|  |  |  |
| --- | --- | --- |
| 1. **INCIDENT NAME**
 |       | 1. **OPERATIONAL PERIOD**
 |
| **DATE: FROM:**       **TO:**      **TIME: FROM:**       **TO:**       |
| 1. **TIME RECORD**
 |
| **#** | **EMPLOYEE (E)**/**VOLUNTEER (V)** **NAME** ( PRINT) | **E**/**V** | **EMPLOYEE** **NUMBER** | **NHICS ASSIGNMENT** | **DATE**/**TIME****IN** | **DATE**/**TIME****OUT** | **TOTAL HOURS**  | **SIGNATURE** (TO VERIFY TIMES) |
| 1 |       |    |       |       |       |       |       |       |
| 2 |       |    |       |       |       |       |       |       |
| 3 |       |    |       |       |       |       |       |       |
| 4 |       |    |       |       |       |       |       |       |
| 5 |       |    |       |       |       |       |       |       |
| 6 |       |    |       |       |       |       |       |       |
| 7 |       |    |       |       |       |       |       |       |
| 8 |       |    |       |       |       |       |       |       |
| 9 |       |    |       |       |       |       |       |       |
| 10 |       |    |       |       |       |       |       |       |
| 11 |       |    |       |       |       |       |       |       |

\* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY

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

**INSTRUCTIONS**

|  |  |
| --- | --- |
| **PURPOSE:** | Records each section’s personnel time and activities. |
| **ORIGINATION:**  | Section Chiefs are responsible for ensuring that personnel complete the form. |
| **COPIES TO:** | Finance/Administration Section Chief every 12 hours or every operational period.  |
| **NOTES:** | If additional pages are needed, use a blank NHICS 252 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** | **Time Record** |
| **Employee (E) / Volunteer (V) Name (Print)** | Print the full name of the personnel assigned. |
| **E / V** | Enter employee (E) or volunteer (V). |
| **Employee Number** | If employee of the organization, fill in employee number. |
| **NHICS Assignment** | Enter assignment being assumed. |
| **Date / Time In** | Enter time started in assignment. |
| **Date / Time Out** | Enter time ended in assignment. |
| **Total Hours** | Enter total number of hours in assignment. |
| **Signature** | Employee/volunteer signature verifying that times are correct. |
| **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. |