

HICS Forms Training

Participant Handout


11/13/2018

Simplified Planning P

213(RR)
Start: 203 & 204

Time: _____

Time: _____

<p>TACTICS MEETING: <u>Group Determines HOW to Accomplish Objectives for NEXT Op. Period. Required Resources are Identified.</u></p>	<p>Preparation for Planning Meeting -Resource Orders Placed for Next Op. Period</p>	<p>PLANNING MEETING: <u>Proposed Incident Action Plan is Reviewed and Approved by IC</u></p>
<p>Preparation for Tactics Meeting</p>		<p>Preparation for Operational Period Brief -IAP Assembled and Copies Are Made.</p>
<p>OBJECTIVES MEETING: <u>Measurable Goals for the NEXT Op. Period Determined & Approved by IC</u></p>		<p>OP. PERIOD BRIEFING: <u>Incoming Personnel are Briefed on their Work Assignments.</u> <u>-Should Take Place an Hour Before New Op. Period Starts</u></p>
<p>Preparation for Objectives Meeting</p>	<p>Execute Incident Action Plan and Assess Progress</p>	

200, 201*, 202, 203, 204, 205A, 206, 207, weather, maps, schedule, facility info, blank 214

Time: _____

Time: _____

<p>INITIAL BRIEFING: <u>IMT Basics, Issues IDed, Org. Structure, Schedule & CURRENT Objectives Determined & Prioritized.</u></p>
<p>Preparation for Initial Briefing</p>
<p>EOC/IMT Activated</p>
<p>Information Gathering</p>
<p>Notification of Response Personnel</p>
<p>Incident Occurs</p>

Initial Response

Tips

1. The goal of this process is to produce an Incident Action Plan (IAP).
2. Set meeting times by first determining the length of the operational period. Then determine the start time of the Operational Period Briefing and work your way backwards meeting by meeting.
3. Meetings should be crisp and stick to the agenda as they take key personnel away from the response. Planning Section Chief needs to prioritize time management during meetings. Shoot for 15-20 minutes in length. Ensure meeting goals are achieved.
4. Make sure to provide adequate time between meetings for personnel to prepare, especially if the team is short-staffed or very busy. If personnel are completely overwhelmed, PSC may consider meeting with each section one on one instead of holding certain meetings.
5. Do not change times of meetings once they are set unless it is absolutely necessary.



HICS 201 - INCIDENT BRIEFING

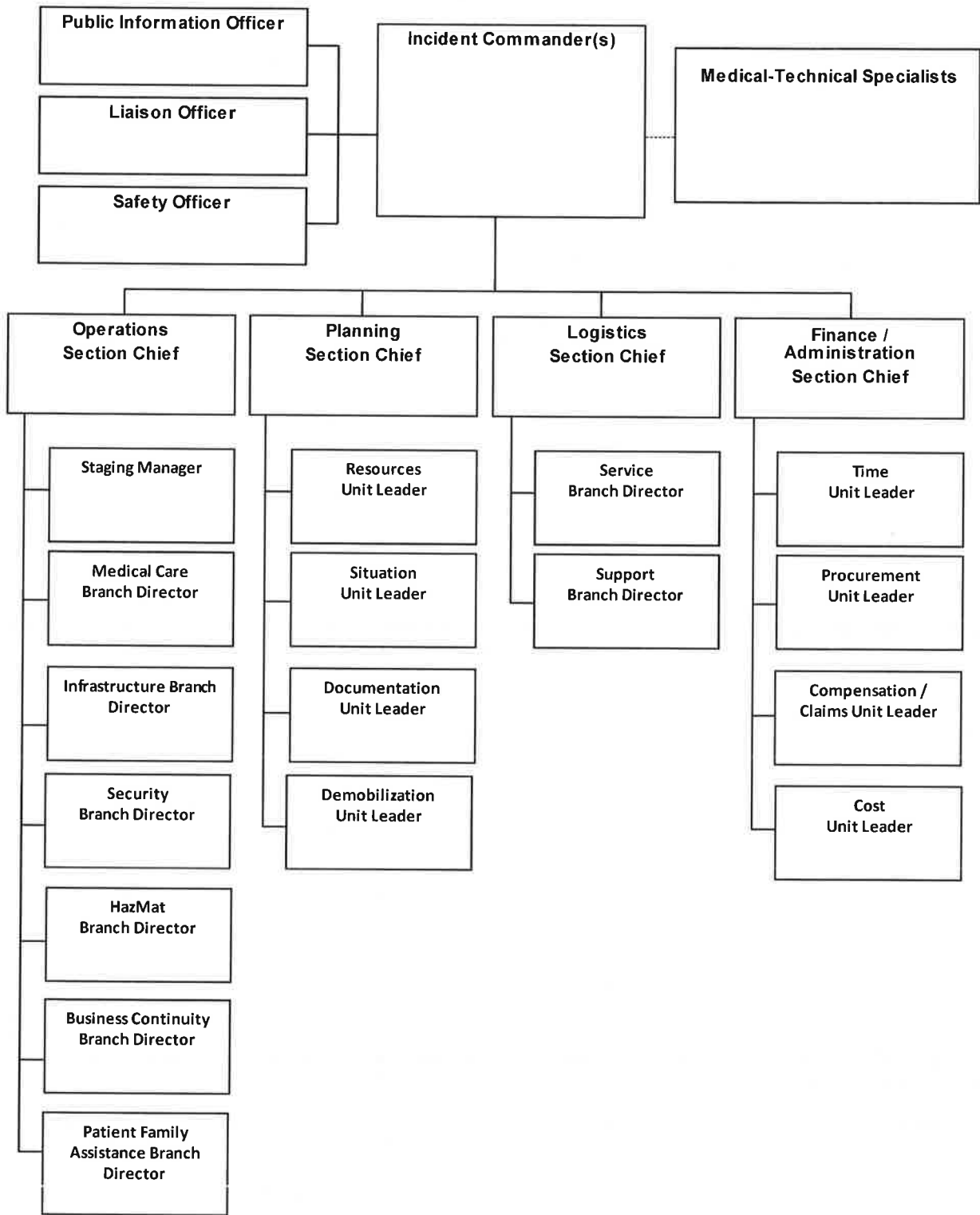
1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
3. Situation Summary (for briefings or transfer of command)	
4. Health and Safety Briefing Identify potential incident health and safety hazards and implement necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. (Summary of HICS 215A)	
5. Map / Sketch (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	



