

## **II. ICS FORMS**

Forms in this Unit contain ICS forms that have been modified to meet HHS requirements. ICS forms are used throughout the response system. Use of the ICS forms ensures greater understanding and communications between using agencies. By looking at the form number you can equate the generic ICS form with the HHS form number for easier identification between different users of the system. Forms located in this section include:

- HHS-202, Objectives
- HHS-203, Organization Assignment
- HHS-204, Assignment List
- HHS-205, Radio Communication Plan
- HHS-206, Medical Plan
- HHS-211, Check-in List
- HHS-214, Unit Log
- HHS-215, Operational Planning Worksheet
- HHS-218, Support Vehicle Inventory
- HHS-219, Resource Status Card
- HHS-221, Demobilization Checkout
- HHS-259, Resource Order

## **II. ICS FORMS**

### **ACTION PLAN AND OBJECTIVES FORM**

#### **Purpose**

An Action Plan documents the actions developed by the CFO, MST Leader and Command and General Staff during the Planning Meeting. The HHS/EOC Director and Staff may also have a Planning Meeting to develop an Action Plan outlining the responsibilities for support from the HHS/EOC. When all attachments are included, the plan specifies the response objectives, tactics to meet the objectives, resources required, organization, logistics support, communication plan, medical plan and other appropriate information for use in tactical operations. There is only one Incident Action Plan for an incident therefore, in providing support to the local response effort, this information relates to a HHS Action Plan that provides guidance to HHS health and medical resources only.

The standard components of an Action Plan include:

- Incident Objectives (HHS Form 202)
- Organization Assignment List (HHS Form 203)
- Assignment List (HHS Form 204)
- Radio Communications Plan (HHS Form 205)
- Medical Plan (HHS Form 206)
- Incident map (topographical section or sketch map)
- Traffic Plan (internal and external to the incident)

#### **Preparation**

An Action Plan is completed following each formal planning meeting conducted by the MST Team Leader and Command and General Staff. The plan must be approved by the CFO, MST Leader, or HHS/EOC Director depending on the application of the plan prior to distribution.

## **II. ICS FORMS**

### **Distribution**

Sufficient copies of the Action Plan should be provided for all supervisory personnel at the Section, Branch, Division and Unit Leader levels. Copies should also be made available to involved cooperating agencies.

## **II. ICS FORMS**

### **OBJECTIVES HHS-202**

The Objectives Form (HHS-202) is the first page of an Action Plan. The HHS-202 describes the basic incident strategy, response objectives, and provides weather information and safety considerations for use during the operational period for which the plan is developed.

<b>OBJECTIVES</b>	<b>(1) INCIDENT</b>	<b>FORM HHS-202</b>  01/98
# (2) DISASTER RESPONSE NUMBER:	(3) OPERATIONAL PERIOD: date and time	(4) DATE/TIME PREPARED:
<b>(5) GENERAL RESPONSE OBJECTIVES FOR THE INCIDENT: (Include alternatives)</b>		
<b>(6) WEATHER FORECAST FOR OPERATIONAL PERIOD:</b>		
<b>(7) GENERAL SAFETY MESSAGE:</b>		
<b>(8) ATTACHMENTS:</b> <input type="checkbox"/> ORGANIZATIONAL LIST <input type="checkbox"/> INCIDENT MAP <b>OTHER:</b> <input type="checkbox"/> ASSIGNMENT LIST <input type="checkbox"/> COMMUNICATIONS PLAN <input type="checkbox"/> _____ <input type="checkbox"/> MEDICAL PLAN <input type="checkbox"/> TRAFFIC PLAN <input type="checkbox"/> _____		

<b>OBJECTIVES</b>	<b>(1) INCIDENT</b>	<b>FORM HHS-202</b>  01/98
# (2) DISASTER RESPONSE NUMBER:	(3) OPERATIONAL PERIOD: date and time	(4) DATE/TIME PREPARED:
(9) Prepared by	(10) Approved by	

## II. ICS FORMS

### OBJECTIVES, HHS-202

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Operational Period	Show the specific operational period the plan covers.
4	DateTime Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
5	General Response Objectives	List the objectives developed by the MST Leader in consultation with the CFO and RHA.
6	Weather Forecast For The Operational Period	Show the predicted weather for the planned operational period. Use an attachment if necessary.
7	General Safety Message	Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message could be attached and referenced
8	Attachments	Check the applicable boxes for included attachments. The plan is ready for distribution when appropriate attachments are completed.
9	Prepared By	The Planning Section Chief is generally responsible for the preparation of the HHS-202.
10	Approved By	The MST Leader, CFO, or RHA signs the HHS-202 signifying the approval of the Action Plan.

