|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **INCIDENT NAME** | |  | | | 1. **OPERATIONAL PERIOD** | | | | |
| **DATE: FROM:**       **TO:**  **TIME: FROM:**       **TO:** | | | | |
| **POSITION** | | | | **NAME / AGENCY** | | | | **CONTACT INFO (PHONE, CELL)** | |
| 1. **INCIDENT COMMANDER AND STAFF** | | | | | | | | | |
| **INCIDENT COMMANDER** | | | |  | | | |  | |
| **LIAISON/PUBLIC INFORMATION OFFICER** | | | |  | | | |  | |
| **SAFETY OFFICER** | | | |  | | | |  | |
| **MEDICAL DIRECTOR/SPECIALIST** | | | |  | | | |  | |
| 1. **OPERATIONS SECTION** | | | | | | | | | |
| **CHIEF** | | | |  | | | |  | |
| **RESIDENT SERVICES BRANCH** | | | |  | | | |  | |
| **INFRASTRUCTURE BRANCH** | | | |  | | | |  | |
| 1. **PLANNING SECTION** | | | | | | | | | |
| **CHIEF** | | | |  | | | |  | |
| 1. **LOGISTICS SECTION** | | | | | | | | | |
| **CHIEF** | | | |  | | | |  | |
| 1. **FINANCE/ADMINISTRATION SECTION** | | | | | | | | | |
| **CHIEF** | | | |  | | | |  | |
| 1. **AGENCY REPRESENTATIVE** (IN NURSING HOME COMMAND CENTER) | | | | | | | | | |
| **AGENCY** | | | | **NAME** | | | | **CONTACT INFO (PHONE, CELL)** | |
|  | | | |  | | | |  | |
| 1. **EXTERNAL AGENCY REPRESENTATIVE** (IN NURSING HOME COMMAND CENTER) | | | | | | | | | |
| **EXTERNAL LOCATION** | | | | **NAME** | | | | **CONTACT INFO (PHONE, CELL)** | |
|  | | | |  | | | |  | |
| 1. **PREPARED BY** | **PRINT NAME:** | |  | | | **SIGNATURE:** |  | |  |
| **DATE/TIME:** | |  | | | **FACILITY:** |  | |  |
|  | | | | | | | | |

**INSTRUCTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **PURPOSE:** | | Provides the Incident Management Team (IMT) personnel with information on the positions currently activated and the names of personnel staffing each position. | |
| **ORIGINATION:** | | Planning Section Chief | |
| **COPIES TO:** | | All IMT staff | |
| **NOTES:** | | 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 NHICS 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 and Command Staff** | | Enter the names and contact information. |
| **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 Nursing Home Command Center and the names of their representatives. |
| **10** | **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. |