

**EMPLOYEE AND EQUIPMENT INFORMATION FORM 4**  
**Responding Agency**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor of Crew: \_\_\_\_\_

Communication Equipment/Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

Report Time: \_\_\_\_\_ Report Date: \_\_\_\_\_

Report to: \_\_\_\_\_ Area Assigned: \_\_\_\_\_

**Type of Assistance Provided (Use FEMA Type of Resources Format if possible):**

**Supervisor & Crew Employees:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Technical Assistance**

\_\_\_\_\_  
\_\_\_\_\_

**Equipment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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