|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **INCIDENT NAME** | |  | | | | 1. **OPERATIONAL PERIOD** | | |
| **DATE: FROM:**       **TO:**  **TIME: FROM:**       **TO:** | | |
| 1. **INTERNAL CONTACTS** | | | | | | | | |
| NAME | NHICS ASSIGNMENT | | PHONE  (PRIMARY & ALTERNATE) | FAX | E-MAIL | | ALTERNATE COMMUNICATION DEVICE | COMMENTS |
|  |  | |  |  |  | |  |  |
|  |  | |  |  |  | |  |  |
|  |  | |  |  |  | |  |  |
|  |  | |  |  |  | |  |  |
|  |  | |  |  |  | |  |  |
|  |  | |  |  |  | |  |  |
|  |  | |  |  |  | |  |  |
|  |  | |  |  |  | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **INTERNAL CONTACTS (CONTINUED…)** | | | | | | | | | | | | |
|  |  | | |  | |  |  | |  | |  | |
|  |  | | |  | |  |  | |  | |  | |
| 1. **EXTERNAL CONTACTS** | | | | | | | | | | | | |
| NAME | NHICS ASSIGNMENT | | | PHONE  (PRIMARY & ALTERNATE) | | FAX | E-MAIL | | ALTERNATE COMMUNICATION DEVICE | | COMMENTS | |
|  |  | | |  | |  |  | |  | |  | |
|  |  | | |  | |  |  | |  | |  | |
|  |  | | |  | |  |  | |  | |  | |
|  |  | | |  | |  |  | |  | |  | |
|  |  | | |  | |  |  | |  | |  | |
| 1. **SPECIAL INSTRUCTIONS** | |  | | | | | | | | | | |
| 1. **PREPARED BY LOGISTICS SECTION CHIEF** | | | **PRINT NAME:** | |  | | | **SIGNATURE:** | |  | |  |
| **DATE/TIME:** | |  | | | **FACILITY:** | |  | |  |
|  | |  | | |  | |  | | |

INSTRUCTIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **PURPOSE:** | | Provides information on all telephone and other communication assignments for each operational period. | |
| **ORIGINATION:** | | Logistics Section Chief and given to the Planning Section Chief for inclusion in the Incident Action Plan (IAP). | |
| **COPIES TO:** | | All IMT staff. | |
| **NOTES:** | | If additional pages are needed, use a blank NHICS 205 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 Incident Management Team (IMT) position, and other key staff. |
| **4** | **External Contacts** | | Enter the appropriate contact information for external agencies, organizations, key contacts. |
| **5** | **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. |
| **6** | **Prepared by Logistics 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. |