

# Appendix H

## HICS Forms

Form #	Form Title
<a href="#"><u>200</u></a>	<a href="#"><u>Incident Action Plan (IAP) Cover Sheet</u></a>
<a href="#"><u>IAP Quick Start</u></a>	<a href="#"><u>Incident Action Plan (IAP) Quick Start</u></a>
<a href="#"><u>201</u></a>	<a href="#"><u>Incident Briefing</u></a>
<a href="#"><u>202</u></a>	<a href="#"><u>Incident Objectives</u></a>
<a href="#"><u>203</u></a>	<a href="#"><u>Organization Assignment List</u></a>
<a href="#"><u>204</u></a>	<a href="#"><u>Assignment List</u></a>
<a href="#"><u>205A</u></a>	<a href="#"><u>Communications List</u></a>
<a href="#"><u>206</u></a>	<a href="#"><u>Staff Medical Plan</u></a>
<a href="#"><u>207</u></a>	<a href="#"><u>Hospital Incident Management Team (HIMT) Chart</u></a>
<a href="#"><u>213</u></a>	<a href="#"><u>General Message Form</u></a>
<a href="#"><u>214</u></a>	<a href="#"><u>Activity Log</u></a>
<a href="#"><u>215A</u></a>	<a href="#"><u>Incident Action Plan (IAP) Safety Analysis</u></a>
<a href="#"><u>221</u></a>	<a href="#"><u>Demobilization Check-Out</u></a>
<a href="#"><u>251</u></a>	<a href="#"><u>Facility System Status Report</u></a>
<a href="#"><u>252</u></a>	<a href="#"><u>Section Personnel Timesheet</u></a>
<a href="#"><u>253</u></a>	<a href="#"><u>Volunteer Registration</u></a>
<a href="#"><u>254</u></a>	<a href="#"><u>Disaster Victim/Patient Tracking</u></a>
<a href="#"><u>255</u></a>	<a href="#"><u>Master Patient Evacuation Tracking</u></a>
<a href="#"><u>256</u></a>	<a href="#"><u>Procurement Summary Report</u></a>

Form #	Form Title
<a href="#"><u>257</u></a>	<a href="#"><u>Resource Accounting Record</u></a>
<a href="#"><u>258</u></a>	<a href="#"><u>Hospital Resource Directory</u></a>
<a href="#"><u>259</u></a>	<a href="#"><u>Hospital Casualty/Fatality Report</u></a>
<a href="#"><u>260</u></a>	<a href="#"><u>Patient Evacuation Tracking</u></a>



# HICS 200 - INCIDENT ACTION PLAN (IAP) COVER SHEET

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b>  DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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**3. Attachments** *The items checked below are included in this Incident Action Plan (IAP)*

- Incident Action Plan (IAP) Quick Start
- or
- HICS 201 - Incident Briefing
- HICS 202 - Incident Objectives
- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 204 - Assignment List; Operations Section: Staging
- HICS 204 - Assignment List; Operations Section: Medical Care Branch
- HICS 204 - Assignment List; Operations Section: Infrastructure Branch
- HICS 204 - Assignment List; Operations Section: Security Branch
- HICS 204 - Assignment List; Operations Section: HazMat Branch
- HICS 204 - Assignment List; Operations Section: Business Continuity Branch
- HICS 204 - Assignment List; Operations Section: Patient Family Assistance Branch
- HICS 204 - Assignment List; Planning Section
- HICS 204 - Assignment List; Logistics Section: Service Branch
- HICS 204 - Assignment List; Logistics Section: Support Branch
- HICS 204 - Assignment List; Finance/Administration Section
- HICS 215A - Incident Action Plan (IAP) Safety Analysis

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**4. Prepared by  
Planning Section Chief**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_ FACILITY: \_\_\_\_\_

**5. Approved by  
Incident Commander**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_ FACILITY: \_\_\_\_\_



**Purpose:** Provide cover sheet and checklist for HICS Forms and other documents included in the Operational Period Incident Action Plan (IAP)

**Origination:** Incident Commander or Planning Section Chief

**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 200 - INCIDENT ACTION PLAN (IAP) COVER SHEET

- PURPOSE:** The HICS 200 – Incident Action Plan (IAP) Cover Sheet provides a cover sheet and a checklist for HICS Forms and other documents included in the operational period IAP.
- ORIGINATION:** Prepared by the Incident Commander or Planning Section Chief.
- COPIES TO:** Duplicated and distributed to Command and General Staff positions activated. All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** If additional pages are needed for any form page, use a blank HICS 200 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Attachments</b>	Check or list all HICS Forms and other documents that are included in the Incident Action Plan (IAP).
4	<b>Prepared by Planning Section Chief</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
5	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS INCIDENT ACTION PLAN (IAP) QUICK START

## COMBINED HICS 201—202—203—204—215A

**5. Health and Safety Briefing** Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. — HICS 202, 215A —

**6. Incident Objectives** — HICS 202, 204 —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

**7. Prepared by**      PRINT NAME: \_\_\_\_\_      SIGNATURE: \_\_\_\_\_  
 DATE/TIME: \_\_\_\_\_      FACILITY: \_\_\_\_\_



**HICS INCIDENT ACTION PLAN (IAP) QUICK START**  
**COMBINED HICS 201—202—203—204—215A**

- PURPOSE:** The Incident Action Plan (IAP) Quick Start is a short form combining HICS Forms 201, 202, 203, 204 and 215A. It can be used in place of the full forms to document initial actions taken or during a short incident. Incident management can expand to the full forms as needed.
- ORIGINATION:** Prepared by the Incident Commander or Planning Section Chief.
- COPIES TO:** Duplicated and distributed to Command and General staff positions activated. All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** If additional pages are needed for any form page, use a blank HICS IAP Quick Start and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Situation Summary</b>	Enter brief situation summary.
4	<b>Current Hospital Incident Management Team</b>	Enter the names of the individuals assigned to each position on the Hospital Incident Management Team (HIMT) chart. Modify the chart as necessary, and add any lines/spaces needed for Command staff assistants, agency representatives, and the organization of each of the General staff sections.
5	<b>Health and Safety Briefing</b>	Summary of health and safety issues and instructions.
6	<b>Incident Objectives</b>	
	<b>6a. Objectives</b>	Enter each objective separately. Adjust objectives for each operational period as needed.
	<b>6b. Strategies / Tactics</b>	For each objective, document the strategy/tactic to accomplish that objective.
	<b>6c. Resources Required</b>	For each strategy/tactic, document the resources required to accomplish that objective.
	<b>6d. Assigned to</b>	For each strategy/tactic, document the Branch or Unit assigned to that strategy/tactic.
7	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



