

Exhibit 6576.b, CDC INCIDENT WORK FORCE ROSTER (6400)

(June 2000)

CALIFORNIA DEPARTMENT OF CORRECTIONS



CDC INCIDENT WORK FORCE ROSTER

INCIDENT NAME: _____
 RESPONSIBLE AGENCY: _____
 CDC AGENCY REPRESENTATIVE: _____
 TECH. SPECIALIST - CREWS: _____
 FACILITIES COORD.: _____

INCIDENT NUMBER: _____ DATE: _____
 INCIDENT COMMANDER: _____
 LIAISON OFFICER: _____
 LOGISTICS CHIEF: _____
 MEDICAL UNIT LEADER: _____

CAMP NAME AND CC NUMGER	CREW NUMBE R	NUMBE R OF INMATE S	CREW CDC OFFICER'S NAME	CDC SGT'S OR LT'S. NAME WITH S/T OR T/F	STRIKE TEAM OR TASK FORCE NUMBER	CDF/LAC CREW CAPTAIN OR FOREMAN	STRIKE TEAM LEADER'S NAME	ASSIGNMENT DAY/NIGHT DIVISION,
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TOTAL NUMBER OF CAMPS	# OF CREWS	# OF I/M'S	NUMBER OF OFFICERS	NUMBER OF SERGEANTS AND/OR LIEUTENANTS				

USE REVERSE SIDE FOR ADDITIONAL ENTRIES IF NEEDED.

CAMP NAME AND CC NUMBER	CREW NUMBER	NUMBER OF INMATES	CREW CDC OFFICER'S NAME	CDC SGT'S OR LT'S. NAME WITH S/T OR T/F	STRIKE TEAM OR TASK FORCE NUMBER	CDF/LAC CREW CAPTAIN OR FOREMAN	STRIKE TEAM LEADER'S NAME	ASSIGNMENT DAY/NIGHT DIVISION,
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TOTAL NUMBER OF CAMPS	# OF CREWS	# OF I/M'S	NUMBER OF OFFICERS	NUMBER OF SERGEANTS AND/OR LIEUTENANTS				

Prepared by: _____