Purpose: Basic information regarding the incident situation and resources allocated
Origination: Incident Commander
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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	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	Situation Summary	Concise statement of the status and information regarding the current situation.
4	Health and Safety Briefing	Enter the summary of health and safety issues and instructions.
5	Map / Sketch	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	Current Hospital Incident Management Team	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	Incident Objectives	Enter the objectives used for the incident.
8	Summary of Current and Planned Actions	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	Summary of Resources Requested and Assigned	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.
	Resource	Enter the number and category, kind, or type of resource ordered.
	Date / Time Ordered	Enter the date (m/d/y) and time (24-hour clock) the resource was ordered.
	ETA	Enter the estimated time of arrival (ETA) to the incident (24-hour clock).
	Date / Time Arrived	Enter the date (m/d/y) and time (24-hour clock) the resource arrived.
	Notes	Enter notes such as the assigned location of the resource and/or the actual assignment and status.
10	Prepared by Incident Commander	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

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
3. Incident Objectives	
4. Factors to Consider Considerations in relationship to the objectives and priorities, including weather and situational awareness.	
5. HICS 215A - Incident Action Safety Analysis and / or Site Safety Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Approved Site Safety Plan Locations: _____	
6. Prepared by Planning Section Chief	PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____
7. Approved by Incident Commander	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 approved by 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	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	Incident Objectives	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	Factors to Consider	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	HICS 215A or Site Safety Plan Required	Safety Officer should check whether or not a Site Safety Plan is required for this incident.
	Approved Site Safety Plan Locations	Enter the locations of the approved Site Safety Plan.
6	Prepared by Planning Section Chief	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
7	Approved by Incident Commander	If additional Incident Commander signatures are required, attach a blank page. Enter date (m/d/y), time prepared (24-hour clock), and facility.

Creating Objectives/Strategies Using a Whiteboard

A.

Identify Flooding Issues/Tasks - Known or Anticipated

Search and Rescue
 Damage Assessment
 Public Information
 Public Health
 Recovery
 Sheltering

B.

EOC Support or Lead? - ID Involved Agencies

Support - Search and Rescue - City Fire
Lead - Damage Assessment - City/Township Admin
Lead - Public Information - Local Media
Support - Public Health - County P.H.
Support - Sheltering - County Human Services

C.

