INCIDENT CAMP SUMMARY REPORT

Incident name                      Location                      Date

Department Representative         Department of Natural Resources (DNR) Liaison
Kitchen provided by:             

DEPARTMENT FACILITIES ASSIGNED TO INCIDENT

<table>
<thead>
<tr>
<th>Facility name</th>
<th>Number of workers</th>
<th>Number of employees</th>
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Describe any problems with communications between Department employees and DNR or Juvenile Rehabilitation (JA) personnel:

Did Department employees check in and out with the Department representative when entering or leaving the incident camp?  □ Yes  □ No  If no, explain:

List serious medical problems that required emergency room/hospitalization, including worker name and DOC number, injury type, care provided, and disposition (e.g., hospital watch):

Describe any problems with meals or kitchen:

Describe any problems with shower facilities:

Describe any problems with laundry:

Were any count discrepancies reported?  □ Yes  □ No  If yes, list the facility, employees involved, and resolution:

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Data classification category 1
Did all Department facilities follow Personal Property for Emergency Response per DOC 780.200 Department of Natural Resources Emergency Response Class IV? □ Yes □ No
If no, explain:

Any major disciplinary problems? □ Yes □ No
If yes, list worker name and DOC number, rule(s) violated, and disposition (e.g., local jail):

Would you like to make any recommendations for exceptional employee work? □ Yes □ No
If yes, include employee name, facility, and explain why:

List any media contacts, including agency, and explain if DOC 410.160 Emergency Information Management was followed:

Describe what went well and what could be improved, including any recommendations/solutions for prevention or more efficient operation in the future.

Comments:

Department Representative signature

Date

DNR Liaison comments:

DNR Liaison signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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