## II. ICS FORMS

### ORGANIZATION ASSIGNMENT, HHS-203

#### **Purpose**

The Organization Assignment HHS-203 provides information on names of personnel staffing each position shown.

#### **Preparation**

This list is prepared and maintained by the Resource Unit Leader under the direction of the Planning Section Chief.

#### **Distribution**

The Organization Assignment is attached to Action Plan.

# ORGANIZATION ASSIGNMENT

## FORM HHS-203

11/97

(1) INCIDENT

# (2) DISASTER RESPONSE NUMBER:	(3) OPERATIONAL PERIOD:	(4) DATE/TIME PREPARED:	
<b>(5) COMMAND STAFF</b>		<b>(9) OPERATIONS BRANCH</b>	
Leader		Chief	
Deputy		Deputy	
Information Officer			
Safety Officer		<b>BRANCH I</b>	
Medical Officer		Branch Director	
Liaison Officer		Deputy	
<b>(6) AGENCY REPRESENTATIVES</b>		Division/Group	
Agency	Name	Division/Group	
		Division/Group	
		<b>BRANCH II</b>	
		Branch Director	
<b>(7) PLANNING SECTION</b>		Deputy	
Chief		Division/Group	
Deputy		Division/Group	
Resource Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Division/Group	
Demobilization Unit		<b>BRANCH III</b>	
Technical Specialists		Branch Director	
		Deputy	
		Division/Group	
<b>(8) LOGISTICS SECTION</b>		Division/Group	
Chief		<b>TEAMS</b>	
Deputy			
<b>SUPPORT BRANCH</b>			
Director			
Medical Supply Unit			
Facilities Unit			
POA/MOC Center Specialist		<b>(10) ADMIN/FINANCE SECTION</b>	
<b>SERVICE BRANCH</b>		Chief	
Director		Deputy	
Communications Unit		Time Unit	
Housing Unit		Procurement/Contract Unit	
Transportation Unit		Compensation/Claims Unit	
Equipment Manager		Administrative Specialist	
(11) PREPARED BY - Signature		Page	

## II. ICS FORMS

### ORGANIZATION ASSIGNMENT, HHS-203

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Operational Period	Show the specific operational period the plan covers.
4	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
5-10	Staffing	Enter the names of personnel staffing each of the listed positions. Use at least first initial and last name. For Units indicate Unit Leader, for Divisions/Groups indicate Division/Group Supervisor and for Teams show Federal health and medical Teams assigned. Use an additional page if more than three Branches are activated.
11	Prepared By	Signed by the person completing the form. The Resource Unit in the Planning Section has the responsibility for completing the HHS-203.

## II. ICS FORMS

### ASSIGNMENT LIST, HHS-204

#### **Purpose**

The Assignment List(s) is used to inform Operations Section personnel of the incident resource assignments and communications summary. Once the assignments are approved by the MST Leader or HHS/EOC Director and Staff, the assignment information is given to the appropriate Units and Divisions/Groups via the Communications Center or preferably during an operational period briefing.

#### **Preparation**

The Assignment List is normally prepared by the Resource Unit Leader using guidance by the Incident Objectives (HHS Form 202), Operational Planning Worksheet (HHS Form 215), and the Operations Section Chief. The communication summary is obtained from the Communications Unit Leader. The Planning Section Chief must approve the Assignment List(s). When approved, it is attached to the Incident Objectives as part of the Action Plan.

#### **Distribution**

The Assignment List(s) are duplicated and attached to the Action Plan. In some cases, assignments may be communicated via radio.

# ASSIGNMENT LIST

## FORM HHS – 204

12/97

(1) INCIDENT

# <small>(2) DISASTER RESPONSE NUMBER:</small>	/ <small>(3) LOCATION:</small>	<small>(4) DATE/TIME PREPARED:</small>
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<b>(5) Branch:</b> <b>(6) Division/Group:</b> <b>(7) Operational Period:</b>	<b>(8) Operations Chief:</b> <b>(9) Branch Director:</b> <b>(10) Division/Group Supervisor:</b>
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### (11) RESOURCES ASSIGNED THIS PERIOD

TEAM	LEADER	NUMBER PERSONS	TRANS NEEDED	TO	RETURN

**(12) OPERATIONAL ASSIGNMENT:**

  
  
  
  

**(13) SPECIAL INSTRUCTIONS:**

  
  
  
  