HOW can EOC Support or Lead? - Create Tasks

Support - Search and Rescue - City Fire

- Provide resource support
- Walk through ICS 215 to ID resources

Lead - Damage Assessment - City/Township Admin

- Complete HGEM Damage and Impact Form
- Collect damage assessment numbers and documentation/photos

Lead - Public Information - Local Media

- Identify PIO
- Hold afternoon press briefings

Support - Public Health - County P.H.

- Coordinate on messaging to public

Support - Sheltering - County Human Services

- Provide resource support
- Walk through ICS 215 to ID resources

D.

Assign to EOC Sections - Add to Normal EOC Responsibilities

Command

Public Information

Planning

- EOC Action Plan
- Damage Assessment

Operations

- Search and Rescue Support
- Public Health

Logistics

- Provide Logistical Support
- Sheltering

Finance/Admin.

- Provide Financial Support



HICS 203 – ORGANIZATION ASSIGNMENT LIST

1. Incident Name		2. Operational Period (#)	
		DATE: FROM: _____ TO: _____	
		TIME: FROM: _____ TO: _____	
POSITION	NAME	CONTACT INFO (PHONE, CELL, RADIO)	
3. Incident Commander(s) and Staff			
Incident Commander			
Public Information Officer			
Liaison Officer			
Safety Officer			
Medical-Technical Specialist:			
Medical-Technical Specialist:			
Medical-Technical Specialist:			
Medical-Technical Specialist:			
4. Operations Section			
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			
5. Planning Section			
Planning Chief			
Resources Unit Leader			
Situation Unit Leader			
Documentation Unit Leader			
Demobilization Unit Leader			
6. Logistics Section			
Logistics Chief			
Service Branch Director			
Support Branch Director			
7. Finance / Administration Section			
Finance/Administration Chief			
Time Unit Leader			
Procurement Unit Leader			
Compensation/Claims Unit Leader			
Cost Unit Leader			
8. Agency Executive			
9. External Agency Representative (in the Hospital Command Center)			
10. Hospital Representative (in the external Emergency Operations Center)			
11. Prepared by		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	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	Incident Commander(s) and Command Staff	Enter the names and contact information. For Unified Command, also include agency names.
4	Operations Section	Enter the names and contact information.
5	Planning Section	Enter the names and contact information.
6	Logistics Section	Enter the names and contact information.
7	Finance / Administration Section	Enter the names and contact information.
8	Agency Executive	Enter the name and contact information of the executive (e.g., Chief Executive Officer) with whom the Incident Commander interfaces.
9	External Agency Representative	Enter the external agency/organization names present in the Hospital Command Center (HCC) and the names of their representatives.
10	Hospital Representative	Enter the names and role of hospital personnel in the local emergency operations center (EOC), and local EOC location.
11	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.



HICS 204 - ASSIGNMENT LIST

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



Purpose: Documents, strategics/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	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	Section	Enter the name of the Section and Section Chief.
4	Branch	Enter the name of the Branch and Branch Director, if the form is for a specific Branch.
5	5a. Branch / Unit Related Objectives	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.
	5b. Strategies / Tactics	For each objective, document the strategies/tactics to accomplish that objective.
	5c. Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	5d. Unit Assigned to	For each strategy/tactic, document the Unit assigned to that strategy/tactic.
6	Unit(s) Assigned this Operational Period	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	Special Information / Considerations	Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pick-up points, or other important information.
8	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.

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	Incident Name	Enter the name assigned to the incident.
2	Operational Period	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	Internal Contacts	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	Special Instructions	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	External Contacts	Enter the appropriate contact information for external agencies, organizations, key contacts.
6	Special Instructions	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	Prepared by Communications Unit Leader	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

1. Incident Name	2. Operational Period (#) 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)

7. Special Instructions

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

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



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.

