

**AREA 3 WEAPONS OF MASS DESTRUCTION AND HAZARDOUS MATERIALS TEAM, INC  
INCIDENT REPORT (used-lost-damaged equipment)**

Name of TEAM: \_\_\_\_\_ State Fiscal Year: \_\_\_\_\_

County: \_\_\_\_\_ Kentucky Emergency Management Area: \_\_\_\_\_

Check Quarter:       First Quarter (Jul/Aug/Sep)       Second Quarter (Oct/Nov/Dec)       Third Quarter (Jan/Feb/Mar)       Fourth Quarter (Apr/May/Jun)

Type of Incident	EQUIPMENT (USED-LOST-DAMAGED)	Number of Team Members	Total Man-hours
<b>TOTALS FOR THE QUARTER:</b>			

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Team Leader Signature

Submit completed report to: Local Emergency Management Director and Division of Emergency Management Area Manager.

Review and Comments:	
Local Emergency Management Director: _____	Date: _____

Review and Comments:	
Area Manager, Division of Emergency Management: _____	Date: _____