|  |  |  |
| --- | --- | --- |
| 1. **INCIDENT NAME**
 |       | 1. **OPERATIONAL PERIOD**
 |
| **DATE: FROM:**       **TO:**      **TIME: FROM:**       **TO:**       |
| 1. **REPORTED CASUALTY/FATALITY**
 |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       |
| **INJURY** | **TRANSFER DATE** / **TIME** | **RECEIVING FACILITY** | **EXPIRED DATE** / **TIME** |
|       |       |       |       |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       |
| **INJURY** | **TRANSFER DATE** / **TIME** | **RECEIVING FACILITY** | **EXPIRED DATE** / **TIME** |
|       |       |       |       |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       |
| **INJURY** | **TRANSFER DATE** / **TIME** | **RECEIVING FACILITY** | **EXPIRED DATE** / **TIME** |
|       |       |       |       |
| **RESIDENT NAME** |       | **MEDICAL RECORD #** |       |
| **INJURY** | **TRANSFER DATE** / **TIME** | **RECEIVING FACILITY** | **EXPIRED DATE** / **TIME** |
|       |       |       |       |

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

**INSTRUCTIONS**

|  |  |
| --- | --- |
| **PURPOSE:** | Records the number of residents injured and expired for each operational period. |
| **ORIGINATION:** | Resident Services Branch Director or team |
| **COPIES TO:** | Command Staff and General Staff |
| **NOTES:** | If additional pages are needed, use a blank NHICS 259 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** | **Reported Casualty/Fatality** |
| **Resident Name** | Enter the full name of the casualty/fatality. |
| **Medical Record #** | Enter the medical record number. |
| **Injury** | Describe the injury. |
| **Transfer Date/Time** | Enter the transfer date and time. |
| **Receiving Facility** | Enter the name of the facility accepting the casualty/fatality. |
| **Expired Date/Time** | Enter the expiration date and time of the fatality. |
| **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. |