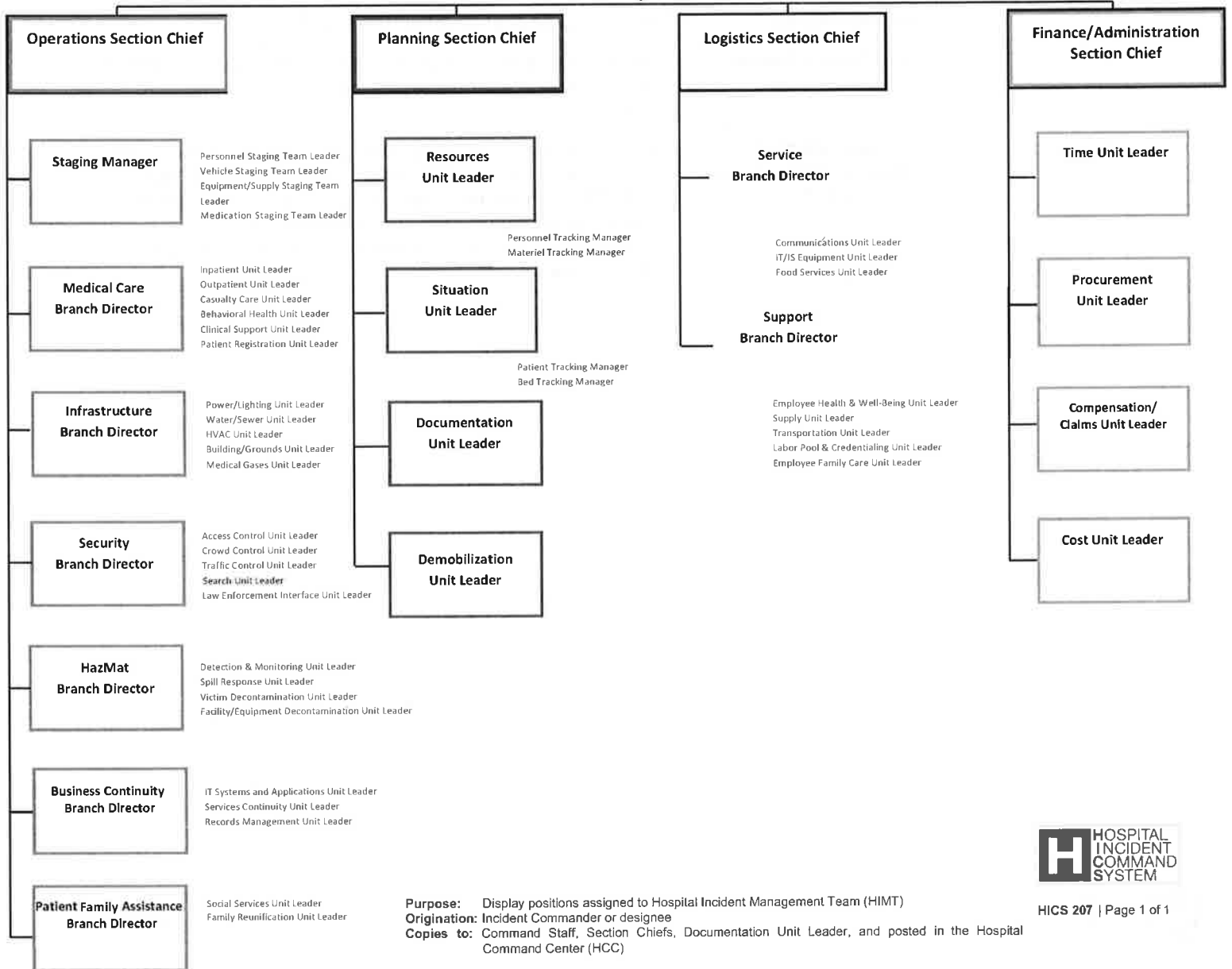
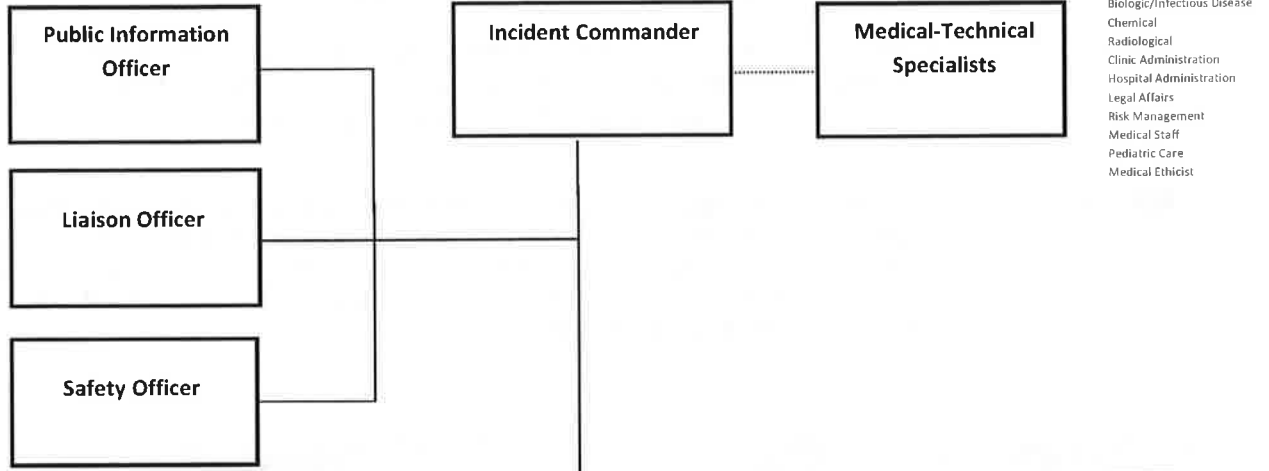
NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Treatment Areas	Enter the name of the treatment area, the location, and the contact numbers.
4	Resources On Hand	Enter the number of listed resources that are available and assigned to the treatment areas.
5	Transportation	Enter the information for transportation services available to the incident.
6	Alternate Care Site(s)	Enter the information for alternate care sites that could serve this incident.
7	Special Instructions	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	Prepared by	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	Approved by	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)



