

CISM Activation Log

(Complete an Activation Log for each requested session)

Troop Area: _____ Date of Calls: _____ Form Completed by: _____

Requesting Department: _____

Contact Person: _____ Contact Phone: _____

Stress Management Session Information

Scheduled Date of Session: _____ Scheduled Time of Session: _____

Scheduled Location of Session: _____ Type of Session: _____

Participant(s) Affiliation:
(Check all that apply)

Corrections	Dispatch	Emergency Management	EMS
Fire	Fire / EMS	Hospital	Law Enforcement

Transportation Provided by:
(Check all that apply)

Dispatch	Fire Marshall	N.S.P.	Privately-owned Vehicle
----------	---------------	--------	-------------------------

Pick Up Location(s): _____

Stress Management Session CALL-OUT Information

(List the names of each team member you attempt to contact during the formation of the stress management session team.)

(Place an "X" in the appropriate column below to indicate each team member's response.)

Team Member Name	Called				Left Message				Message Returned		Participation			Memo/Notes <i>(40 characters)</i>
	Home	Work	Cell	Other	Home	Work	Cell	Other	YES	NO	Agreed to Participate	Cannot Participate	Unable to Contact	

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

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