### (14) COMMUNICATIONS SUMMARY

FUNCTION	FREQUENCY	SYSTEM	CHANNEL	FUNCTION	FREQUENCY	SYSTEM	CHANNEL
COMMAND	LOCAL			SUPPORT	LOCAL		
	REPEAT				REPEAT		
DIVISION/GROUP TACTICAL				DIVISION/GROUP TACTICAL			

<small>(15) PREPARED BY: Signature</small>	Page of
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**II. HHS FORMS**

**ASSIGNMENT LIST, HHS-204**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either an HHS number or FEMA Disaster Number.
3	Location	Show the specific geographic location of the incident where the Team is assigned.
4	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
5	Branch	List the Roman Numeral of the Branch.
6	Division/Group	List the capital letter assigned to designate the Division/Group. Groups may also be named for the function performed
7	Operational Period	List the dates and inclusive times for the operational period covered.
8	Operations Chief	Show the name of the assigned Operations Section Chief.
9	Branch Director	Show the name of the assigned Branch Director.
10	Division/Group Supervisor	Show the name of the assigned Division/Group Supervisor
11	Resources Assigned This Period	List resource designators, Leaders name, and total number of personnel for health and medical response Teams or single resources assigned.
12	Operational Assignment	Provide a statement of the tactical objectives to be achieved within the operational period. Include any special instructions for individual resources.

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**II. HHS FORMS**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
13	Special Instructions	Enter statement-calling attention to any safety problems or specific precautions to be exercised or other important information.
14	Communications Summary	The Communications Unit provides this information on the Radio Communications Plan HHS-205. Radio frequencies are designated for Command, Division, Tactical, and Support.
15	Prepared By Signature	The Resource Unit in the Planning Section has the responsibility for completing the HHS-204.

## **II. HHS FORMS**

### **RADIO COMMUNICATIONS PLAN, HHS-205**

#### **Purpose**

The Radio Communications Plan provides information on all radio frequency assignments for each operational period in one location. Information from the Radio Communication Plan on frequency assignments is placed on the appropriate individual Assignment List (HHS-204).

#### **Preparation**

The Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief.

#### **Distribution**

The Radio Communications Plan is duplicated and attached to the Action Plan.

**RADIO COMMUNICATIONS  
PLAN**

**FORM HHS - 205**

12/97

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) RESPONSE TO:

(4) DATE/TIME PREPARED:

**BASIC RADIO CHANNEL UTILIZATION**

(5) SYSTEM/CACHE	(6) CHANNEL	(7) FUNCTION	(8) FREQUENCY	(9) ASSIGNMENT	(10) REMARKS

(11) Prepared By: Signature

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**RADIO COMMUNICATIONS PLAN, HHS-205**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Response To	Show the specific location of the area where operations are taking place.
4	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
5	Basic Radio Channel Utilization System/Cache	Enter the radio cache system(s) assigned and used on the incident (e.g., DMAT, MST, FEMA MERS, HHS Region VI, etc.)
6	Channel Number	Enter the radio channel number assigned.
7	Function	Enter the function each channel number is assigned (i.e. command, support, division tactical, and ground to air).
8	Frequency	List the specific frequency assigned.
9	Assignment	Enter the HHS organization assigned to each of the designated frequencies (e.g. Branch I, Division A).
10	Remarks	This section should include narrative information regarding special communications situations.
11	Prepared By, Signature	The Communications Unit Leader or the Logistics Section Chief approves the HHS-205.

## II. ICS FORMS

### MEDICAL PLAN, HHS-206

**Purpose.** The Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures for assigned Federal health and medical Team personnel.

**Preparation.** The Medical Plan is prepared by the Medical Unit Leader and reviewed by Safety Officer and approved by the Medical Officer on the MST Command Staff.

**Distribution.** The Medical Plan is duplicated and attached to the Action Plan.

# MEDICAL PLAN

FORM HHS-206

11/97

(1) INCIDENT

#

(2) DISASTER RESPONSE NUMBER:

(3) OPERATIONAL PERIOD:

(4) DATE/TIME PREPARED:

## (5) INCIDENT MEDICAL AID STATIONS

Medical Aid Stations	Location	Paramedics	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## (6) TRANSPORTATION

### (A) Ambulance Services

Name	Address	Phone	Paramedics	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

### (B) Incident Ambulances

Name	Location	Paramedics	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## (7) HOSPITALS

Name	Address	Travel Time		Phone	Helipad		Trauma Center	
		Air	Ground		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## (8) MEDICAL EMERGENCY PROCEDURES

