CREW TIME REPORT

(1) **CREW NAME**	(2) **CREW NUMBER**

(3) OFFICE RESPONSIBLE FOR FIRE	(4) **FIRE NAME**	(5) **FIRE NUMBER**
	DNR-2025-Ice Storm Response	MI-MIS-990001

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIF-ICATION	DATE Military Time ON	 OFF	DATE Military Time ON	 OFF

(11) **REMARKS**

Email to: SEOC-IMT1-FSC@michigan.gov

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)	(15) DATE

Prescribed by USDA-USDI (NMWG Handbook No. 2)