 214) forms shall be discarded (including those located in mobile command and response vehicles).

Any questions regarding this Notice may be directed to Emergency Services Division, at (213) 486-5730.

MICHEL R. MOORE

Chief of Police

Attachments

DISTRIBUTION "D"

ACTIVITY LOG (LAPD ICS 214) LAPD Inc. No.:_____

1. INCIE	ENT / E	VENT NAME:	2. OPER	2. OPERATIONAL PERIOD: Date				rom:		Date T	Date To:			
							Time Fr	rom:		Time To				
3. DESI	GNATIO	ON (e.g., MFF-1, Shadow Team-1):	4. RANK	, NAME &	ICS POS!	ITION:		5. (CELLULAI					
6. RESC	OURCES	S ASSIGNED (List personnel bel	low for che						*************************************	Inciden	nt / Event i	Hours	ONLY	
Div	Rank	NAME (Last, First)		Incident Call Sign		Radio No.	Shift (e.g., 4/10, RDO)	Actual SOW	Shift EOW	INC SOW	INC EOW	INC Reg	INC	
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		G (List check-in, briefing, specifi	fic duties, Id					<u> </u>	<u> </u>			<u></u>		
Date:	Time	Checked in -		Ass	signments &	& Notable	Activitie	#S:						
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		3Y (Rank, Name & Serial No.):						Position/						
LAPD IC	CS 214	(5/2019) Page 1 of	Date/Tim	ne:				Signatu	ıre:	****				

9. INCIDEN	NT / EVENT N	IAME:		10. OPERA	TIONAL P	ERIOD:	Date Fro			Date To:
							Time Fro			Time To:
11. SPECI	ALIZED EQU	IPMENT AI	ND LESS LE	THAL DEPA	ARTMENT	MUNITION	IS DEPLO	YED:		
Equip	ment Assigne	ed To:			zed Equipi			Descripti	on and Nu	umber of Less Lethal Munitions:
Last	Name & Seria	l No.		e.g., Patrol Rii 37mm / 40r	fle, Bean Ba nm Launche	ag Shotgun, ers. etc.)		(e.g., ‡	‡ of Bean B	ag, 37mm / 40mm Rounds, etc.)
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Operator Incident Call Sign (e.g., 1P210)	Vehicle Make (e.g., Ford)	Vehicle Model (e.g., Explorer)	Category/ Kind/Type (e.g., Sedan, Motorcycle)	Vehicle Features (e.g., Sound, Video, Comms)	Vehicle Shop or ID No.	Vehicle License Plate No.	Check-In/ Starting Mileage	Demob/ Ending Mileage	Incident Total Mileage	Assignment (e.g., Fixed Post, CP Security, Evac, etc.)
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ACTIVITY LOG (LAPD ICS 214) LAPD Inc. No.:_____

14. INCIDENT / EVENT NAME:	15. OPERATIONAL PERIOD: Date Fro	om: Date To:
	Time Fr	rom: Time To:
	N (Continue listing specific duties, locations & times)	
Date: Time:	Assignments & Notabl	le Activities:
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	Name of the state	
	C	heck box if additional pages are attached:
17. PREPARED BY (Rank, Name & Se	erial No.) :	Position/Title:
LAPD ICS 214 (5/2019) Page 3 o	of Date/Time:	Signature:

LAPD ICS Form 214 - Activity Log - INSTRUCTIONS

Purpose.

In relation to an incident or event the LAPD ICS Form 214 - Activity Log records the following:

Details of personnel assigned;

Regular and overtime hours;

Assignments and notable activities;

Specialized equipment and less lethal Department munitions deployed, and;

Vehicle information including mileages.

Preparation. An ICS Form 214 (ICS-214) can be initiated and maintained by personnel in various Incident Command System (ICS) positions as it is needed or appropriate. An ICS-214 will be started during check-in and will be presented to Check-In personnel. Personnel should document how incident/event activities are occurring and progressing under "Assignments & Notable Activities" (Page 1 and 3.) The original ICS-214 must stay with the supervisor for the duration of an incident/event. Each ICS-214 must be fully completed and presented to the Demobilization Unit prior to demobilizing from an incident/event.

Distribution. The completed original ICS 214s are reviewed and collected by the Demobilization Unit during demobilization. The Demobilization Unit Leader will forward the collected original ICS-214 forms to the Documentation Unit, which maintains a file of all original documents including ICS-214s. It is recommended that individual supervisors retain a copy for their own records.

Notes:

• The ICS 214 can be printed as a two-sided form.

· Use additional copies as continuation sheets as needed, and indicate pagination as used.

je	Field No.	Field Title	Instructions
L	11	Incident / Event Name	Enter the name assigned to the incident / event.
		Operational Period	Enter the start date (m/d/yy) and time (HHMM) using the 24-hour clock and the end date and time of the
	2	Date and Time From	operational period which the form applies.
		Date and Time To	
	3	Designation	Enter the title of the organizational unit or resource designator (e.g., MFF-1, Shadow Team-1, etc.)
L	4	Rank, Name & ICS Position	Enter the rank, name and ICS position (e.g., Sgt II Seaburg, MFF-1 Leader.)
	5	Cellular Telephone	Enter the supervisor or most senior member's cellular telephone number. Ensure that the number is cor and legible. This number will serve as an alternate means of communication, if the primary mode (Astro radio) fails.
	6	Resources Assigned	Enter required information for all personnel assigned. Don't use initials, spell out last and first names. Your Incident Call Sign will be provided to you at the time of check-in. Indicate Regular Day Off (RDO) under Shift if you respond while on an RDO. Put a line in boxes "Actual SOW," "Shift EOW" and "INC Reg Hrs" if you are on a day off. In general, "INC Reg HRS" and "INC O/T HRS" calculated as follows: "INC REG HRS" = Number of hours between "INC SOW" and "Shift EOW" "INC O/T HRS" = Number of hours between "Shift EOW" and "INC EOW" However, these formulas don't apply if demobilizing from the incident prior to "Shift EOW."
	7	Activity Log	Enter the time (HHMM) using the 24-hour clock and briefly describe individual activities. The date (m/d/y also needs to be indicated if the operational period covers more than one day. Activities described should include time of check-in, briefing, receiving assignments, completion of assignments, injuries, use of force, difficulties encountered, etc. Check the box in bottom right if the I continues on page 3.
	8	Prepared by	Enter rank, name, serial number, position/title, date (m/d/yy,) time (HHMM), and the signature of person preparing the form/page.
	9	Incident / Event Name	(Same as field #1.)
	10	Operational Period	(Same as field #2.)
	11	Specialized Equipment and Less Lethal Munitions Deployed	Enter last name, serial number, describe specialized equipment and number of less lethal munitions.
Γ	12	Support Vehicle Inventory	List all vehicles utilized by personnel during the incident/event. Collect starting mileages before check-in.
Γ	13	Prepared by	(Same requirements as for field #8.) Person preparing the page maybe different.
	***************************************	Incident / Event Name	(Same as field #1, and field #9.)
-	15	Operational Period	(Same as field #2, and field #10.)
T	16	Activity Log Continuation	Additional space to continue the log from Page 1. Check the box in bottom right if additional pages attached.
T	17	Prepared by	Same requirements as for fields #8 and #13. Person preparing the page may be different.
		ent Number (Inc. No.)	Enter LAPD (ten digit) incident number on the top, right corner of all three pages prior to demobilizing.