(9) Prepared by

(10) Approved by

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**II. ICS FORMS**

**MEDICAL PLAN, HHS-206**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Operational Period	Show the specific operational period the plan is develop for.
4	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
5	Incident Medical Aid Stations	Enter name and location of incident medical aid stations (e.g. Main Street Staging Area, Hurricane Fran Base, etc.) and indicate with a ✓ if paramedics are located at the site.
6	Transportation	List the available hospital transportation on-site.
	A. Ambulance Services	List names and addresses of off-site ambulance services that are available (e.g. All American, 4378 White Parkway, Rockville, MD). Provide phone number and indicate, by a ✓, if the ambulance company has paramedics.
	B. Incident Ambulances	Name of organization providing on-site ambulances and the specific incident location. Also indicate by a ✓ if paramedics are aboard.
7	Hospitals	List the hospitals that could serve the incident. Hospital name, address, the travel time by air and ground from the incident to the hospital, phone number, and indicate with a ✓ if the hospital is a Trauma Center and has a helipad.
8	Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel.
9	Prepared By	The Medical Unit Leader or Logistics Section Chief is responsible for completion of the Medical Plan.
10	Approved By	The Medical Officer approves the HHS-206.

## II. ICS FORMS

### CHECK-IN LIST, HHS-211

#### **Purpose**

The Check-in List is used to record details of all personnel and Teams who have arrived at the incident or event. Teams or individuals need to check in only once on the incident. The information contained on the form ensures that personnel have arrived and serves as accountability to ensure assignments.

#### **Preparation**

A Check-in List is prepared by Check in Recorder or the POA/Mob Center Specialist.

#### **Distribution**

Completed forms are sent to the Resource Unit Leader at the times designated to ensure accountability for all Teams and personnel who has arrived on the scene.



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**II. ICS FORMS**

**CHECK-IN LIST, HHS-211**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the specific name assigned to the incident.
2	Check-In Location	Provide a check and specific name to the check-in location where the form is completed. This could be the BoO, Staging Area, or the POA Specialist,
3	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
4	List Personnel Including Overhead And Equipment That Has Checked-In On The Incident.	Show the agency the resource is from, if you are considered a single <b>S</b> resource, or a health and medical response Team <b>MRT</b> . Show the kind and type if applicable as well as the identification number or name.
5	Order/Request Number	This is the same number as included on the HHS-259, Resource Order form. The number provides tracking for the mobilization and provides a starting point for demobilization tracking.
6	Date/Time Check-In	Show the date mm/dd/yy and the 24 hour clock time the resource checks in.
7	Leaders Name	Provide the Team Leaders name.
8	Total Number Of Personnel	Provide the actual number of personnel provided.
9	Manifest	Provide a check in the appropriate yes or no column.
10	Crew Weight or Individual Weight.	This information will be useful in the demobilization process and should include the accurate weight of personnel and all equipment traveling with the personnel.
11	Home Base	List the base of origin for the individual or Team being checked in. This is the location where the Team is located while not on the disaster response.
12	Departure Point	Show the departure point where travel to the incident began. This may be an airport or the

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**II. ICS FORMS**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
		name of a local community.
13	Method Of Travel	Show the specific method of travel to the incident (e.g., Team/HHS owned or leased vans, trucks, military aircraft, etc.)
14	Assignment	List the specific assignment on the incident.
15	Other Qualifications	List all other qualifications the individual or Team may have.
16	Time Sent To Resource Unit	Show the date mm/dd/yy and 24-hour time the form was sent to the Resource Unit Leader.
17	Page Number	Show the specific page number. These numbers should remain sequential from the start of the incident.
18	Signature	Show the name of the individual responsible for the check-in at the location unidentified for check-in.

## II. ICS FORMS

### UNIT LOG, HHS-214

#### Purpose

The Unit Log is used to record details of unit activity including Team activities for each operational period. The file of these logs provides a basic documentation of significant events, injuries, changes in plans and unexpected results for future reference.

#### Preparation

Command and General Staff members, Division/Group Supervisors, Team Leaders, and Unit Leaders prepare a Unit Log.

#### Distribution

Completed logs are forwarded to supervisors who provide to the Documentation Unit for filing after review.

