

CISM Activity Report

(This is a statistical documentation form. Confidential information pertaining to CISM sessions shall not be included. Please print or type all information.)

Troop Area: _____ Form Completed by: _____

Date of Stress Management Session: _____ Type of Session: _____

BEGIN Time of Session: _____ END Time of Session: _____

Location of Session: _____

Participating Organization(s): _____

| Number of Participants by Affiliation <i>(excluding CISM team members)</i> | | | | | | | |
|---|----------|----------------------|-----|------|----------|----------|-----------------|
| <i>(Enter the appropriate numbers in the respective spaces below.)</i> | | | | | | | |
| Corrections | Dispatch | Emergency Management | EMS | Fire | Fire/EMS | Hospital | Law Enforcement |
| | | | | | | | |
| Total Number of Participants: _____ <i>(not counting CISM team members)</i> | | | | | | | |

Put an X in the appropriate column below to indicate each team member's response.

| Names of CISM Team Support Personnel | | Type of Support | | Attended Post-Session Review | |
|--------------------------------------|--|-----------------|------|------------------------------|----|
| | | Mental Health | Peer | YES | NO |
| Team Leader | | | | | |
| | | | | | |
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| | | | | | |
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Post-session Review for CISM team members conducted by: _____

| Stress Management Session Data | | | |
|-----------------------------------|-----------------------------|------------------------|---------------|
| <i>(Check all that apply.)</i> | | | |
| Date of Critical Incident: | | Follow-up Plan: | |
| Type of Event: | Disaster | Fire | Mass Casualty |
| | Officer-involved | Vehicle Crash | Other |
| Consequence: | Accidental Death | Homicide | Injury |
| | Line-of-duty Death | | Natural Death |
| | Suicide | Other | |
| | | | |
| Victim(s): | Adult(s) | Child(ren) | |
| | Emergency Service Personnel | | |
| | | | |

| | | |
|----------------------|----------------------|-----------------------------------|
| Date Received: _____ | Data System Use Only | Entry Into CISM Database Complete |
|----------------------|----------------------|-----------------------------------|

Please send completed form within 24 hours to your CISM/EMS Regional Coordinator