



ON-CALL ACTIVITY REPORT

NO ACTIVITY TO REPORT ACTIVITY TO REPORT (Complete Below)

LOCATION OF INCIDENT	INSPECTOR ASSIGNED
DESCRIPTION OF INCIDENT	

DAMAGED BUILDING INSPECTION REPORT PROVIDED (Per Policy 22)

UNSAFE DETERMINATION AFFIDAVIT FORM (Per Policy 22), **-OR-** NOT APPLICABLE

DAMAGED BUILDING REPORT NOT REQUIRED; REASON: _____

SUBMITTED BY _____

FOR THE PERIOD _____