# RESOURCE ACCOUNTING RECORD

HOSPITAL INCIDENT COMMAND SYSTEM

| 1. DATE | 2. SECTION | 3. OPERATIONAL PERIOD DATE/TIME |
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4. RESOURCE RECORD

| Time | Item/Facility Tracking ID Number | Condition | Received from | Dispensed to | Returned (Date/Time) | Condition (or indicate if nonrecoverable) | Initials |
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| 5. CERTIFYING OFFICER | 6. DATE/TIME SUBMITTED |
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7. FACILITY NAME

**PURPOSE:** TRACK REQUESTED EQUIPMENT. **ORIGINATION:** SECTION CHIEF.
**COPIES TO:** FINANCE/ADMINISTRATION SECTION CHIEF, RESOURCES UNIT LEADER, MATERIAL TRACKING MANAGER AND ORIGINATOR.