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

**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. |