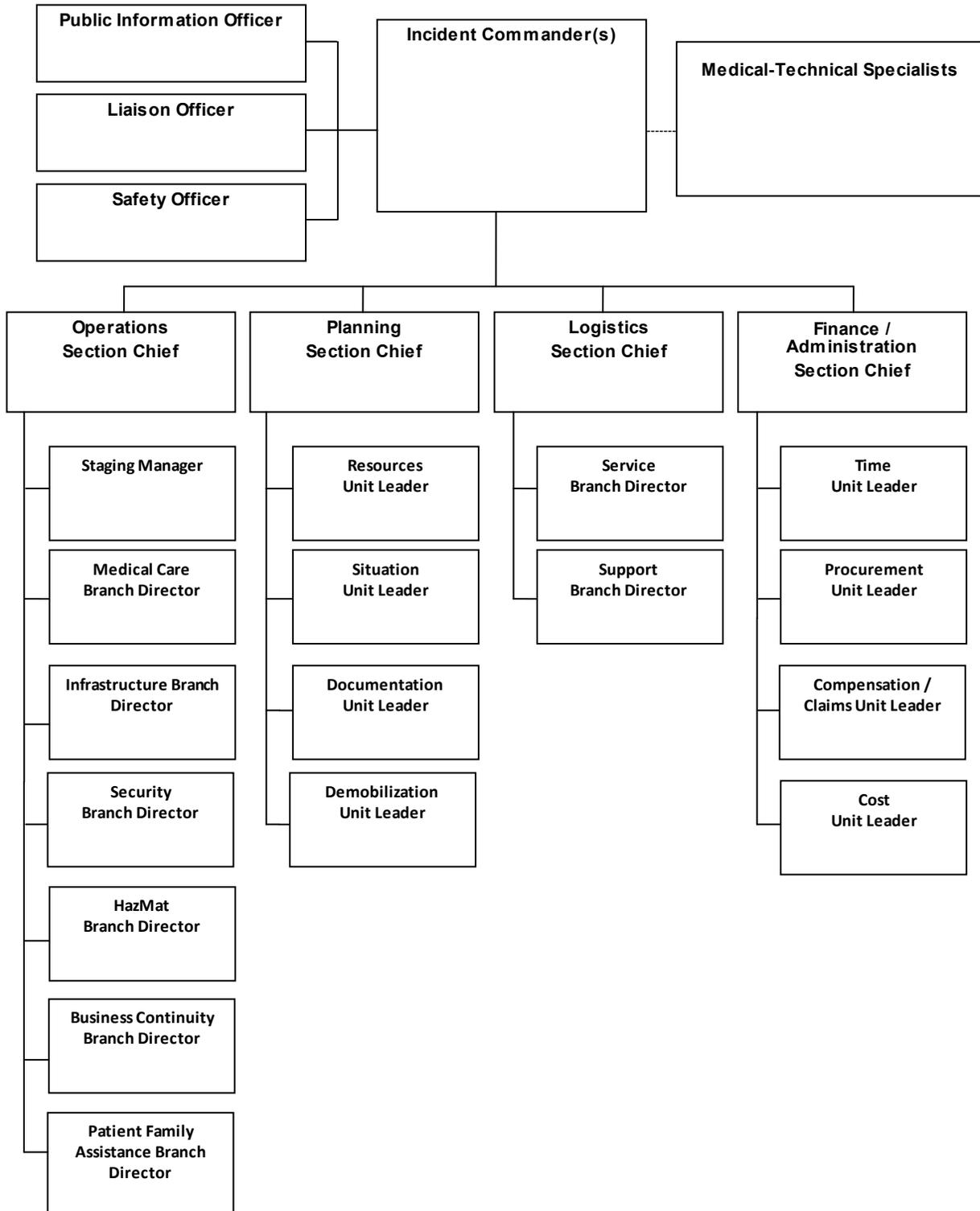
## HICS 201 - INCIDENT BRIEFING

<b>1. Incident Name</b>	<b>2. Operational Period</b> (# ) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
<b>3. Situation Summary</b> (for briefings or transfer of command)	
<b>4. Health and Safety Briefing</b> Identify potential incident health and safety hazards and implement necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. (Summary of HICS 215A)	
<b>5. Map / Sketch</b> (Attach sketch showing the total area of operations, the incident site/area, impacted and threatened areas, and/or other graphics depicting situational status and resource assignment, as needed.)  <input type="checkbox"/> See Attached	



# HICS 201 - INCIDENT BRIEFING

## 6. Current Hospital Incident Management Team (fill in additional positions as appropriate)







## HICS 201 - INCIDENT BRIEFING

- PURPOSE:** The HICS 201 – Incident Briefing provides the Incident Commander and the Hospital Incident Management Team (HIMT) with basic information regarding the incident, current situation, and the resources allocated to the response.
- ORIGINATION:** Prepared by the Incident Commander for presentation to the staff or later to the incoming Incident Commander along with a detailed oral briefing.
- COPIES TO:** Duplicate and distribute before the initial briefing of the Command and General Staff or other responders as appropriate. All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the current situation.
4	<b>Health and Safety Briefing</b>	Enter the summary of health and safety issues and instructions.
5	<b>Map / Sketch</b>	Attach as necessary: floor plans, maps, sketches of impacted area, or response diagrams. North should be at the top of the page unless noted otherwise.
6	<b>Current Hospital Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Hospital Incident Management Team (HIMT) chart. If Unified Command is being used, split the Incident Commander box and indicate agency for each of the Incident Commanders listed.
7	<b>Incident Objectives</b>	Enter the objectives used for the incident.
8	<b>Summary of Current and Planned Actions</b>	Enter the current and planned actions and time (24-hour clock) they may or did occur. If additional pages are needed, use a blank sheet or another HICS 201 (page 3), and adjust page numbers accordingly.
9	<b>Summary of Resources Requested and Assigned</b>	Enter information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another HICS 201 (page 4), and adjust page numbers accordingly.
	<b>Resource</b>	Enter the number and category, kind, or type of resource ordered.
	<b>Date / Time Ordered</b>	Enter the date (m/d/y) and time (24-hour clock) the resource was ordered.
	<b>ETA</b>	Enter the estimated time of arrival (ETA) to the incident (24-hour clock).
	<b>Date / Time Arrived</b>	Enter the date (m/d/y) and time (24-hour clock) the resource arrived.
	<b>Notes</b>	Enter notes such as the assigned location of the resource and/or the actual assignment and status.
10	<b>Prepared by Incident Commander</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 202 - INCIDENT OBJECTIVES

<b>1. Incident Name</b>	<b>2. Operational Period</b> (#            ) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
<b>3. Incident Objectives</b>	
<b>4. Factors to Consider</b> Considerations in relationship to the objectives and priorities, including weather and situational awareness.	
<b>5. HICS 215A - Incident Action Safety Analysis and / or Site Safety Plan?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  Approved Site Safety Plan Locations: _____	
<b>6. Prepared by</b> <b>Planning Section Chief</b>	PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____
<b>7. Approved by</b> <b>Incident Commander</b>	PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____



## HICS 202 - INCIDENT OBJECTIVES

- PURPOSE:** The HICS 202 - Incident Objectives describes the basic incident strategy, incident objectives, command priorities, and safety considerations for use during the next operational period.
- ORIGINATION:** Completed by the Planning Section Chief for each operational period as part of the Incident Action Plan (IAP) and submitted to the Incident Commander.
- COPIES TO:** May be reproduced with the IAP and given to Command Staff, Section Chiefs, and all supervisory personnel at the Section, Branch, and Unit levels. All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** If additional pages are needed, use a blank HICS 202 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Incident Objectives</b>	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.
4	<b>Factors to Consider</b>	Enter considerations for the operational period, which may include tactical priorities or a general situational awareness for the operational period. It may be a sequence of events or order of events to address. General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be provided by the Safety Officer.
5	<b>HICS 215A or Site Safety Plan Required</b>	Safety Officer should check whether or not a Site Safety Plan is required for this incident.
	<b>Approved Site Safety Plan Locations</b>	Enter the locations of the approved Site Safety Plan.
6	<b>Prepared by Planning Section Chief</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
7	<b>Approved by Incident Commander</b>	1~additional Incident Commander signatures are required, attach a blank page. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 203 – ORGANIZATION ASSIGNMENT LIST

<b>1. Incident Name</b>		<b>2. Operational Period (# )</b>	
		DATE: FROM: _____ TO: _____	
		TIME: FROM: _____ TO: _____	
<b>POSITION</b>		<b>NAME</b>	<b>CONTACT INFO (PHONE, CELL, RADIO)</b>
<b>3. Incident Commander(s) and Staff</b>			
Incident Commander			
Public Information Officer			
Liaison Officer			
Safety Officer			
Medical-Technical Specialist:			
<b>4. Operations Section</b>			
Operations Chief			
Staging Manager			
Medical Care Branch Director			
Infrastructure Branch Director			
Security Branch Director			
Hazardous Materials Branch Director			
Business Continuity Branch Director			
Patient Family Assistance Director			
Others if needed			
<b>5. Planning Section</b>			
Planning Chief			
Resources Unit Leader			
Situation Unit Leader			
Documentation Unit Leader			
Demobilization Unit Leader			
<b>6. Logistics Section</b>			
Logistics Chief			
Service Branch Director			
Support Branch Director			
<b>7. Finance / Administration Section</b>			
Finance/Administration Chief			
Time Unit Leader			
Procurement Unit Leader			
Compensation/Claims Unit Leader			
Cost Unit Leader			
<b>8. Agency Executive</b>			
<b>9. External Agency Representative</b> (in the Hospital Command Center)			
<b>10. Hospital Representative</b> (in the external Emergency Operations Center)			
<b>11. Prepared by</b>		PRINT NAME: _____	SIGNATURE: _____
		DATE/TIME: _____	FACILITY: _____



**Purpose:** List person assigned to Hospital Incident Management Team (HIMT) position  
**Origination:** Planning Section Chief or designee (Resources Unit Leader)  
**Copies to:** Command Staff, Section Chiefs, Branch Directors, and Documentation Unit Leader

## HICS 203 – ORGANIZATION ASSIGNMENT LIST

- PURPOSE:** The HICS 203 - Organization Assignment List provides Hospital Incident Management Team (HIMT) personnel with information on the positions that are currently activated and the names of personnel staffing each position.
- ORIGINATION:** The Planning Section Chief or designee (Resources Unit Leader) prepares and maintains the currency of the list. Complete only the blocks for the positions that are activated for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").
- COPIES TO:** Duplicate and provide to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** For all individuals, use at least the first initial and last name. If there is a shift change or other reason during the specified operational period, list both names, separated by a slash. If assigned, document Assistants / Deputies to Command staff as needed or resources allow. If additional pages are needed for any form page, use a blank HICS 203 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Incident Commander(s) and Command Staff</b>	Enter the names and contact information. For Unified Command, also include agency names.
4	<b>Operations Section</b>	Enter the names and contact information.
5	<b>Planning Section</b>	Enter the names and contact information.
6	<b>Logistics Section</b>	Enter the names and contact information.
7	<b>Finance / Administration Section</b>	Enter the names and contact information.
8	<b>Agency Executive</b>	Enter the name and contact information of the executive (e.g., Chief Executive Officer) with whom the Incident Commander interfaces.
9	<b>External Agency Representative</b>	Enter the external agency/organization names present in the Hospital Command Center (HCC) and the names of their representatives.
10	<b>Hospital Representative</b>	Enter the names and role of hospital personnel in the local emergency operations center (EOC), and local EOC location.
11	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



## HICS 204 - ASSIGNMENT LIST

<b>1. Incident Name</b>		<b>2. Operational Period (# )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
<b>3. Section</b> <b>Section Chief</b>		<b>4. Branch (if applicable)</b> <b>Branch Director</b>	
<b>5a. Branch / Unit Related Objectives</b>	<b>5b. Strategies / Tactics</b>	<b>5c. Resources Required</b>	<b>5d. Unit Assigned to</b>



**Purpose:** Documents strategies/tactics of each Section or Branch, resources to accomplish them, and the composition of the Unit assigned  
**Origination:** Each Section Chief and Branch Director activated  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader



## HICS 204 - ASSIGNMENT LIST

**PURPOSE:** The HICS 204 - Assignment List documents the strategies and tactics of each (activated) Section or Branch, the resources required, and the composition of the Unit assigned.

