

NHICS FORM 203 | ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:	4. TIME PREPARED:	5. OPERATIONAL PERIOD:	
6. POSITION		NAME / AGENCY	
INCIDENT COMMANDER AND STAFF:			
INCIDENT COMMANDER			
PUBLIC INFORMATION OFFICER			
LIAISON OFFICER			
SAFETY OFFICER			
MEDICAL DIRECTOR/SPECIALIST			
MEDICAL/TECHNICAL SPECIALIST			
OPERATIONS SECTION:			
CHIEF			
RESIDENT SERVICES BRANCH			
NURSING UNIT			
PSYCHOSOCIAL UNIT			
ADMIT/TRANSFER & DISCHARGE UNIT			
INFRASTRUCTURE BRANCH			
DIETARY UNIT			
ENVIRONMENTAL UNIT			
PHYSICAL PLANT/SECURITY UNIT			

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POSITION	NAME / AGENCY
PLANNING SECTION:	
CHIEF	
SITUATION BRANCH	
DOCUMENTATION BRANCH	
LOGISTICS SECTION:	
CHIEF	
SERVICE BRANCH	
COMMUNICATION/HARDWARE UNIT	
IT/IS UNIT	
SUPPORT BRANCH	
SUPPLY UNIT	
STAFFING/SCHEDULING UNIT	
TRANSPORTATION UNIT	
7. AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)	
AGENCY:	NAME:
8. AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)	
EXTERNAL LOCATION:	NAME:
9. PREPARED BY (DOCUMENTATION UNIT LEADER):	