

NHICS 205 | COMMUNICATIONS LIST



1. INCIDENT NAME						2. OPERATIONAL PERIOD	
						DATE:	FROM:
3. INTERNAL CONTACTS							
NAME	NHICS ASSIGNMENT	PHONE (PRIMARY & ALTERNATE)	FAX	E-MAIL	ALTERNATE COMMUNICATION DEVICE	COMMENTS	

PURPOSE: PROVIDES INFORMATION ON ALL COMMUNICATION DEVICES ASSIGNED
ORIGINATION: LOGISTICS SECTION CHIEF
COPIES TO: ALL IMT STAFF
NOTE: CAN BE PREFILLED BEFORE INCIDENT AND UPDATED AS NEEDED



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3. INTERNAL CONTACTS (CONTINUED...)						
NAME	NHICS ASSIGNMENT	PHONE (PRIMARY & ALTERNATE)	FAX	E-MAIL	ALTERNATE COMMUNICATION DEVICE	COMMENTS
4. EXTERNAL CONTACTS						
NAME	NHICS ASSIGNMENT	PHONE (PRIMARY & ALTERNATE)	FAX	E-MAIL	ALTERNATE COMMUNICATION DEVICE	COMMENTS
5. SPECIAL INSTRUCTIONS						
6. PREPARED BY LOGISTICS SECTION CHIEF		PRINT NAME: _____ DATE/TIME: _____	SIGNATURE: _____ FACILITY: _____			

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INSTRUCTIONS

PURPOSE: Provides information on all telephone and other communication assignments for each operational period.

ORIGINATION: Logistics Section Chief and given to the Planning Section Chief for inclusion in the Incident Action Plan (IAP).

COPIES TO: All IMT staff.

NOTES: If additional pages are needed, use a blank NHICS 205 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	Internal Contacts	Enter the appropriate contact information for internal contacts, hospital personnel, those in an activated Incident Management Team (IMT) position, and other key staff.
4	External Contacts	Enter the appropriate contact information for external agencies, organizations, key contacts.
5	Special Instructions	Enter any special instructions (e.g., using repeaters, secure-voice, private line [PL] tones, etc.) or other emergency communications. If needed, also include any special instructions for alternate communication plans.
6	Prepared by Logistics Section Chief	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.