**ORIGINATION:** Prepared by the individual Section Chiefs or Branch Directors and submitted to the Planning Section as part of the Incident Action Plan (IAP).

**COPIES TO:** Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.

**NOTES:** If additional pages are needed, use a blank HICS 204 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Section</b>	Enter the name of the Section and Section Chief.
4	<b>Branch</b>	Enter the name of the Branch and Branch Director, if the form is for a specific Branch.
5	<b>5a. Branch / Unit Related Objectives</b>	Utilizing the Incident Objectives (from HICS 202), develop objectives as they relate to the Branch/Unit. Enter objectives the Branch/Unit needs to focus on for the designated operational period.
	<b>5b. Strategies / Tactics</b>	For each objective, document the strategies/tactics to accomplish that objective.
	<b>5c. Resources Required</b>	For each strategy/tactic, document the resources required to accomplish that objective.
	<b>5d. Unit Assigned to</b>	For each strategy/tactic, document the Unit assigned to that strategy/tactic.
6	<b>Unit(s) Assigned this Operational Period</b>	Enter the names of the Units activated, the name of the Unit Leader, location of the Unit, and the names of the members and/or teams making up the Unit.
7	<b>Special Information / Considerations</b>	Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pick-up points, or other important information.
8	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.





## HICS 205A - COMMUNICATIONS LIST

- PURPOSE:** The HICS 205A - Communications List provides information on all radio frequencies, telephone, and other communication assignments for each operational period.
- ORIGINATION:** Prepared by the Logistics Section Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan (IAP).
- COPIES TO:** Duplicate and provide to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit Leader. Information from the HICS 205A can be placed on the Organization Assignment List (HICS 203).
- NOTES:** If additional pages are needed, use a blank HICS 205A and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Internal Contacts</b>	Enter the appropriate contact information for internal contacts, hospital personnel, those in an activated Hospital Incident Management Team (HIMT) position, and other key staff.
4	<b>Special Instructions</b>	Enter any special instructions (e.g., using repeaters, secure-voice, private line [PL] tones, etc.) or other emergency communications. If needed, also include any special instructions for alternate communication plans.
5	<b>External Contacts</b>	Enter the appropriate contact information for external agencies, organizations, key contacts.
6	<b>Special Instructions</b>	Enter any special instructions (e.g., using repeaters, secure-voice, private line [PL] tones, etc.) or other emergency communications. If needed, also include any special instructions for alternate communication plans.
7	<b>Prepared by Communications Unit Leader</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 206 - STAFF MEDICAL PLAN

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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3. Treatment Areas		
AREA NAME	LOCATION	UNIT / TEAM LEADER CONTACT NUMBER / CHANNEL

4. Resources On Hand (numbers)			
STAFF	TRANSPORTATION DEVICES	MEDICATION	SUPPLIES
MD/DO	LITTERS		
PA/NP	PORTABLE BEDS		
RN/LPN	GURNEYS		
TECHNICIANS/CAN	WHEELCHAIRS		
ANCILLARY/OTHER	EVAC. ASSIST DEVICES		

5. Transportation (indicate air or ground)			
AMBULANCE, BUS, VAN, PRIVATE VEHICLE, AIR	LOCATION	CONTACT NUMBER / FREQUENCY	LEVEL OF SERVICE
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

6. Alternate Care Site(s)			
FACILITY NAME	ADDRESS	CONTACT NUMBER / FREQUENCY	SPECIALTY CARE (SPECIFY)

<b>7. Special Instructions</b>
--------------------------------

<b>8. Prepared by</b>	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

<b>9. Approved by</b>	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



**Purpose:** Provides information on staff treatment areas  
**Origination:** Employee Health and Well-Being Unit Leader  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 206 - STAFF MEDICAL PLAN

**PURPOSE:** The HICS 206 - Staff Medical Plan addresses the treatment plan for injured or ill staff members and / or volunteers. The HICS 206 provides information on staff treatment areas, resources on-hand, transportation services, and special instructions.

**ORIGINATION:** Prepared by the Logistics Section Employee Health and Well-Being Unit Leader

**COPIES TO:** Duplicate and provide to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to staff treatment areas and special instructions may be noted on the Assignment List (HICS 204). All completed original forms must be given to the Documentation Unit Leader.

**NOTES:** If additional pages are needed, use a blank HICS 206 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

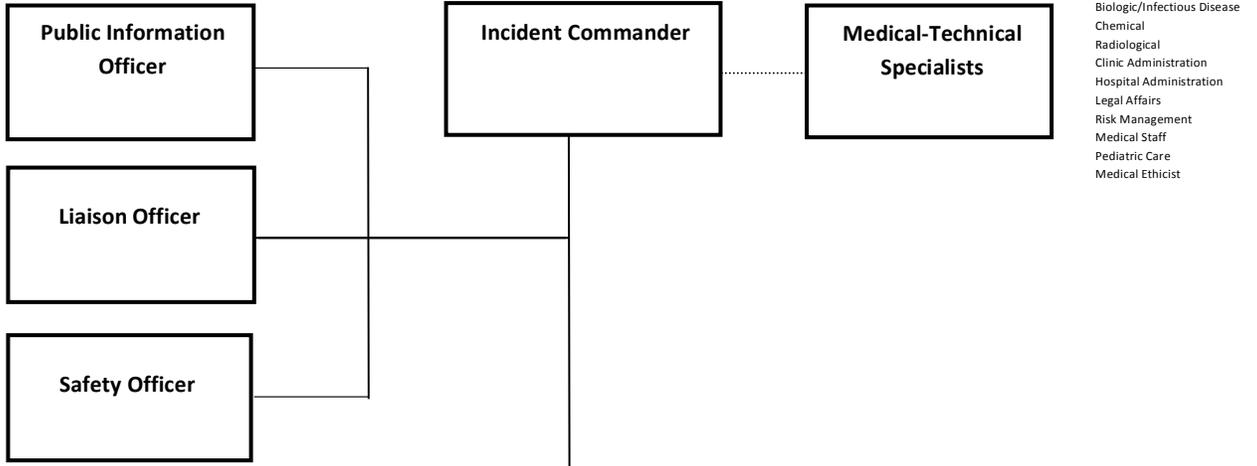
NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Treatment Areas</b>	Enter the name of the treatment area, the location, and the contact numbers.
4	<b>Resources On Hand</b>	Enter the number of listed resources that are available and assigned to the treatment areas.
5	<b>Transportation</b>	Enter the information for transportation services available to the incident.
6	<b>Alternate Care Site(s)</b>	Enter the information for alternate care sites that could serve this incident.
7	<b>Special Instructions</b>	Note any special emergency instructions for use by incident personnel, including who should be contacted, how should they be contacted; and who manages an incident within an incident due to a rescue, accident, etc.
8	<b>Prepared by</b>	Enter the name and signature of the person preparing the form, typically the Employee Health and Well-Being Unit Leader. Enter date (m/d/y), time prepared (24-hour clock), and facility.
9	<b>Approved by</b>	Enter the name of the person who approved the plan. Enter date (m/d/y), time reviewed (24-hour clock), and facility.



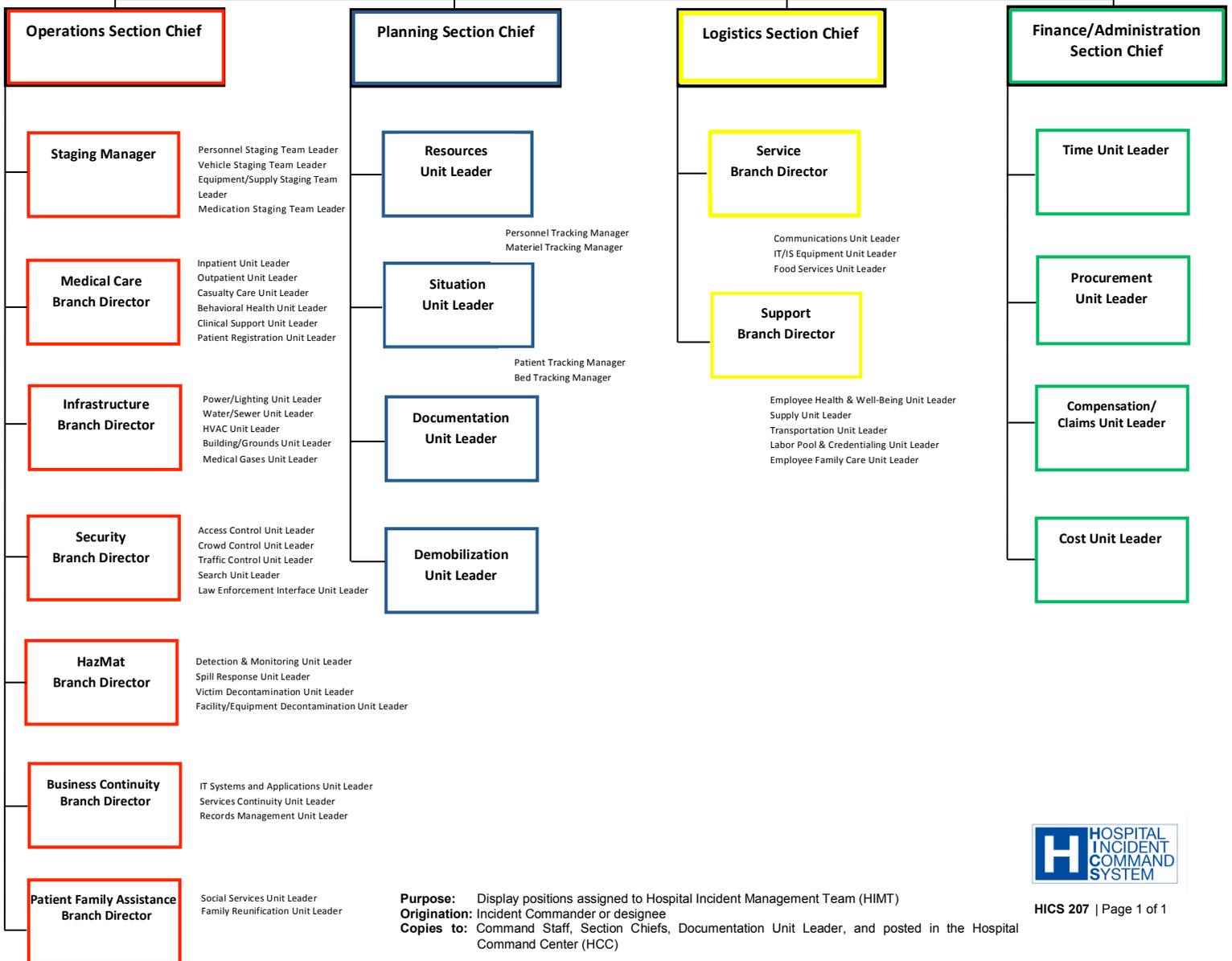
# HICS 207 - HOSPITAL INCIDENT MANAGEMENT TEAM (HIMT) CHART

