

**SARASOTA MEMORIAL HEALTH CARE SYSTEM
FACILITY DAMAGE DAILY ACTIVITY LOG (FORM S)**

DEPARTMENT NAME/LOCATION: _____ | **PAGE** _____ | **OF** _____

DIRECTOR NAME: _____ | **EXT/PAGER #:** _____

PREPARER'S NAME: _____ | **EXT/PAGER #:** _____

DATE	TIME	Detailed Description of Damage (Including exact location and cause)	Was Damage Present Prior to Storm?	Description of Temporary or Permanent Corrective Measures

Director's Signature

Date