NHICS 203 | ORGANIZATION ASSIGNMENT LIST

NHICS
Nursing Home Incident Command System

1. INCIDENT NAME		2. OPERATIONAL PERIOD	
		DATE: FROM:	TO:
		TIME: FROM:	TO:

POSITION	NAME / AGENCY	CONTACT INFO (PHONE, CELL)
3. INCIDENT COMMANDER AND STAFF		
INCIDENT COMMANDER		
LIAISON/PUBLIC INFORMATION OFFICER		
SAFETY OFFICER		
MEDICAL DIRECTOR/SPECIALIST		
4. OPERATIONS SECTION		
CHIEF		
RESIDENT SERVICES BRANCH		
INFRASTRUCTURE BRANCH		
5. PLANNING SECTION		
CHIEF		
6. LOGISTICS SECTION		
CHIEF		
7. FINANCE/ADMINISTRATION SECTION		
CHIEF		

8. AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)		
AGENCY	NAME	CONTACT INFO (PHONE, CELL)

9. EXTERNAL AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)		
EXTERNAL LOCATION	NAME	CONTACT INFO (PHONE, CELL)

10. PREPARED BY	PRINT NAME:	SIGNATURE:
	DATE/TIME:	FACILITY:

PURPOSE: DOCUMENT STAFFING
ORIGINATION: PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF

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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.

PURPOSE: DOCUMENT STAFFING
ORIGINATION: PLANNING SECTION CHIEF
COPIES TO: All IMT STAFF

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