

OHIO SPECIAL RESPONSE TEAM

CHECK-IN LOG	1. NAME/IDENTIFIER	2. DATE	3. REGISTRANTS			
				<input type="checkbox"/> OSRT PERSONNEL <input type="checkbox"/> VOLUNTEERS		
4. EVENT TYPE (✓)						
<input type="checkbox"/> Training <input type="checkbox"/> Meeting <input type="checkbox"/> Activation <input type="checkbox"/> Community Event <input type="checkbox"/> Other					TRAINING TOPIC	
5. PARTICIPANTS						
PAGE OF						
OSRT 40-2	6. PRINT NAME	7. SIGNATURE			8. INCIDENT DCN	