1. Incident Name	2. Operational Period (# )
	DATE: FROM: _____ TO: _____
	TIME: FROM: _____ TO: _____

## 4. Current Hospital Incident Management Team (fill in additional positions as appropriate)



- Biologic/Infectious Disease
- Chemical
- Radiological
- Clinic Administration
- Hospital Administration
- Legal Affairs
- Risk Management
- Medical Staff
- Pediatric Care
- Medical Ethicist



**Purpose:** Display positions assigned to Hospital Incident Management Team (HIMT)  
**Origination:** Incident Commander or designee  
**Copies to:** Command Staff, Section Chiefs, Documentation Unit Leader, and posted in the Hospital Command Center (HCC)



## HICS 207 - HOSPITAL INCIDENT MANAGEMENT TEAM (HIMT) CHART

**PURPOSE:** The HICS 207 – Hospital Incident Management Team (HIMT) Chart provides a visual display of personnel assigned to the HIMT positions.

**ORIGINATION:** Prepared by the Incident Commander or designee (Resources Unit Leader) at the incident onset and continually updated throughout an incident.

**COPIES TO:** Distributed to the Command and General Staff and the Documentation Unit Leader. The HICS 207 is intended to be projected or wall mounted at the Hospital Command Center (HCC) and is not intended to be part of the Incident Action Plan (IAP).

**NOTES:** Additions may be made to the form to meet the organization’s needs. Additional pages may be added based on need (such as to distinguish more branches or units as they are activated). Three versions of the HIMT Chart are available in the 2014 Hospital Incident Command System (HICS) Appendix C: Adobe Acrobat fillable PDF, Microsoft Word, and Microsoft Visio Drawing.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Current Hospital Incident Management Team Chart</b>	Enter the names of the individuals assigned to each position on the Hospital Incident Management Team (HIMT) chart. Modify the chart as necessary, and add any lines/spaces needed for Command Staff assistants, agency representatives, and the organization of each of the General Staff sections.



# HICS 213 - GENERAL MESSAGE FORM

<b>1. Incident Name</b>		
<b>2. To</b> PRINT NAME: _____ POSITION: _____		
<b>3. From</b> PRINT NAME: _____ POSITION: _____		
<b>4. Subject</b>	<b>5. Date</b>	<b>6. Time</b>
<b>7. Priority</b> <input type="checkbox"/> URGENT - HIGH <input type="checkbox"/> NON URGENT - MEDIUM <input type="checkbox"/> INFORMATIONAL - LOW		
<b>8. Message</b>		<input type="checkbox"/> RESPONSE REQUIRED
<b>9. Approved by</b>	PRINT NAME: _____	SIGNATURE: _____
<b>10. Reply / Action Taken</b>		
<b>11. Replied by</b>	PRINT NAME: _____	SIGNATURE: _____
	POSITION: _____	FACILITY: _____
	DATE/TIME: _____	



## HICS 213 - GENERAL MESSAGE FORM

**PURPOSE:** The HICS 213 - General Message Form is used to record incoming messages that cannot be orally transmitted to the intended recipients. The HICS 213 is also used to transmit messages (resource order, status information, other coordination issues, etc.). This form is used to send any message or notification to incident personnel that require hard-copy delivery.

**ORIGINATION:** Initiated by any person on an incident.

**COPIES TO:** Upon completion, the HICS 213 is delivered to the original sender.

**NOTES:** The HICS 213 is composed of three steps:

- The message (Section 8) is completed by sender
- The message is replied to in Section 10
- After noting action taken, message form is returned to original sender

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>To</b>	Enter the name and position for whom the message is intended. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	<b>From</b>	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (m/d/y) of the message.
6	<b>Time</b>	Enter the time (24-hour clock) of the message.
7	<b>Priority</b>	Enter the priority of the message or request.
8	<b>Message</b>	Enter the content of the message.
9	<b>Approved by</b>	Enter the name and signature of the person approving the message, if necessary.
10	<b>Reply / Action Taken</b>	The intended recipient will enter a reply and/or action taken to the message and return it to the originator.
11	<b>Replied by</b>	Enter the name, signature of the person replying to the message, and Hospital Incident Management Team (HIMT) position. Enter date (m/d/y), time prepared (24-hour clock), and facility.



## HICS 214 - ACTIVITY LOG

**PURPOSE:** The HICS 214 - Activity Log records details of notable activities for any Hospital Incident Management Team (HIMT) position. These logs provide basic documentation of incident activity, and a reference for any After Action Report (AAR). Personnel should document how relevant incident activities are occurring and progressing, or any notable activities, actions taken and decisions made.

**ORIGINATION:** Initiated and maintained by personnel in HIMT positions as it is needed or appropriate.

**COPIES TO:** A completed HICS 214 must be submitted to the Documentation Unit Leader. Individuals may retain a copy for their own records.

**NOTES:** Multiple pages can be used if needed. If additional pages are needed, use a blank HICS 214 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name</b>	Print the name of the person for whom the activities are being documented.
4	<b>HIMT Position</b>	Enter the Hospital Incident Management Team (HIMT) position for which the activities are being documented.
5	<b>Activity Log</b>	Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date (m/d/y), as well as if the operational period covers more than one day.  Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, information received, etc.  This block can also be used to track personal work activities by adding columns such as "Action Required," "Delegated To," "Status," etc.
6	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



## HICS 215A - INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS

- PURPOSE:** The purpose of the HICS 215A - Incident Action Plan (IAP) Safety Analysis is to record the findings of the Safety Officer after completing an operational risk assessment and to identify and resolve hazard, safety, and health issues. When the safety analysis is completed, the form is used to help prepare the Operations Briefing.
- ORIGINATION:** Prepared by the Safety Officer during the IAP cycle. For those assignments involving risks and hazards, mitigation actions should be developed to safeguard responders. Appropriate incident personnel should be briefed on the hazards, mitigations, and related measures.
- COPIES TO:** Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** Issues identified in the HICS 215A should be reviewed and updated each operational period. If additional pages are needed, use a blank HICS 215A and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Hazard Mitigation</b>	
	<b>3a. Potential / Actual Hazards</b>	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.
	<b>3b. Affected Section / Branch Unit and Location</b>	Reference the affected sections, branches, units and the location of the hazards.
	<b>3c. Mitigations</b>	List actions taken to reduce risk for each hazard indicated (e.g., restricting access, proper PPE for identified risk).
	<b>3d. Mitigation Completed</b>	Enter the initials, date, and time when the mitigation is implemented or the hazard no longer exists.
4	<b>Prepared by Safety Officer</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
5	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 221- DEMOBILIZATION CHECK-OUT

