|  |  |  |
| --- | --- | --- |
| 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. |