

INCIDENT CAMP SUMMARY REPORT

Incident name	Location	Date	
Department Representative Kitchen provided by:	Department of Natur	Department of Natural Resources (DNR) Liaison	
DEPART	MENT FACILITIES ASSIGNED T	O INCIDENT	
Facility name	Number of workers	Number of employees	
Describe any problems with c	ommunications between Depart	ment employees and DNR or	
Juvenile Rehabilitation (JA) po	-		
entering or leaving the incider List serious medical problems	neck in and out with the Department camp? Yes No If no, expenses that required emergency room, type, care provided, and dispose	plain: hospitalization, including worker	
Describe any problems with m	neals or kitchen:		
Describe any problems with s	hower facilities:		
Describe any problems with la	aundry:		
Were any count discrepancies If yes, list the facility, employees	-		

•	ces Emergency Response Class IV? Yes No
Any major disciplinary problems? ☐ Y If yes, list worker name and DOC number,	es ☐ No , rule(s) violated, and disposition (e.g., local jail):
Would you like to make any recommen If yes, include employee name, facility, an	dations for exceptional employee work? ☐ Yes ☐ No d explain why:
List any media contacts, including age Management was followed:	ncy, and explain if DOC 410.160 Emergency Information
Describe what went well and what coul solutions for prevention or more efficie	d be improved, including any recommendations/ ent operation in the future.
Comments:	
Department Representative signature DNR Liaison comments:	- Date
	Date isclosure. Social Security Numbers are considered confidential information and is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon

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