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| 1. **INCIDENT NAME**
 |       | 1. **OPERATIONAL PERIOD**
 |
| **DATE: FROM:**       **TO:**       **TIME: FROM:**       **TO:**       |
| 1. **RESOURCE RECORD**
 |
| **TIME** | **ITEM/FACILITY TRACKING ID#** | **CONDITION** | **RECEIVED FROM** | **DISPENSED**(TO/TIME) | **RETURNED**(DATE/TIME) | **CONDITION**(OR INDICATED IF NON-RECOVERABLE) | **INITIALS** |
|       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |
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| 1. **PREPARED BY**
 | **PRINT NAME:** |       | **SIGNATURE:** |       |  |
| **DATE/TIME:** |       | **FACILITY:** |       |  |
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**INSTRUCTIONS**

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| **PURPOSE:** | Documents the request, distribution for use, return, and condition of equipment and resources used to respond to the incident. |
| **ORIGINATION:** | Logistics Section Chief and/or by Incident Management Team (IMT) staff  |
| **COPIES TO:** | Finance/Administration Section Chief, the Logistics Section Chief, the original requester of the resource, and the Planning Section Chief |
| **NOTES:** | If additional pages are needed, use a blank NHICS 257 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** | **Resource Record** |
| **Time** | Enter the time (24-hour clock) and the request received. |
| **Item / Facility Tracking****Identification Number** | Enter the item and the facility tracking identification number. |
| **Condition** | Enter the condition of the item when it was received. |
| **Received From** | Enter whom the item was received from. |
| **Dispensed** | Enter whom the item was dispensed to and the time (24-hour clock). |
| **Returned** | Enter the date (m/d/y) and time (24-hour clock) the item was returned. |
| **Condition** | Enter the condition the item was in when returned or indicate if non- recoverable. |
| **Initials** | Enter initials of person processing item. |
| **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. |