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	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	Current Hospital Incident Management Team Chart	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

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	Incident Name	Enter the name assigned to the incident.
2	To	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	From	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	Subject	Enter the subject of the message.
5	Date	Enter the date (m/d/y) of the message.
6	Time	Enter the time (24-hour clock) of the message.
7	Priority	Enter the priority of the message or request.
8	Message	Enter the content of the message.
9	Approved by	Enter the name and signature of the person approving the message, if necessary.
10	Reply / Action Taken	The intended recipient will enter a reply and/or action taken to the message and return it to the originator.
11	Replied by	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.

ICS 213 Resource Request

Region 5 Emergency Management

1. Incident Name:		2. Date/Time:		3. Resource Request Number:	
4. ORDER Note: Use separate forms when requesting resources from different sources of supply					
a. Urgent?	b. Detailed item description (vital characteristics, brand, specs, experience, etc.) If applicable: Purpose or use, capability, kind, type, and other information	c. Quantity	d. Overhead Personnel?	e. Requested Reporting Location:	f. Estimated length of use
				Date/Time:	
5. Suggested source(s) of supply & POC phone number of supplier if known and suitable substitutes:					
6. Requestor Name and Contact Info: _____ Date/Time: _____					
7. Section Chief/Command Staff Approval: _____ Date/Time: _____					
8. Supplier Name/Phone/Fax/Email: _____					
9. Request can be filled as is: <input type="checkbox"/>					
Request cannot be filled as is: <input type="checkbox"/>					
10. Notes/possible alternatives:					
11. Requisition/Purchase Order #: _____ 12. Order placed by: _____ Date/Time: _____					
13. Logistics Section Signature: _____ Date/Time: _____					
14. Is request financially acceptable? _____ 15. Comments: _____ Date/Time: _____					
16. Finance Section Signature: _____ Date/Time: _____					
17. Resource ordered: Y / N 18. ETA: _____ 19. Cost: _____ 20. Added to resource status board: Y / N 21. Requestor notified: Y / N 23. Logistics Section Signature: _____ Date/Time: _____					
22. Changes to resource order (if different from above): _____					
23. Request form reviewed for errors/inconsistencies: Y / N 24. Copy of request added to incident documentation file: Y / N 25. Planning Section Signature: _____ Date/Time: _____					

Note: Step #21 may be better suited for Operations instead of Logistics

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	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	Name	Print the name of the person for whom the activities are being documented.
4	HIMT Position	Enter the Hospital Incident Management Team (HIMT) position for which the activities are being documented.
5	Activity Log	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	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.

Activity Log (ICS 214)

