Incident Call Takers Checklist

Time Reported: _____   Date: _____

Dispatcher: _____   Incident #: _____

● ●

Reporting Party Name: _____

Reporting Party Phone Number: _____

Reporting Party's Location: _____

Nearest Town: _____   County: _____

What do they see: _____

Where do they think the fire is: _____

_____

Latitude: _____   Longitude: _____