Northampton County Department of Emergency Medical Services
Standard Operating Procedures

Date: June 24, 2002

Emergency Incident "Rehab" Accountability Report

	INCIDENT #:
LOCATION of INCIDENT:	DATE:
911 address	
TYPE of INCIDENT:	AIC:
Fire, Accident, HazMat, Etc.	

Unit # *	# Personnel	Time On Scene	Time Leave Scene

*Use "POV" if arrived on scene by Privately Owned Vehicle