SMAT II NORTH CAROLINA

Eastern Regional Advisory Committee
State Medical Assistance Team II
Emergency Support Function – 8 -Public Health and Medical Service

SUPPORT PERSONNEL INVENTORY	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

EQUIPMENT INFORMATION

a. Personnel Name (Last, First)	b. Home Agency	c. Signature	d. License/Certification	e. Time Check in / out	f. Cell number	g. D.O.B
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