

# ALS / BLS EMS Unit Hour Log

## Patient Care Reports & Activity Logs Required

### Surge Response

\_\_\_\_\_  
Event Name

\_\_\_\_\_  
Contract Number    Tracking Number

Service Name:					
Certifying Official of Ambulance Agency:					
Signature of Certifying Agency:					
Placard #		ALS/BLS			
Date:	Date	Start Time	End Time	Total Hours	Comments
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					Weekly subtotal
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
This form is required & must be turned in to your service/employer for reimbursement.				Page	Weekly subtotal