

NHICS 257 | RESOURCE ACCOUNTING RECORD



1. INCIDENT NAME			2. OPERATIONAL PERIOD				
			DATE: FROM:		TO:		
			TIME: FROM:		TO:		
3. RESOURCE RECORD							
TIME	ITEM/FACILITY TRACKING ID#	CONDITION	RECEIVED FROM	DISPENSED (TO/TIME)	RETURNED (DATE/TIME)	CONDITION (OR INDICATED IF NON-RECOVERABLE)	INITIALS
4. PREPARED BY	PRINT NAME: _____		SIGNATURE: _____				
	DATE/TIME: _____		FACILITY: _____				

PURPOSE: RECORDS THE REQUEST, DISTRIBUTION, RETURN AND CONDITION OF EQUIPMENT AND RESOURCES
ORIGINATION: IMT PERSONNEL AS DIRECTED BY SECTION CHIEFS
COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF, LOGISTICS SECTION CHIEF, ORIGINATOR AND PLANNING SECTION CHIEF

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INSTRUCTIONS

- 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
	Returned	Enter the date (m/d/y) and time (24-hour clock) the item was
	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.