

STAFF ACCOUNTABILITY ROSTER

1. Bureau/Independent Office (B/IO)	2. Operating Unit	3. Last Roster Revision
4. Incident Start Time/Date	5. Number of Staff Checked-In	6. Number of Staff Who Have NOT Checked-In

CONTACT LIST		CHECK-IN		
	NAME	PHONE NUMBER	TIME RECEIVED	NOTES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				



CONTACT LIST		CHECK-IN		
	NAME	PHONE NUMBER	TIME RECEIVED	NOTES
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				