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

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| **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. |