1. Incident Name: MPLS Super Bowl		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Name: Joe Savage		4. ICS Position: OSC	5. Home Agency (and Unit): Region 5 EM (SW Minnesota)
6. Resources Assigned:			
Name		MACS/EOC Position	Home Agency (and Unit)
Nzimi, Mwende		Sourcing Group	
Lilja, John		City Services Branch	
HCEM		Vertical Branch	
7. Activity Log:			
Date	Time	Notable Activities	
1/28/2018	1455	Arrived at EOC	
		Reminder to section personnel to get situation updates sent to Ops Section email by 2100hrs	
	1615	Section-specific meeting	
		Reminded call taker to make contact with MACC Logs, as assigned in CPLAN	
		Set meeting reminders on phone	
		Gained full HSIN access – able to edit and post, was just “visitor” member before	
		Reminded Ops personnel to update their HSIN status	
		Received email training from Bryan Gorman – same information I received from MPLS IT rep in Logs section. Able to view, send, and receive email messages.	
		Reviewed HSIN documents for familiarity and situational awareness	
		Confusion over whether hospital/RHRC rep was under Liaison group or Operations Section. Discussed at a planning process meeting with C&G staff. EOC Director will forward on to other teams to discuss their placement in organization chart.	
	1930	Submitted ICS 204 changes to Planning Section (Toni Hauser) a. Mwende Nzimi serving as Blue Team Processing staff for 1/29 morning shift. Will be back on White Team on Wednesday. b. Included suggestions for Blue Team on how and when to collect City Department Situation Updates	
	1800	Attended C&G Staff Meeting – combined with Coordination Action Meeting	
	2030	Attended Planning Meeting	
	2130	Attended Check-in Meeting a. Discussed how important it is to have consistencies in processes between teams, especially when there isn't a team there to brief an incoming group (could result in misunderstandings, uncompleted tasks, general confusion etc.)	
	2200	Spent time working on tasks for primary job	
	2300	ICS 214 filled in	
8. Prepared by: Name: Joe Savage		Position/Title: OSC	Signature: _____
ICS 214	Page <u>1</u>	Date: 1/28/2018	Time: 2306

ICS 215

Operational Planning Worksheet

Purpose. The Operational Planning Worksheet (ICS 215) communicates the decisions made by the Operations Section Chief during the Tactics Meeting concerning resource assignments and needs for the next operational period. The ICS 215 is used by the Resources Unit to complete the Assignment Lists (ICS 204) and by the Logistics Section Chief for ordering resources for the incident.

Preparation. The ICS 215 is initiated by the Operations Section Chief and often involves logistics personnel, the Resources Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staffs during the Planning Meeting. It may be useful in some disciplines or jurisdictions to prefill ICS 215 copies prior to incidents.

Distribution. When the Branch, Division, or Group work assignments and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the ICS 204. The Logistics Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

Notes:

- This worksheet can be made into a wall mount.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.
- If additional pages are needed, use a blank ICS 215 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. <ul style="list-style-type: none"> • Date and Time From • Date and Time To
3	Branch	Enter the Branch of the work assignment for the resources.
4	Division, Group, or Other	Enter the Division, Group, or other location (e.g., Staging Area) of the work assignment for the resources.
5	Work Assignment & Special Instructions	Enter the specific work assignments given to each of the Divisions/Groups and any special instructions, as required.
6	Resources	Complete resource headings for category, kind, and type as appropriate for the incident. The use of a slash indicates a single resource in the upper portion of the slash and a Strike Team or Task Force in the bottom portion of the slash. <ul style="list-style-type: none"> • Required Enter, for the appropriate resources, the number of resources by type (engine, squad car, Advanced Life Support ambulance, etc.) required to perform the work assignment. <ul style="list-style-type: none"> • Have Enter, for the appropriate resources, the number of resources by type (engines, crew, etc.) available to perform the work assignment. <ul style="list-style-type: none"> • Need Enter the number of resources needed by subtracting the number in the "Have" row from the number in the "Required" row.
7	Overhead Position(s)	List any supervisory and nonsupervisory ICS position(s) not directly assigned to a previously identified resource (e.g., Division/Group Supervisor, Assistant Safety Officer, Technical Specialist, etc.).
8	Special Equipment & Supplies	List special equipment and supplies, including aviation support, used or needed. This may be a useful place to monitor span of control.
9	Reporting Location	Enter the specific location where the resources are to report (Staging Area, location at incident, etc.).
10	Requested Arrival Time	Enter the time (24-hour clock) that resources are requested to arrive at the reporting location.

Block Number	Block Title	Instructions
11	Total Resources Required	Enter the total number of resources required by category/kind/type as preferred (e.g., engine, squad car, ALS ambulance, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/ Task Forces in the bottom portion of the slash.
12	Total Resources Have on Hand	Enter the total number of resources on hand that are assigned to the incident for incident use. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
13	Total Resources Need To Order	Enter the total number of resources needed. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
14	Prepared by	<ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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	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	Hazard Mitigation	
	3a. Potential / Actual Hazards	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.
	3b. Affected Section / Branch Unit and Location	Reference the affected sections, branches, units and the location of the hazards.
	3c. Mitigations	List actions taken to reduce risk for each hazard indicated (e.g., restricting access, proper PPE for identified risk).
	3d. Mitigation Completed	Enter the initials, date, and time when the mitigation is implemented or the hazard no longer exists.
4	Prepared by Safety Officer	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
5	Approved by Incident Commander	Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.