# UNIT LOG

FORM HHS-214

(1) INCIDENT

12/97

#

(2) DISASTER RESPONSE NUMBER:

(3) OPERATIONAL PERIOD:

(4) DATE/TIME PREPARED:

(5) UNIT:

(6) LEADER:

NAME

POSITION

SENDING ORGANIZATION

(7) MAJOR EVENTS

8) Prepared by Signature

(9) Date

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## II. ICS FORMS

### UNIT LOG, HHS-214

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either an HHS number or FEMA Disaster Number.
3	Operational Period	Show the specific operational period this log is being completed for.
4	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the form was prepared.
5	Unit	Enter the title of the organizational unit or resource designator (e.g., Supply Unit Leader, Safety Officer, Medical Officer, etc.).
6	Leader	Enter the name of the individual in charge of the unit. List the name, position, and sending organization of each member assigned to the unit during the operational period.
7	Major Events	Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.)
8	Prepared by Signature	Signature of the person completing the form.
9	Date	Enter the date the person signed the form.

## II. ICS FORMS

### OPERATIONAL PLANNING WORKSHEET, HHS-215

#### **Purpose**

The purpose of the Operational Planning Worksheet is to communicate the decisions made during the planning meeting concerning resource assignments to the Resource Unit. The Worksheet is used by the Resource Unit to complete the Assignment Lists and by the Logistics Section Chief for ordering resources for the incident.

#### **Preparation**

The CFO, MST Leader, or EOC Director and General Staff at each Planning meeting initiate the Operational Planning Worksheet. It is recommended that the form is drawn in a display format, and when decisions are reached, the information is recorded on the Operational Planning Worksheet.

#### **Distribution**

When the work assignments and accompanying resource allocations are agreed to, the form is used by the Resource Unit to assist in the preparation of the Assignment Lists. The Planning Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

# OPERATIONAL PLANNING WORKSHEET

FORM HHS - 215

(1)INCIDENT

#

(2)DISASTER RESPONSE NUMBER:

(3) OPERATIONAL PERIOD (DATE/TIME):

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

(6)DIVISION OR OTHER LOCATION	(7)WORK ASSIGNMENTS	(8)RESOURCES BY TYPE												(9)Overhead	(10)Special Equipment	(11)Supplies	(12)Reporting Locations	(13)Request ed Arrival Time
		REQUIRE D																
		HAVE																
		NEED																
		REQUIRE D																
		HAVE																
		NEED																
		REQUIRE D																
		HAVE																
		NEED																
		REQUIRE D																
		HAVE																
		NEED																
		REQUIRE D																
		HAVE																
		NEED																
		REQUIRE D																
		HAVE																
		NEED																
	(14)TOTAL RESOURCES REQUIRED																	
	(15)TOTAL RESOURCES ON HAND																	
	(16)TOTAL RESOURCES NEEDED																	

(17)

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**OPERATIONAL PLANNING WORKSHEET, HHS-215**

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either an HHS number or FEMA Disaster Number.
3	Operational Period	Show the specific operational period assigned for the planning period.
4	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
5	Prepared By	Show the name of the person preparing the form.
6	Division/Group or Other Location	Show the specific Division/Group being addressed.
7	Work Assignments	Enter the specific work assignments given to each of the Divisions/Groups.
8	Resource	Complete resource headings, both for kind and type appropriate for the incident. Enter the appropriate resources, the number of resources by type (DMORT Teams, etc.) required " <b>REQ</b> ", and the number of resources available " <b>HAVE</b> " to perform the work assignment. Then record the number of resources needed " <b>NEED</b> " by subtracting the number in the " <b>HAVE</b> " row from the number in the " <b>REQ</b> " row.
9	Overhead	List the specific type of overhead (supervision) needed.
10	Special Equipment	List any specialized equipment required for use during the operational period.
11	Supplies	List any supplies required for use during the operational period.
12	Reporting Location	Enter the specific location the "needed" resources are to report for the work assignment (staging area, location on the incident, etc.)

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<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
13	Requested Arrival Time	Enter time resources are requested to arrive at the reporting location.
14	Total Resources Required	Enter the total number of resources by type (DMAT, DMORT, VMAT, etc.) required
15	Total Resources On Hand	Enter the total number of resources by type (DMORT, etc.) on hand. This is a count from personnel checked in at the incident and recorded with the Resource Unit.
16	Total Resources Ordered	Enter the total number of resources by type (DMORT, etc.) ordered as a result of the planning meeting. This is a simple arithmetic subtraction of the needs from what is on hand.
17	Signature	Show the signature of the person completing the form, generally the Resource Unit Leader.

## II. ICS FORMS

### SUPPORT VEHICLE INVENTORY, HHS-218

#### **Purpose**

The Support Vehicle inventory form provides an inventory of all transportation and support vehicles assigned to the incident. The Transportation Unit Leader or Equipment Manager uses this form to maintain a record of the types and locations of vehicles on the incident. The Resource Unit uses the information to initiate and maintain status/resources information on these resources.

#### **Preparation**

The Transportation Unit or Equipment Manager personnel prepare the form at intervals specified by the Logistics Section.

