**- Decisions and Actions Log Sheet**

**(Please complete in permanent ink)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | | **Incident Name:** | | | |
| **Job Title:** | | | | **Date:** | | | |
| **Entry No** | **Time**  **(24 hr)** | **Information Received** | **Who From?** | | **What Actions Needed?** | **Time Action Completed** | **Completed by** |
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| **NB – This Log Sheet will form part of our evidence in the event of a major incident. Once completed, please**  **pass to Emergency Planning Team who will file with official Log Book.** | | | | | **Signed off:** | | **Page of** |
| **Please photocopy if you require further copies and complete page numbers as appropriate.** | | | | |
| **Please use a new sheet for each new day of the incident.** | | | | | **Date:** | |  |