

**CLAIMS LOG**  
(See reverse side for instructions)

1. Incident \_\_\_\_\_ 2. Date \_\_\_\_\_ 3. Operational Period \_\_\_\_\_

4. Time	5. Claim	6. Property Owner	7. Location on Incident	8. Claims Form Initiated	9. Agency Reps Advised	10. Property Owner Contacted	11. Investi- gation Started	12. Claims Form Completed	13. Status

INSTRUCTIONS FOR COMPLETING THE CLAIMS LOG  
(ICS FORM 227)

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident	Enter incident name and/or number.
2.	Date	Enter date operational period begins.
3.	Operational Period	Enter the operational period this log covers.
4.	Time	Enter military time of notification of accident and/or injury.
5.	Claim	Enter nature of claim (e.g., damaged fence, dislocated shoulder, etc.)
6.	Property Owner	Enter property owners name if property is involved.
7.	Location on Incident	Enter general location in order to assist with follow-up.
8.	Claims Form Initiated	Initial when claims form is initiated.
9.	Agency Reps Advised	Initial when Agency Rep from employing agency is advised.
10.	Property Owner Contacted	Initial when property owner has been contacted.
11.	Investigation Started	Initial if an investigation is started.
12.	Claims Form Completed	Initial when claims form is completed.
13.	Status	Report status of log entry at completion of operational period (e.g., pending, dropped, completed, etc.).

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