<b>1. Incident Name</b>	<b>2. Operational Period</b> (#            ) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
<b>3. Section Demobilization Checks</b> Use as positions and resources are demobilized. The position and the resources may only be released when the checked boxes below are signed off, all equipment is serviced and returned, and all paperwork turned in to the Documentation Unit Leader. Respective Section Chiefs must initial their sections showing approval for demobilization.		
<b>COMMAND STAFF</b>		
<b>INCIDENT COMMANDER</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> All units, branches, and sections have been demobilized. <input type="checkbox"/> All paperwork has been gathered for review and development of After Action Report. <input type="checkbox"/> Final message to staff, media, and stakeholders has been developed and disseminated. <input type="checkbox"/> All clinical operations have returned to normal or pre-incident status. <input type="checkbox"/> Hospital Command Center and Emergency Operations Plan are deactivated.		
<b>PUBLIC INFORMATION OFFICER</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> Final media briefing is developed, approved, and disseminated. <input type="checkbox"/> Final staff and patient briefings are developed, approved, and disseminated. <input type="checkbox"/> Social media is updated with current status.		
<b>LIAISON OFFICER</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> All stakeholders and external partners are notified of Hospital Command Center deactivation/return to normal operations.		
<b>SAFETY OFFICER</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> Final safety review of facility is completed and documented. <input type="checkbox"/> All potential hazards have been addressed and resolved. <input type="checkbox"/> All sites/hazards have been safely mitigated/repared and are ready to be used. <input type="checkbox"/> Appropriate regulatory agencies are notified. <input type="checkbox"/> All safety specific paperwork is completed and submitted.		
<b>MEDICAL / TECHNICAL SPECIALIST (TITLE) _____</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> Position-specific roles and responsibilities have been deactivated. <input type="checkbox"/> Response-specific paperwork is completed and submitted to Documentation Unit Leader.		
<b>MEDICAL / TECHNICAL SPECIALIST (TITLE) _____</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> Position-specific roles and responsibilities have been deactivated. <input type="checkbox"/> Response-specific paperwork is completed and submitted to Documentation Unit Leader.		
<b>MEDICAL / TECHNICAL SPECIALIST (TITLE) _____</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> Position-specific roles and responsibilities have been deactivated. <input type="checkbox"/> Response-specific paperwork is completed and submitted to Documentation Unit Leader.		



## HICS 221- DEMOBILIZATION CHECK-OUT

OPERATIONS SECTION		
<b>STAGING AREA</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> All supplies and equipment staged for response are returned to storage or pre-response state. <input type="checkbox"/> All personnel are debriefed and returned to daily work site.		
<b>MEDICAL CARE BRANCH</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> All procedures and appointments are rescheduled. <input type="checkbox"/> All evacuated patients have been repatriated and family members notified. <input type="checkbox"/> All clinical information/procedures/interventions have been documented in the electronic medical record. <input type="checkbox"/> Alternate care sites have been deactivated and physical sites returned to pre-response operations. <input type="checkbox"/> Medical supplies and equipment utilized in the response have been returned to pre-response state. <input type="checkbox"/> Staffing patterns have returned to pre-response state. <input type="checkbox"/> All units within the branch are debriefed and deactivated.		
<b>INFRASTRUCTURE BRANCH</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> All damage assessments are completed and final report submitted to Operations and Planning Section Chiefs. <input type="checkbox"/> Repairs to infrastructure and equipment are complete or a new state of readiness is established by Operations Section Chief. <input type="checkbox"/> Utility services are in pre-response state. <input type="checkbox"/> Resupply of critical resources is underway. <input type="checkbox"/> All units within the branch are debriefed and deactivated.		
<b>SECURITY BRANCH</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> Facility and/or campus lockdown is suspended. <input type="checkbox"/> Hospital personnel used to augment security staff are debriefed and demobilized. <input type="checkbox"/> Additional security measures used in the response are now discontinued. <input type="checkbox"/> All units within branch are debriefed and deactivated.		
<b>HAZMAT BRANCH</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> Decontamination operations are concluded and all supplies, equipment, and personnel are returned to a pre-response state. <input type="checkbox"/> Water collected in decontamination operations is collected and disposed of safely. <input type="checkbox"/> Authorities are notified of the decon operations, including water collection. <input type="checkbox"/> Personnel involved in decon are referred to Employee Health for surveillance. <input type="checkbox"/> All units within branch are debriefed and deactivated.		
<b>BUSINESS CONTINUITY BRANCH</b>	<b>REMARKS</b>	<b>INITIALS</b>
<input type="checkbox"/> All supplies and equipment used in relocated services have been returned. <input type="checkbox"/> Interruptions in data entry have been resolved and documentation recovered. <input type="checkbox"/> All units within branch are debriefed and deactivated.		



**Purpose:** Ensure all resources and supplies used in response and recovery are returned to pre-incident status  
**Origination:** Hospital Incident Management Team (HIMT) personnel designated by Incident Commander  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 221- DEMOBILIZATION CHECK-OUT

PATIENT FAMILY ASSISTANCE BRANCH	REMARKS	INITIALS
<input type="checkbox"/> All supplies and equipment used in relocated services have been returned. <input type="checkbox"/> All units within branch are debriefed and deactivated.		
<b>PLANNING SECTION</b>		
RESOURCES UNIT	REMARKS	INITIALS
<input type="checkbox"/> All tracking forms are complete and submitted to Documentation Unit Leader. <input type="checkbox"/> All tracking tools are demobilized and returned to storage.		
SITUATION UNIT	REMARKS	INITIALS
<input type="checkbox"/> All tracking forms are complete and submitted to Documentation Unit Leader. <input type="checkbox"/> All tracking tools are demobilized and returned to storage.		
DOCUMENTATION UNIT	REMARKS	INITIALS
<input type="checkbox"/> All paperwork created or used in the response has been submitted. <input type="checkbox"/> All paperwork is catalogued and correlated for review.		
DEMOBILIZATION UNIT	REMARKS	INITIALS
<input type="checkbox"/> All paperwork, including the approved Demobilization Plan, is submitted to Documentation Unit Leader.		
<b>LOGISTICS SECTION</b>		
SERVICE BRANCH	REMARKS	INITIALS
<input type="checkbox"/> All communications equipment is returned to readiness. <ol style="list-style-type: none"> <li>1. Radios and batteries are placed in charging stations.</li> <li>2. Voice and text messages are reviewed and deleted.</li> <li>3. Extra disaster telephones are returned to storage.</li> <li>4. Satellite phones are returned and placed on chargers.</li> <li>5. Hospital Command Center communication equipment is returned to storage.</li> </ol> <input type="checkbox"/> All deployed information technology (IT) equipment is returned and inspected; all event specific data is removed and archived. <input type="checkbox"/> All food/water stores are returned to daily operations levels. <input type="checkbox"/> Disposable food preparation and delivery supplies are removed from service. <input type="checkbox"/> All units within branch are debriefed and deactivated.		
SUPPORT BRANCH	REMARKS	INITIALS
<input type="checkbox"/> Supplies and equipment used in response are inspected, cleaned, and returned to storage or daily use. <input type="checkbox"/> All equipment requiring calibration or repair is entered into preventive maintenance/service program. <input type="checkbox"/> All units within branch are debriefed and deactivated.		
<b>FINANCE / ADMINISTRATION SECTION</b>		
TIME UNIT	REMARKS	INITIALS
<input type="checkbox"/> All timesheets and other documentation tools are collected and provided to Documentation Unit Leader.		
PROCUREMENT UNIT	REMARKS	INITIALS
<input type="checkbox"/> All order forms, expense sheets, and other documentation tools are collected and provided to Documentation Unit Leader.		



**Purpose:** Ensure all resources and supplies used in response and recovery are returned to pre-incident status  
**Origination:** Hospital Incident Management Team (HIMT) personnel designated by Incident Commander  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader



## HICS 221- DEMOBILIZATION CHECK-OUT

- PURPOSE:** The HICS 221 - Demobilization Check-Out ensures that resources utilized during response and recovery has been returned to pre-incident status.
- ORIGINATION:** The HICS 221 is completed by Hospital Incident Management Team (HIMT) personnel designated by the Incident Commander.
- COPIES TO:** Delivered to the applicable Command Staff and Section Chief(s) for review and approval then forwarded to the Demobilization Unit or the Planning Section. All completed original forms must be given to the Documentation Unit Leader. Personnel may request to retain a copy of the HICS 221.
- NOTES:** HIMT personnel are not released until form is complete and signed by their Section Chief. If additional pages are needed, use a blank HICS 221 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Section Demobilization Checks</b>	As demobilization actions are taken, check off each appropriate box (or indicate "N/A"), and ensure Section Chief signs or initials approval before resource is released.
4	<b>Prepared by</b>	Enter the name, Hospital Incident Management Team (HIMT) position, and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 251 – FACILITY SYSTEM STATUS REPORT

## Department Use

<b>1. Incident Name</b>		<b>2. Time Completed:</b> (#            ) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
<b>3. Name of Department/ Unit Reporting Status Below</b>		<b>Contact Number:</b>	
<b>4. System</b>	<b>5. Status</b>	<b>6. Comments</b> If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.	
<b>Power</b> Routine and emergency	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
<b>Lighting</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
<b>Water</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
<b>Sewage / Toilets</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
<b>Nurse Call System</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
<b>Medical Gases / Oxygen</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
<b>Communications</b> IT systems, telephones, pagers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
<b>7. Remarks</b> (Cracked walls, broken glass, falling light fixtures, etc.)			
<b>8. Prepared by</b>		PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____	



# HICS 251 – FACILITY SYSTEM STATUS REPORT

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
<b>3. Name of Facility / Building Reporting Status Below</b>		
<b>4. System</b>	<b>5. Status</b>	<b>6. Comments</b> If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.
<b>COMMUNICATIONS</b>		
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Information Technology System Email, registration, patient records, time card system	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Overhead Paging	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Paging System Code teams, standard paging	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Radio Equipment Facility handheld, 2-way radios, antennas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Radio Equipment EMS, local health department, other external partner	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Radio Equipment Amateur radio	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Satellite Phones	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



