

**Henry County Emergency Management Agency  
Division of Hazardous Materials Response**

***Incident AIR LOG***

Incident OIC: \_\_\_\_\_

Call Sign/Frequency: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Incident Number: \_\_\_\_ - \_\_\_\_\_

Safety Officer: \_\_\_\_\_

Call Sign/Frequency: \_\_\_\_\_

Incident Start Time: \_\_\_\_\_

Incident End Time: \_\_\_\_\_

Air Supply Officer: \_\_\_\_\_

Number of Spare 1 Hour: \_\_\_\_\_

Number of 1 Hour: \_\_\_\_\_

Total Number 1 Hour: \_\_\_\_\_

Bottles on Hand 45 Min: \_\_\_\_\_

Spare Bottles 45 Min: \_\_\_\_\_

of Bottles 45 Min: \_\_\_\_\_

30 Min: \_\_\_\_\_

Remaining 30 Min: \_\_\_\_\_

Used: 30 Min: \_\_\_\_\_

Team Number	Team Member	Suit # / Color	Cylinder Pressure (Start)	# of Bottles Used by Member	On Air Start Time	Travel Time (From DECON to incident site)	Recommended Start Out Time	Time Off Air	Cylinder Pressure (End)

Stike through a members line if he/she re-enters and start a new line

**Add a new line and mark the "# of Bottles used" box with the total number of bottles used by that member when a member recieves a fresh bottle and re-enters the scene**