

INDIVIDUAL AVAILABILITY ASSESSMENT		1. INCIDENT NAME	2. DATE AND TIME PREPARED
3. NAME		4. AGENCY/TEAM	5. OPERATIONAL PERIOD
6. REST & REHABILITATION	HOW MANY HOURS SINCE YOU LAST SLEPT?		
	HOW MANY HOURS OF SLEEP HAVE YOU HAD IN THE LAST 24 HOURS?		
	WHEN WAS YOUR LAST MEAL?		
	DESCRIBE ANY ILLNESS OR INJURY RELATED TO THIS INCIDENT		
7. AVAILABILITY	<input type="checkbox"/> AVAILABLE FOR REASSIGNMENT IN CURRENT OPERATIONAL PERIOD		ESTIMATED TIME WHEN YOU WILL BE AVAILABLE
	<input type="checkbox"/> AVAILABLE FOR REASSIGNMENT IN FUTURE OPERATIONAL PERIOD		ESTIMATED DATE/TIME WHEN YOU WILL BE AVAILABLE
	<input type="checkbox"/> NOT AVAILABLE FOR REASSIGNMENT. DEPARTING FROM INCIDENT <i>(COMPLETE SECTION 8 AND OBTAIN SAFETY OFFICER REVIEW AND SIGNATURE)</i>		
8. DEPARTING FROM INCIDENT	ESTIMATED TIME OF DEPARTURE		ESTIMATED TIME OF ARRIVAL HOME
	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE DRIVING?
	<input type="checkbox"/>	<input type="checkbox"/>	WILL THERE BE OTHER PEOPLE IN THE VEHICLE WITH YOU?
	<input type="checkbox"/>	<input type="checkbox"/>	IS ANOTHER PERSON AVAILABLE TO SHARE DRIVING?
	<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU HAD LESS THAN FIVE HOURS OF SLEEP IN THE LAST 24 HOURS?
	<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU CURRENTLY FEELING AWAKE AND ALERT?
	<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE IN A CONVOY WITH OTHER VEHICLES?
	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU HAVE RADIO COMMUNICATIONS WITH THE CONVOY?
	<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU TAKEN ANY MEDICATIONS, DRUGS OR ALCOHOL THAT MAY IMPAIR YOUR ABILITY TO DRIVE?
<input type="checkbox"/>	<input type="checkbox"/>	DO YOU PROMISE TO PULL OVER AND TAKE A NAP IF YOU BECOME SLEEPY?	
9. SIGNATURE OF INDIVIDUAL		10. SIGNATURE OF SAFETY OFFICER	DATE AND TIME