**Purpose:** Determine facility operating status  
**Origination:** Infrastructure Branch Director  
**Copies to:** Operations Section Chief, Business Continuity Branch Director, Planning Section Chief,  
 Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader

# HICS 251 – FACILITY SYSTEM STATUS REPORT

Telephone System Primary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Telephone System Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Telephone System Back-up	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Internet	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Video-Television Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
<b>INFRASTRUCTURE</b>		
Campus Access Roadways, sidewalks, bridge	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Fire Detection System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Fire Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



**Purpose:** Determine facility operating status  
**Origination:** Infrastructure Branch Director  
**Copies to:** Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader

# HICS 251 – FACILITY SYSTEM STATUS REPORT

Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Structural Components Building integrity	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Note cracked walls, loose masonry, hanging light fixtures, broken windows)
<b>PATIENT CARE</b>		
Decontamination System Including containment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Digital Radiography System, Routine Diagnostics PACS, CT, MRI, other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Steam/Chemical Sterilizers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Isolation Rooms Positive/negative air	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
<b>SECURITY</b>		
Facility Lockdown Systems Door/key card access	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Campus Security External panic alarms	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Campus Security Surveillance cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Campus Security Traffic controls	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



**Purpose:** Determine facility operating status  
**Origination:** Infrastructure Branch Director  
**Copies to:** Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader

# HICS 251 – FACILITY SYSTEM STATUS REPORT

Campus Security Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Panic Alarms Internal and other reporting devices	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
<b>UTILITIES</b>		
Electrical Power Primary service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Electrical Power Backup generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Fuel Storage	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Note amount on hand)
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Natural Gas/Propane	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



**Purpose:** Determine facility operating status  
**Origination:** Infrastructure Branch Director  
**Copies to:** Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader

# HICS 251 – FACILITY SYSTEM STATUS REPORT

Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Note bulk, H tanks, E tanks, Reserve supply status)
Medical Gases, Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Note reserve supply status)
Pneumatic Tube	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Steam Boiler	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Sump Pump	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Vacuum(for patientuse)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



**Purpose:** Determine facility operating status  
**Origination:** Infrastructure Branch Director  
**Copies to:** Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader

# HICS 251 – FACILITY SYSTEM STATUS REPORT

External Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
External Storage Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
External Storage Vehicles	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Parking Structures, Lots	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Power, panic alarms, access, egress, lighting)
Landing Zone Pads, lighting, fuel source	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
<b>7. Remarks</b> (Cracked walls, broken glass, falling light fixtures, etc.)		
<b>8. Prepared by</b> PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____		



**Purpose:** Determine facility operating status  
**Origination:** Infrastructure Branch Director  
**Copies to:** Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader

## HICS 251 – FACILITY SYSTEM STATUS REPORT

- PURPOSE:** The HICS 251-Facility System Status Report is used to record the status of various critical facility systems and infrastructure. The HICS 251 provides the Planning and Operations Sections with information about current and potential system failures or limitations that may affect incident response and recovery.
- ORIGINATION:** Completed by the Operations Section Infrastructure Branch Director with input from facility personnel.
- COPIES TO:** Delivered to the Situation Unit Leader, with copies to the Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader.
- NOTES:** The Infrastructure Branch conducts the survey and correlates results. Individual department managers may also be tasked to complete an assessment of their areas and provide the information to the Infrastructure Branch. If additional pages are needed, use a blank HICS 251 and repaginate as needed. Additions and deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name of Facility Reporting Status</b>	Enter the name of the facility.
4	<b>System</b>	System type listed in form.
5	<b>Status</b>	<p><b>Fully functional:</b> 100% operable with no limitations</p> <p><b>Partially functional:</b> Operable or somewhat operable with limitations</p> <p><b>Nonfunctional:</b> Out of commission</p> <p><b>N/A:</b> Not applicable, do not have</p>
6	<b>Comments</b>	Comment on location, reason, and estimates for necessary repair of any system that is not fully operational. If inspection is completed by someone other than as defined by policy or procedure, identify that person in the comments.
7	<b>Remarks</b>	Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc.
8	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 252 - SECTION PERSONNEL TIME SHEET

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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**3. Time Record**

#	EMPLOYEE (E) VOLUNTEER (V) NAME (PRINT)	E / V	EMPLOYEE NUMBER	RESPONSE FUNCTION SECTION / ASSIGNMENT	DATE / TIME IN	DATE / TIME OUT	TOTAL HOURS	SIGNATURE (TO VERIFY TIMES)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

<b>4. Prepared by</b>	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



**Purpose:** Record each section's personnel time and activities  
**Origination:** Hospital Incident Management Team (HIMT) personnel as directed by Incident Commander or Section Chief  
**Copies to:** Time Unit Leader

## HICS 252 - SECTION PERSONNEL TIME SHEET

- PURPOSE:** The HICS 252 - Personnel Time Sheet is used to record each section's personnel time and activities.
- ORIGINATION:** Section Chiefs are responsible for ensuring that personnel complete the form.
- COPIES TO:** Provided to the Finance/Administration Section Time Unit Leader every 12 hours or every operational period (as directed by the Incident Commander). A copy is given to the Documentation Unit Leader.
- NOTES:** If additional pages are needed, use a blank HICS 252 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Time Record</b>	
	<b>Employee (E) / Volunteer (V) Name (Print)</b>	Print the full name of the personnel assigned.
	<b>E / V</b>	Enter employee (E) or volunteer (V).
	<b>Employee Number</b>	If employee of the organization, fill in employee number.
	<b>Response Function Section / Assignment</b>	Enter assignment being assumed.
	<b>Date / Time In</b>	Enter time started in assignment.
	<b>Date / Time Out</b>	Enter time ended in assignment.
	<b>Total Hours</b>	Enter total number of hours in assignment.
	<b>Signature</b>	Employee/volunteer signature verifying that times are correct.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



## HICS 253 - VOLUNTEER REGISTRATION

- PURPOSE:** The HICS 253 -Volunteer Registration is used to document volunteer sign in and sign out for each Operational Period.
- ORIGINATION:** Completed by the Logistics Section Labor Pool and Credentialing Unit Leader.
- COPIES TO:** Copies are distributed to the Time Unit Leader, Personnel Tracking Manager, and Documentation Unit Leader.
- NOTES:** If additional pages are needed, use a blank HICS 253 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Registration Information</b>	
	<b>Name</b>	Enter the full name of volunteer.
	<b>Certification / License and Number</b>	If volunteer holds a certification or license, enter type and number.
	<b>ID Number</b>	Enter a Driver's License number or Social Security Number.
	<b>Address</b>	Enter address.
	<b>Contact Info</b>	Enter phone number.
	<b>Badge Issued</b>	Enter yes or no, and number if used.
	<b>Badge Returned</b>	Enter yes or no.
	<b>Time In / Out</b>	Time (24-hour clock) volunteer was in and out.
	<b>Signature</b>	Signature of volunteer verifying that information is correct.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



## HICS 254 - DISASTER VICTIM / PATIENT TRACKING

**PURPOSE:** The HICS 254 Disaster Victim / Patient Tracking records the triage, treatment, and disposition of victims/patients of the event seeking medical attention.

**ORIGINATION:** Completed by the Patient Tracking Manager or team members.

**COPIES TO:** Distributed to the Situation Unit Leader, with copies to Patient Registration Unit Leader, Planning Section Patient Tracking Manager, Medical Care Branch Director, and the Documentation Unit Leader.

**NOTES:** The form is completed upon arrival of the first patient and updated periodically. Copies of the form are sent to the Planning Section Patient Tracking Manager each hour and at the end of each operational period until disposition of the last victim(s) are known. If additional pages are needed, use a blank HICS 254 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Area</b>	Enter the triage or specific treatment area (e.g., Triage, Immediate Treatment Area).
	<b>Field Tag Number</b>	Enter field triage tag number.
	<b>Medical Record Number</b>	Enter hospital medical record number if available.
	<b>Name</b>	Enter the full name of victim/patient.
	<b>Sex</b>	Enter sex: M for male/F for female.
	<b>DOB / Age</b>	Enter date of birth and age.
	<b>Triage Category</b>	Enter the triage category assigned to patient.
	<b>Location / Time of Procedures</b>	Enter location destination and time patient leaves triage or treatment area for a test or procedure.
	<b>Disposition / Time</b>	Enter the letter of the disposition category and time of disposition.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 255 - MASTER PATIENT EVACUATION TRACKING

