Commonwealth of Virginia - Department of Emergency Management - **Search and Rescue Program**

Non-Public Safety / Non SAR / Volunteer Accountability Log

Date:	Mission #	Incident Location / Name	Incident Type	Page
				____ of ____

Name (Last, First)	Organization	SAR / Fire / EMS / LE Qualifications	Mobile Number With Area Code	Emergency Contact Name / Number	Arrival Date/Time	Departure Date/Time