|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Incident Name** | | | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3. Contact Information** | | | | | | | | |
| **Company / Agency** | | **Company / Agency / Name** (24/7 Contact) | **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 | |  |  | |  |  |  |  |
| **Company / Agency** | | **Company / Agency / Name** (24/7 Contact) | **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, snowplow, etc.) | |  |  | |  |  |  |  |
| Home health service | |  |  | |  |  |  |  |
| Home repair/construction supplies | |  |  | |  |  |  |  |
| 1. | |  |  | |  |  |  |  |
| 2. | |  |  | |  |  |  |  |
| **Company / Agency** | | **Company / Agency / Name** (24/7 Contact) | **Telephone** | | **Alternate Telephone** | **Email** | **Fax** | **Radio** |
| Hospice | |  |  | |  |  |  |  |
| Hospitals | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
| Hotel/motel | |  |  | |  |  |  |  |
| Housing, temporary | |  |  | |  |  |  |  |
| Ice, commercial | |  |  | |  |  |  |  |
| Laboratory Response Network | |  |  | |  |  |  |  |
| Laundry/linen service | |  |  | |  |  |  |  |
| Law Enforcement | |  |  | |  |  |  |  |
| Lighting | |  |  | |  |  |  |  |
| Long term care facilities | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
| Media: print | |  |  | |  |  |  |  |
| Media: print | |  |  | |  |  |  |  |
| Media: radio | |  |  | |  |  |  |  |
| Media: radio | |  |  | |  |  |  |  |
| **Company / Agency** | | **Company / Agency / Name** (24/7 Contact) | **Telephone** | | **Alternate Telephone** | **Email** | **Fax** | **Radio** |
| Media: TV | |  |  | |  |  |  |  |
| Media: TV | |  |  | |  |  |  |  |
| Media: TV | |  |  | |  |  |  |  |
| Medical gases | |  |  | |  |  |  |  |
| Medical supply | |  |  | |  |  |  |  |
| 1. | |  |  | |  |  |  |  |
| 2. | |  |  | |  |  |  |  |
| Medication, distributor | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
| Pharmacy, commercial | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
|  | |  |  | |  |  |  |  |
| Poison Control Center | |  |  | |  |  |  |  |
| Portable toilets | |  |  | |  |  |  |  |
| Radios: amateur radio | |  |  | |  |  |  |  |
| Radios: satellite | |  |  | |  |  |  |  |
| Radios: handheld or 2-way | |  |  | |  |  |  |  |
| Regional Medical Health Coordinator | |  |  | |  |  |  |  |

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| **Company / Agency** | **Company / Agency / Name** (24/7 Contact) | **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 |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company / Agency** | | **Company / Agency / Name** (24/7 Contact) | **Telephone** | **Alternate Telephone** | | **Email** | **Fax** | **Radio** |
| Utilities | |  |  |  | |  |  |  |
| Gas/Electricity | |  |  |  | |  |  |  |
| Sewage | |  |  |  | |  |  |  |
| Telephone | |  |  |  | |  |  |  |
| Water, municipal | |  |  |  | |  |  |  |
| Vending Machines | |  |  |  | |  |  |  |
| Ventilators | |  |  |  | |  |  |  |
| Water: non-potable | |  |  |  | |  |  |  |
| Water: potable | |  |  |  | |  |  |  |
| Other | |  |  |  | |  |  |  |
| Other | |  |  |  | |  |  |  |
| Other | |  |  |  | |  |  |  |
| Other | |  |  |  | |  |  |  |
| **4. Date Last Updated** | | | | | | | | |
| **5. Prepared by** | PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**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** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Operational Period** | 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** | **Contact Information** | |
| **Company / Agency** | Type of company or agency. |
| **Company / Agency / Name** | List the name of the company/agency. List the name of the point of contact if available. |
| **Telephone** | Enter the telephone number. |
| **Alternate Telephone** | Enter the alternate telephone number. |
| **Email** | Enter the email, if available. |
| **Fax** | Enter the fax number. |
| **Radio** | Enter the radio frequency if appropriate. |
| **4** | **Date Last Updated** | 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** | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |