TASK FORCE INJURY/ILLNESS LOG	INCIDENT	OPERATIONAL PERIOD	TF 206T
NAME	POSITION	TASK FORCE	ASSIGNMENT

DISPOSITION:
1 — Return to Full Duty 2 — Return to Light Duty 3 — Off Work 4 — Hospitalized 5 — Evacuated 6 — Death

VICTIM #	DATE/TIME	DATE FIRST REPORTED	NAME (Last, First, Middle)	COMPLAINT	TREATMENT	TRANSPORTED TO	DISP. (1 - 6)