



# California Emergency Medical Services Authority Response Time Sheet



Month and Year:	
Incident Name:	
DR Number:	
Employee Name:	
Employee work phone:	
Employee Work e-mail:	
Normal Work Schedule:	
Flex schedule RDO:	

Location (choose all that apply):	
State Operations Center	
Regional Emergency Ops Center	
Field (input location)	
Medical Health Coordination Center	
EMSA DOC	
Other (input description)	

Day	Location	Start	Meal Out	Meal In	End	Total Hours	Location and Description of Work Performed
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							
26							
27							
28							
29							
30							
31							
						<b>Total Hours</b>	

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
DMS Division Chief Signature Date