

HIDALGO COUNTY
Department of Budget & Management

DAILY ACTIVITY REPORT
Force Account Work

Incident Name	Worksite Location	Date
Employee Name	Employee Number	Dept./Precinct
Description of Work Performed at the worksite location		

Labor Hours	
Time In _____	Lunch Out _____
Time Out _____	Lunch In _____
Total Hours Physically Worked _____	

Equipment Used					
Equipment Description <small>(i.e. year, make, model, horsepower, etc.)</small>	Unit #	Hours Used	Office Use Only		
			County Asset #	FEMA Rate Code	Rate

Acknowledgements	
Employee Signature	Date
Supervisor Signature	Date

Completed form must be turned in at end of every shift.

Office Use Only	
Identify Category based on work performed:	
<input type="checkbox"/> A - Debris Removal	<input type="checkbox"/> E - Buildings and Equipment
<input type="checkbox"/> B - Emergency Protective Measures	<input type="checkbox"/> F - Utilities
<input type="checkbox"/> C - Roads and Bridges	<input type="checkbox"/> G - Parks, Recreation Facilities, and Other Items
<input type="checkbox"/> D - Water Control Facilities	