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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<b>3. Patient Evacuation Information</b>							
<b>PATIENT NAME</b>		<b>Medical Record #</b>	<b>Evacuation Triage Category</b> <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR			<b>Mode of Transport</b> <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	<b>Disposition</b> <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	<b>Accepting Hospital or Location</b>				<b>Time hospital contacted &amp; report given</b>	
<b>Transfer Initiated (Time/Transport Co./ #)</b>	<b>Medical Record Sent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Medication Sent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Family Notified</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Arrival Confirmed</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Admit Location</b> <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	<b>Expired (time)</b>	
<b>PATIENT NAME</b>		<b>Medical Record #</b>	<b>Evacuation Triage Category</b> <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR			<b>Mode of Transport</b> <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	<b>Disposition</b> <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	<b>Accepting Hospital or Location</b>				<b>Time hospital contacted &amp; report given</b>	
<b>Transfer Initiated (Time/Transport Co./ #)</b>	<b>Medical Record Sent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Medication Sent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Family Notified</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Arrival Confirmed</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Admit Location</b> <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	<b>Expired (time)</b>	
<b>PATIENT NAME</b>		<b>Medical Record #</b>	<b>Evacuation Triage Category</b> <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR			<b>Mode of Transport</b> <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	<b>Disposition</b> <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	<b>Accepting Hospital or Location</b>				<b>Time hospital contacted &amp; report given</b>	
<b>Transfer Initiated (Time/Transport Co./ #)</b>	<b>Medical Record Sent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Medication Sent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Family Notified</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Arrival Confirmed</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Admit Location</b> <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	<b>Expired (time)</b>	
<b>PATIENT NAME</b>		<b>Medical Record #</b>	<b>Evacuation Triage Category</b> <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR			<b>Mode of Transport</b> <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	<b>Disposition</b> <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	<b>Accepting Hospital or Location</b>				<b>Time hospital contacted &amp; report given</b>	
<b>Transfer Initiated (Time/Transport Co./ #)</b>	<b>Medical Record Sent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Medication Sent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Family Notified</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Arrival Confirmed</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Admit Location</b> <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	<b>Expired (time)</b>	

<b>4. Prepared by</b>	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



**Purpose:** Record information concerning patient disposition during an evacuation  
**Origination:** Situation Unit Leader or designee (Patient Tracking Manager)  
**Copies to:** Planning Section Chief, Documentation Unit Leader

## HICS 255 - MASTER PATIENT EVACUATION TRACKING

- PURPOSE:** The HICS 255 - Master Patient Evacuation Tracking form records the disposition of patients during a facility evacuation.
- ORIGINATION:** Completed by Planning Section Situation Unit Leader or designee (Patient Tracking Manager).
- COPIES TO:** Distributed to the Planning Section Chief and the Documentation Unit Leader.
- NOTES:** The form may be completed with information taken from each HICS 260 - Patient Evacuation Tracking form. If additional pages are needed, use a blank HICS 255 and repaginate as needed.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Patient Evacuation Information</b>	
	<b>Patient Name</b>	Enter the full name of the patient.
	<b>Medical Record #</b>	Enter medical record number.
	<b>Evacuation Triage Category</b>	Indicate the categories as defined by the facility (not necessarily the same as emergency department admitting triage system).
	<b>Mode of Transport</b>	Indicate the mode of transport or write in if not indicated.
	<b>Disposition</b>	Indicate the patient's disposition.
	<b>Accepting Hospital or Location</b>	Enter the accepting hospital or location (e.g., Alternate Care Site, holding site).
	<b>Time hospital contacted &amp; report given</b>	Enter time prepared (24-hour clock).
	<b>Transfer Initiated</b>	Enter time, vehicle company, and identification number.
	<b>Medical Record Sent</b>	Indicate yes or no.
	<b>Medication Sent</b>	Indicate yes or no.
	<b>Family Notified</b>	Indicate yes or no.
	<b>Arrival Confirmed</b>	Indicate yes or no.
	<b>Admit Location</b>	Indicate the applicable site.
	<b>Expired</b>	Enter time (24-hour clock) of deceased if necessary.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS FORM 256 - PROCUREMENT SUMMARY REPORT

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
-------------------------	---

<b>3. Purchases</b>								
	P.O. / REFERENCE NUMBER	DATE / TIME	ITEM / SERVICE	VENDOR	DOLLAR AMOUNT	REQUESTOR NAME / DEPT (PLEASE PRINT)	APPROVED BY (PLEASE PRINT)	RECEIVED DATE / TIME
1								
	COMMENTS							
2								
	COMMENTS							
3								
	COMMENTS							
4								
	COMMENTS							
5								
	COMMENTS							
6								
	COMMENTS							
7								
	COMMENTS							
8								
	COMMENTS							
9								
	COMMENTS							

<b>4. Prepared by</b>	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



**Purpose:** Summarizes and tracks procurements  
**Origination:** Hospital Incident Management Team (HIMT) personnel as directed by the Procurement Unit Leader  
**Copies to:** Finance/Administration Section Chief and Documentation Unit Leader

## HICS FORM 256 - PROCUREMENT SUMMARY REPORT

**PURPOSE:** The HICS 256 - Procurement Summary Report summarizes and tracks procurements. It may be completed by operational period or for the whole incident duration.

**ORIGINATION:** Completed by the Hospital Incident Management Team (HIMT) personnel as directed by the Procurement Unit Leader.

**COPIES TO:** Distributed to the Finance/Administration Section Chief and the Documentation Unit Leader.

**NOTES:** If additional pages are needed, use a blank HICS 256 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Purchases</b>	
	<b>P.O. / Reference number</b>	Enter purchase order or other acquisition reference number used by the facility.
	<b>Date / Time</b>	Enter date (m/d/y) and time prepared (24-hour clock).
	<b>Item / Service</b>	Enter the item or the service purchased.
	<b>Vendor</b>	Enter the name of the vendor.
	<b>Dollar Amount</b>	Enter the dollar amount spent.
	<b>Requestor Name / Department</b>	Enter the requestor's name and department.
	<b>Approved By</b>	Enter whom the purchase was approved by.
	<b>Received Date / Time</b>	Enter date (m/d/y) and time (24-hour clock) the item or service was received.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



## HICS 257 - RESOURCE ACCOUNTING RECORD

- PURPOSE:** The HICS 257 - Resource Accounting Record documents the request, distribution for use, return, and condition of equipment and resources used to respond to the incident.
- ORIGINATION:** Completed by each Hospital Incident Management Team (HIMT) personnel as directed by Section Chiefs.
- COPIES TO:** Distributed to the Finance/Administration Section Chief, the Resources Unit Leader, the Materiel Tracking Manager, the original requester of the resource, and the Documentation Unit Leader.
- NOTES:** If additional pages are needed, use a blank HICS 257 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Resource Record</b>	
	<b>Time</b>	Enter the time (24-hour clock) and the request received.
	<b>Item / Facility Tracking Identification Number</b>	Enter the item and the facility tracking identification number.
	<b>Condition</b>	Enter the condition of the item when it was received.
	<b>Received From</b>	Enter whom the item was received from.
	<b>Dispensed</b>	Enter whom the item was dispensed to and the time (24-hour clock).
	<b>Returned</b>	Enter the date (m/d/y) and time (24-hour clock) the item was returned.
	<b>Condition</b>	Enter the condition the item was in when returned or indicate if non-recoverable.
	<b>Initials</b>	Enter initials of person processing item.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 258 - HOSPITAL RESOURCE DIRECTORY

<b>1. Incident Name</b>	<b>2. Operational Period (#                    )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
-------------------------	--

<b>3. Contact Information</b>						
COMPANY / AGENCY	COMPANY / AGENCY / NAME <small>(24/7 CONTACT)</small>	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Agency for Toxic Substances and Disease Registry (ATSDR)						
Air transport: helicopter or fixed wing						
Ambulance, hospital-based						
Ambulance, private						
Ambulance, public safety						
American Red Cross						
Automated Teller Machine (ATM) (Onsite)						
Biohazard/Waste company						
Buses						
Cab (Taxi)						
Centers for Disease Control and Prevention (CDC)						
Clinics						
Coroner/Medical Examiner						
Dispatcher, 911						
Emergency Management Agency						
EMS Agency/Authority						
Emergency Operations Center (EOC), Local						
Emergency Operations Center (EOC), State						



**Purpose:** List resources to contact during an Incident  
**Origination:** Resource Unit Leader  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME <small>(24/7 CONTACT)</small>	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Engineers: HVAC						
Engineers: mechanical						
Engineers: seismic						
Engineers: structural						
Environmental Protection Agency (EPA)						
Epidemiologist						
Federal Bureau of Investigation (FBI)						
Fire Department						
Food service (Note if vendor, onsite, or emergency)						
Fuel distributor						
Fuel trucks						
Funeral homes/mortuary services						
Generators						
HazMat Team						
Health department, local						
Health department, state						
Heavy equipment (e.g., backhoes, snow plow, etc.)						
Home health service						
Home repair/construction supplies						
1.						
2.						



