



# Washington County Rescue Services

## Medical Team Timesheet

Name (print) \_\_\_\_\_

Month \_\_\_\_\_

Signature \_\_\_\_\_

ID # \_\_\_\_\_

Date	Location of Duty	Rescue Tech on Truck	Truck Time	# of calls ran

Total Truck Time : \_\_\_\_\_

Total # of Calls Ran: \_\_\_\_\_