#### **Distribution**

Initial inventory information recorded on the form should be given to the Resource Unit. Subsequent changes to the status or location of transportation and support vehicles should be provided to the Resource Unit immediately.



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**II. ICS FORMS**

**SUPPORT VEHICLE INVENTORY, HHS-218**

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Response To	Show the specific location of the area where operations are taking place.
4	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
		<p>NOTE:</p> <ol style="list-style-type: none"> <li>1. The Transportation Unit Leader or Equipment Manager may prefer to use separate sheets for each type of support vehicle (e.g., sedans, pick ups, vans, etc.).</li> <li>2. More than one line may be used to record information on each vehicle. If this is done, separate individual vehicle entries with a heavy line.</li> <li>3. Several pages may be used. When this occurs, number the pages consecutively in the box at the bottom of the form at the approval block.</li> </ol>
5	Vehicle Information	Record the following vehicle information:
	Type	a. Specific vehicle type (e.g. sedan, pickup, bus, etc.).
	Make	b. Vehicle manufacturer name (e.g. GMC, Ford, etc.).
	Capacity/Size	c. Vehicle capacity/size (e.g. 3/4 ton truck, 6 passenger sedan, etc.).
	Agency/Owner	d. Owner of the vehicle (agency or private owner)
	Id Number	e. Serial number or other identification number.
	Location	f. Location of the vehicle.

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## II. ICS FORMS

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
	Release Time	g. Time the vehicle is released from the incident.
6	Prepared	The Transportation Unit Leader is responsible for the preparation and maintenance of this form.
7	Approved	The Logistics Section approves the form for completion.

## II. ICS FORMS

### RESOURCE STATUS CARDS HHS-219

#### Purpose

Resource Cards are used by the Resource Unit in the Planning Section as a manual method of recording status and location on resources, transportation support vehicles and personnel. The Resource Status Cards provide a visual display of the status and location of resources assigned to the incident.

#### Preparation

Information to be placed on the cards may be obtained from several sources including but not limited to:

1. Check-In List, HHS Form 211
2. HHS-304, Point of Arrival/Departure information
3. Agency supplied information
4. POA/Mob Center Specialist

#### Format

There are eight different status cards (see below). Each card is a different color and used for a different purpose. The format and content of information on each card will vary depending upon the use of the card.

HHS FORM 219	USE	COLOR
1	Labels	Gray (used only as label cards in racks)
2	DMAT	Green
3	DMORT	Rose
4	VMAT	Blue
5	Personnel	White
6	Other specialized Teams	Orange
7	MST	Yellow
8	Miscellaneous equipment	Tan

#### Distribution

The cards are displayed in resource status racks where they can be easily retrieved. The Resource Unit will retain cards until demobilization begins. At the completion of demobilization all cards will be turned into the Documentation Unit.

## II. ICS FORMS

### RESOURCE STATUS CARDS

**HHS-219-1 LABEL CARD.** The label cards (gray) are used to designate either locations or status in the card racks. The organization of the card racks will vary depending upon the type and size of the incident. Resource Unit personnel can print location data (e.g., Branch I, Division C, Base, etc.), and or status information (e.g., Available, En route, Out-of-Service, etc.) on the tops of the cards with felt-tip pens. The label cards may then be placed into racks at the appropriate locations as determined by Resource Unit personnel.

### **HHS-219-2, 3, 4, 6 AND 7 RESPONSE TEAMS GREEN, ROSE, BLUE, ORANGE AND YELLOW COLORED CARDS**

A manifest listing specific Team member information including; full name, SSN, address, and specific departure point should be attached to the Resource Card. The same general information is required on all response Team cards. This includes the following:

**ORDER/REQUEST NUMBER**

Assigned by the HHS/EOC when the Team is initially ordered.

**HOME BASE**

Geographical location where the Team or individual is normally located.

**DEPARTURE POINT**

Location from which this Team or individual left to reach this incident. For the most part this will be the same location as the home base.

**NUMBER OF PERSONNEL**

Total number of people, including the Team Leader.

**MANIFEST**

Attach to the Resource Card.

**WEIGHT**

Total weight, including all equipment and personal belongings of the Team.

## **II. ICS FORMS**

### **HHS 219-5 PERSONNEL WHITE COLORED CARD**

This card should be used only for personnel not assigned specifically to a Team but is performing a job function at the incident.

### **TRANSPORTATION NEEDS**

If an individual was picked up and brought to the incident, it is important to check what transportation is needed to return home. It is important to the demobilization process to show specific means by which personnel will depart the incident.

