|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **INCIDENT NAME** | |  | | | | 1. **OPERATIONAL PERIOD** | | | |
| **DATE: FROM:**       **TO:**  **TIME: FROM:**       **TO:** | | | |
| 1. **TIME RECORD** | | | | | | | | | |
| **#** | **EMPLOYEE (E)**/  **VOLUNTEER (V)**  **NAME** ( PRINT) | **E**/**V** | **EMPLOYEE**  **NUMBER** | **NHICS ASSIGNMENT** | **DATE**/**TIME**  **IN** | | **DATE**/**TIME**  **OUT** | **TOTAL HOURS** | **SIGNATURE** (TO VERIFY TIMES) |
| 1 |  |  |  |  |  | |  |  |  |
| 2 |  |  |  |  |  | |  |  |  |
| 3 |  |  |  |  |  | |  |  |  |
| 4 |  |  |  |  |  | |  |  |  |
| 5 |  |  |  |  |  | |  |  |  |
| 6 |  |  |  |  |  | |  |  |  |
| 7 |  |  |  |  |  | |  |  |  |
| 8 |  |  |  |  |  | |  |  |  |
| 9 |  |  |  |  |  | |  |  |  |
| 10 |  |  |  |  |  | |  |  |  |
| 11 |  |  |  |  |  | |  |  |  |

\* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **PREPARED BY** | **PRINT NAME:** |  | **SIGNATURE:** |  |  |
| **DATE/TIME:** |  | **FACILITY:** |  |  |
|  |  |  |  |  |

**INSTRUCTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **PURPOSE:** | | Records each section’s personnel time and activities. | |
| **ORIGINATION:** | | Section Chiefs are responsible for ensuring that personnel complete the form. | |
| **COPIES TO:** | | Finance/Administration Section Chief every 12 hours or every operational period. | |
| **NOTES:** | | If additional pages are needed, use a blank NHICS 252 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** | **Time Record** | | |
| **Employee (E) / Volunteer (V) Name (Print)** | | Print the full name of the personnel assigned. |
| **E / V** | | Enter employee (E) or volunteer (V). |
| **Employee Number** | | If employee of the organization, fill in employee number. |
| **NHICS Assignment** | | Enter assignment being assumed. |
| **Date / Time In** | | Enter time started in assignment. |
| **Date / Time Out** | | Enter time ended in assignment. |
| **Total Hours** | | Enter total number of hours in assignment. |
| **Signature** | | Employee/volunteer signature verifying that times are correct. |
| **4** | **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. |