**Purpose:** List resources to contact during an Incident  
**Origination:** Resource Unit Leader  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

# HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME <small>(24/7 CONTACT)</small>	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Hospice						
Hospitals						
1.						
2.						
3.						
4.						
Hotel/motel						
Housing, temporary						
Ice, commercial						
Laboratory Response Network						
Laundry/linen service						
Law Enforcement						
Lighting						
Long term care facilities						
1.						
2.						
3.						
Media: print						
Media: print						
Media: radio						
Media: radio						



**Purpose:** List resources to contact during an Incident  
**Origination:** Resource Unit Leader  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME <small>(24/7 CONTACT)</small>	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Media: TV						
Media: TV						
Media: TV						
Medical gases						
Medical supply						
1.						
2.						
Medication, distributor						
1.						
2.						
Pharmacy, commercial						
1.						
2.						
3.						
Poison Control Center						
Portable toilets						
Radios: amateur radio						
Radios: satellite						
Radios: handheld or 2-w ay						
Regional Medical Health Coordinator						



**Purpose:** List resources to contact during an Incident  
**Origination:** Resource Unit Leader  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME <small>(24/7 CONTACT)</small>	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Repair Services						
Beds						
Biomedical devices						
Elevators						
Gardeners/landscapers						
Glass						
Medical equipment						
Oxygen devices						
Radios						
Roadways/sidewalks						
Salvation Army						
Shelter Sites						
Surge Facilities						
Traffic Control/Department of Transportation						
Trucks						
Refrigeration						
Towing						
Moving						
Utilities						
Gas						



**Purpose:** List resources to contact during an Incident  
**Origination:** Resource Unit Leader  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME <small>(24/7 CONTACT)</small>	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Utilities						
Gas/Electricity						
Sew age						
Telephone						
Water, municipal						
Vending Machines						
Ventilators						
Water: non-potable						
Water: potable						
Other						
Other						
Other						
Other						

**4. Date Last Updated**

**5. Prepared by**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

FACILITY: \_\_\_\_\_



**Purpose:** List resources to contact during an Incident  
**Origination:** Resource Unit Leader  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 258 - HOSPITAL RESOURCE DIRECTORY

- PURPOSE:** The HICS 258 - Hospital Resource Directory lists all methods of contact for hospital resources for an incident.
- ORIGINATION:** Completed by the Planning Section Resources Unit Leader prior to an incident (when possible) or at the incident onset, and continually updated throughout an incident.
- COPIES TO:** Distributed to the Command and General staff including the Documentation Unit Leader, and posted as necessary.
- NOTES:** If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release. If additional pages are needed, use a blank HICS 258 and repaginate as needed. Additions and deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Contact Information</b>	
	<b>Company / Agency</b>	Type of company or agency.
	<b>Company / Agency / Name</b>	List the name of the company/agency. List the name of the point of contact if available.
	<b>Telephone</b>	Enter the telephone number.
	<b>Alternate Telephone</b>	Enter the alternate telephone number.
	<b>Email</b>	Enter the email, if available.
	<b>Fax</b>	Enter the fax number.
	<b>Radio</b>	Enter the radio frequency if appropriate.
4	<b>Date Last Updated</b>	If the document is completed prior to an incident, the last update should be entered (m/d/y). The directory should be updated at least annually.
5	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



## HICS 259 - HOSPITAL CASUALTY / FATALITY REPORT

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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<b>3. Number of Casualties / Fatalities</b>				
	ADULT	PEDIATRIC (<18 YRS OLD)	TOTAL	COMMENTS
Patients seen				
Admitted				
Critical Care				
Medical / Surgical				
Other				
Other				
Other				
Discharged				
Transferred				
Morgue				
Waiting to be seen				

<b>4. Prepared by</b>	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



**Purpose:** Record the total numbers of adult and pediatric patients seen, admitted, discharged, transferred, expired, and waiting to be seen  
**Origination:** Patient Tracking Manager or team  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

## HICS 259 - HOSPITAL CASUALTY / FATALITY REPORT

**PURPOSE:** The HICS 259 - Hospital Casualty/Fatality Report is used to record the total numbers of adult and pediatric patients seen, admitted (by bed type), discharged, transferred, expired, and waiting to be seen for each operational period.

**ORIGINATION:** The HICS 259 is prepared by the Planning Section Patient Tracking Manager or team prior to the Operations Briefing in the next operational period.

**COPIES TO:** Copies are distributed to the Command Staff, Section Chiefs, and the Documentation Unit Leader.

**NOTES:** If additional pages are needed, use a blank HICS 259 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Number of Casualties / Fatalities</b>	
	<b>Patients seen</b>	Enter total number of patients seen in either the adult or pediatric column.
	<b>Admitted</b>	Enter total number of patients admitted in either the adult or pediatric column.
	<b>Critical Care</b>	Enter total number of patients admitted in either the adult or pediatric column.
	<b>Medical / Surgical</b>	Enter total number of patients admitted in either the adult or pediatric column.
	<b>Other</b>	Enter other needed categories (i.e., burn, pediatric, labor and delivery, forensic, psychiatric) in either the adult or pediatric column.
	<b>Discharged</b>	Enter total number of patients discharged in either the adult or pediatric column.
	<b>Transferred</b>	Enter total number of patients transferred in either the adult or pediatric column.
	<b>Morgue</b>	Enter total number of patients expired in either the adult or pediatric column.
	<b>Waiting to be seen</b>	Enter total number of patients still waiting to be seen by physician in either the adult or pediatric column.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



# HICS 260 - PATIENT EVACUATION TRACKING FORM

<b>1. Date</b>		<b>2. From (Unit)</b>	
<b>3. Patient Name</b>		<b>4. DOB</b>	<b>5. Medical Record Number</b>
<b>6. Diagnosis</b>		<b>7. Admitting Physician</b>	
<b>8. Family Notified</b> <input type="checkbox"/> YES <input type="checkbox"/> NO NAME: _____ CONTACT INFORMATION: _____			
<b>9. Mode of Transport</b>		<b>10. Accompanying Equipment</b> (check those that apply)	
<input type="checkbox"/> Hospital Bed <input type="checkbox"/> Gurney <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory <input type="checkbox"/> Other:		<input type="checkbox"/> IV Pump(s) <input type="checkbox"/> Oxygen <input type="checkbox"/> Ventilator <input type="checkbox"/> Chest Tube(s) <input type="checkbox"/> Other:	
		<input type="checkbox"/> Isolette/Warmer <input type="checkbox"/> Traction <input type="checkbox"/> Monitor <input type="checkbox"/> A-Line/Sw an <input type="checkbox"/> Other:	
		<input type="checkbox"/> Foley Catheter <input type="checkbox"/> Halo-Device <input type="checkbox"/> Cranial Bolt/Screw <input type="checkbox"/> Intraosseous Device <input type="checkbox"/> Other:	
<b>11. Special Needs</b>			
<b>12. Isolation</b> <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____ REASON: _____			
<b>13. Evacuating Clinical Location</b>		<b>14. Arriving Location</b>	
ROOM #	TIME	ROOM #	TIME
ID BAND CONFIRMED BY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ID BAND CONFIRMED BY:	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL RECORD SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL RECORD RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS	<input type="checkbox"/> WITH PATIENT	BELONGINGS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE		
VALUABLES	<input type="checkbox"/> WITH PATIENT	VALUABLES RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> LEFT IN SAFE <input type="checkbox"/> NONE		
MEDICATIONS	<input type="checkbox"/> WITH PATIENT	MEDICATIONS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> LEFT ON UNIT <input type="checkbox"/> PHARMACY		
<b>PEDS / INFANTS</b>		<b>PEDS / INFANTS</b>	
BAG/MASK WITH TUBING SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	BAG/MASK /W TUBING RCVD	<input type="checkbox"/> YES <input type="checkbox"/> NO
BULB SYRINGE SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	BULB SYRINGE RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>15. Transferring to another Facility / Location</b>			
TIME TO STAGING AREA		TIME DEPARTING TO RECEIVING FACILITY	
<b>Destination</b>			
TRANSPORTATION	<input type="checkbox"/> AMBULANCE. #	AGENCY	<input type="checkbox"/> HELICOPTER <input type="checkbox"/> OTHER
ID BAND CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO	BY	
DEPARTURE TIME:			
<b>16. Prepared by</b>			
PRINT NAME: _____		SIGNATURE: _____	
DATE/TIME: _____		FACILITY: _____	



**Purpose:** Detail and account for patients transferred to another facility  
**Origination:** Inpatient/Outpatient Unit Leader or Casualty Care Unit Leader  
**Copies to:** Patient Tracking Manager, Medical Care Branch Director, evacuating clinical location, and Documentation Unit Leader

## HICS 260 - PATIENT EVACUATION TRACKING FORM

- PURPOSE:** The HICS 260 - Patient Evacuation Tracking Form documents details and account for patients transferred to another facility.
- ORIGINATION:** Completed by the Operations Section as appropriate: the Inpatient Unit Leader, the Outpatient Unit Leader, or the Casualty Care Unit Leader, depending on where the identified patient is located.
- COPIES TO:** The original is kept with the patient through actual evacuation. Copies are distributed to the Patient Tracking Manager, the Medical Care Branch Director, the evacuating clinical location, and the Documentation Unit Leader.
- NOTES:** The information on this form may be used to complete HICS 255, Master Patient Evacuation Tracking Form. Additions or deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Date</b>	Enter the date of the evacuation.
2	<b>From</b>	Enter the Unit the patient is leaving from.
3	<b>Patient Name</b>	Enter the patient's full name.
4	<b>DOB</b>	Enter the patient's date of birth (DOB).
5	<b>Medical Record Number</b>	Enter the patient's medical record number.
6	<b>Diagnosis</b>	Enter the primary diagnosis/diagnoses.
7	<b>Admitting Physician</b>	Enter the name of the patient's admitting physician.
8	<b>Family Notified</b>	Check yes or no; enter family contact information.
9	<b>Mode of Transport</b>	Identify mode of transportation needed.
10	<b>Accompanying Equipment</b>	Check appropriate boxes for any equipment being transferred with the patient.
11	<b>Special Needs</b>	Indicate if the patient has special needs, assistance, or requirements.
12	<b>Isolation</b>	Indicate if isolation is required, the type, and the reason.
13	<b>Evacuating Clinical Location</b>	Fill in information and check boxes to indicate originating room and what was sent with the patient (records, medications, and belongings).
14	<b>Arriving Location</b>	Fill in information and check boxes to indicate patient's arrival at the new location and whether materials sent with the patient were received.
15	<b>Transferring to another Facility / Location</b>	Document arrival and departure from the staging area, confirmation of ID band, and type of transportation used.
16	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.