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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**

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| **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. |