### **HHS 219-8 MISCELLANEOUS EQUIPMENT**

This card is used for a variety of miscellaneous equipment (e.g., busses, trucks, medical equipment, computers, etc.). Keeping this information will aid in maintaining records for property accountability.

## II. ICS FORMS

### DEMOBILIZATION CHECKOUT, HHS-221

#### Purpose

The Demobilization Checkout form provides the Planning Section information on resource releases from the incident to include destination, actual release time, and estimated time of arrival at destination.

#### Preparation

The Demobilization Unit Leader in the Planning Section initiates the form. The top portion of the form is completed by the Demobilization Unit Leader after the resource supervisor has given written notification that the resource is excess to the needs of the incident.

#### Distribution

The individual resource will have the unit initial the appropriate checked (✓) boxes in section II prior to release from the incident. After completion, the form is returned to the Demobilization Unit in the Planning Section.

**DEMOBILIZATION CHECKOUT****FORM HHS-221**

(1) INCIDENT

11/97

#

(2) DISASTER RESPONSE NUMBER:

(3) DEMOBILIZATION #:

(4) DATE/TIME PREPARED:

(5) PREPARED BY:

**(6) RESOURCE RELEASED:****(7) MODE OF TRANSPORTATION/#:****(8) RELEASE DATE/TIME:****(9) MANIFEST: YES  NO**   
**NUMBER:****(10) DESTINATION:****(11) AREA/AGENCY/REGION NOTIFIED:**  
**NAME:**  
**DATE:****(12) SUPERVISOR RESPONSIBLE FOR PERFORMANCE RATING:****(13) UNIT/PERSONNEL SIGNOFF:** (You and your resources have been released subject to signoff from the following:)**LOGISTICS SECTION (DEMOB UNIT LEADER CHECK APPROPRIATE BOX)** **Medical Supply Unit** **Communications Unit** **Facilities/Housing Unit****PLANNING SECTION** **Documentation Unit****FINANCE/ADMINISTRATION SECTION** **Time Unit****OTHER****(14) REMARKS:**

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**II. ICS FORMS**

**DEMOBILIZATION CHECKOUT, HHS-221**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Response To	Show the specific location for the response.
4	Date/Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the plan was prepared.
5	Prepared By	Show the name of the person preparing the form.
6	Resource Released	Show the actual resource released from the incident.
7	Mode Of Transportation	Show the mode of transportation that will be used to return the resource to its home base.
8	Release Date/Time	Show the specific date (mm/dd/yy) and time (24 hr time) the resource is expected to depart.
9	Manifest	Mark yes or no. This will be a specific requirement for other than commercial public aircraft flights.
10	Destination	Show the actual physical destination of the resource.
11	Area/Region Notification	Show the person, date, and time the receiving office is notified of the release of incident personnel.
12	Supervisor Responsible For Performance	List the responsible supervisors' names that will complete a performance evaluation.
13	Unit/Personnel Signoff	Check the boxes in the appropriate function areas of the incident that will need to receive initials of an inspecting authority within that function.
14	Remarks	List any pertinent remarks necessary for the completion of the demobilization process.

## II. ICS FORMS

### RESOURCE ORDER FORM, HHS-259

#### INSTRUCTIONS GENERAL GUIDELINES

- A. Incident Project order number and request numbers
1. Only the originating unit's order and request number will be relayed to other ordering units.
  2. Do not relay the office reference number.
  3. Generally, when an order is placed from the incident, the next ordering organization will assign the request number and pass that number back to the incident.
- B. Mobilization
1. When the resource departs the home unit and travel information is relayed, the resource becomes the responsibility of the receiving unit.
  2. Resources in transit are tracked by the HHS/EOC. Any unforeseen delays should be reported to the ordering unit by the HHS/EOC
  3. Confirmation of arrival for the resource is required, to ensure accountability.
  4. The receiving unit (MST or health and medical team), at the final destination, shall initiate follow-up action if the arrival schedule has not been met.
  5. All of these activities should be documented on the Resource Order form.
- C. Travel time
1. Each ordering unit will use Zulu time (GMT) in tracking resources.
  2. Use the same time for the destination of the resource when passing the estimated time of arrival (ETA).
  3. All times will be referred to in 24-hour time.
- D. Closing the Resource Order
1. The resource order will be kept open until all the resources are released or reassigned to another order, except for supplies.
  2. Resource orders may be closed and filled according to local office procedures after all resources have been released or reassigned.



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**II. ICS FORMS**

**RESOURCE ORDER, HHS-259**

RECEIVING THE ORDER – The HHS/EOC may receive the orders from the MST or RCC organizations. The order may also originate from NDMS response Teams assigned in the field and received by the MST.

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
1	Incident Name	Input the incident name.
2	Incident Order Number	This is a number assigned by the host or receiving unit. It should be a two-letter state designator, incident identifier and up to a five digit incident number
3	Descriptive Location	Enter the specific unit address. Equipment and supply orders require the delivery address and directions to the incident/billing address.
4	Date/Time Prepared	Enter the date (mm/dd/yy) and time (24 hour time).
5	Incident Base/Phone Number/ Contact	List the telephone number for the Incident Base and the name of the contact person. If no incident phone exists, the Administrative Unit phone number can be used.
6	Office Reference Number	Input the cost coding data, office reference number, response number, etc. This will generally originate from the HHS/EOC.
7	Jurisdiction/ Agency	Input the appropriate agency responsible for the incident.
8	Ordering Office	This will generally be at the MST level but orders may originate from the EOC.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
9	(RQST #) Request Number	<p>A letter designating the kind of resource ordered must preface all request numbers. Each kind of request belongs on a separate order form.</p> <p>A – Aircraft, including:</p> <ul style="list-style-type: none"> <li>▪ Large air transport</li> <li>▪ Light fixed-wing</li> <li>▪ Helicopters</li> <li>▪ Commercial air transport</li> </ul> <p>C – Crews or Teams, including:</p> <ul style="list-style-type: none"> <li>▪ DMAT</li> <li>▪ NMRT-WMD</li> <li>▪ DMORT</li> <li>▪ VMAT</li> </ul> <p>O – Overhead, including:</p> <ul style="list-style-type: none"> <li>▪ Management Support Teams</li> <li>▪ Miscellaneous personnel</li> </ul> <p>S – Supplies, including:</p> <ul style="list-style-type: none"> <li>▪ Expendable items</li> <li>▪ Replacement cache items (non-expendable)</li> </ul> <p>E – Equipment, major support items including:</p> <ul style="list-style-type: none"> <li>▪ Portable toilets</li> <li>▪ Contracted feeding or showers</li> <li>▪ Medical supply caches.</li> <li>▪ Rolling stock including trucks, sedans, or vans</li> </ul> <p>The ordering unit assigns request numbers. One request number per item (i.e., 4 Division/Group Supervisors would each have their own request number.) EXCEPT supply.</p>
10	Ordered Date/Time	Time the particular request item is ordered

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**II. ICS FORMS**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
11	From/To	From whom you receive the request.
12	Quantity	Ensure the resources are listed with the correct unit of issue (i.e. (kit)kt., (each)ea., (case)cs, etc.) Quantity is always one except for supplies. Determine the unit of issue in the cache lists.
13	Resource Requested	Anticipate the number of lines needed to identify the components of the request before entering the next request number. EQUIPMENT AND SUPPLY requests must start with the appropriate supply number followed by the appropriate description. TEAM ORDERS – Must state the type and configuration, special requirements, meal needs, timeframes, transportation and/or unusual needs for the assignment.
14	Needed Date/Time	Date and time the resource is needed. It is not acceptable to use ASAP (as soon as possible). If it appears that the timeframe allowed is not adequate, the person taking the order must discuss this with the ordering unit and request additional time.
15	Deliver To	Area to which the requested resource is to report. EQUIPMENT AND SUPPLY ORDERS – refer to block #5 for delivery information. Equipment and supply orders also require in this column the method of delivery (via ground, air, mail, etc.)
16	Name Of Person Contact To Assign The Resource	Place you initials in the upper half and the initials of the person receiving the order in the lower half
17	Time	Enter the time (24 hour time) the recipient received the resource order.
18	Agency ID	Enter the identification of the agency receiving the order for resources.
19	Resource Assigned	Enter the specific resource assigned to meet the order, i.e., VMAT 01, DMORT 19
20	ETD/ETA	List the estimated time of departure of the resource to the

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## **II. ICS FORMS**

<b>ITEM NUMBER</b>	<b>ITEM TITLE</b>	<b>INSTRUCTIONS</b>
		incident. List the actual time of departure of the resource to the incident.
21	ETA	List the date, ETA and arrival point of the resource being assigned to the incident.
22	Order Relayed	Show the request number, date, time and who received and made the resource order.
23	Signature	Show the name of the person completing the form.

When all items in Block #9 are released or reassigned to another Resource Order form or if all supplies have been shipped, the order is ready to close. The Logistics Section must review the order and ensure all necessary documentation is complete and the resources have been released