

NHICS FORM 213 | INCIDENT MESSAGE FORM

1. INCIDENT NAME:	_____	2. FACILITY NAME:	_____
3. FROM (SENDER):	_____	4. TO (RECEIVER):	_____
5. DATE RECEIVED:	_____	6. TIME RECEIVED:	_____
7. RECORDED VIA:	<input type="checkbox"/> PHONE <input type="checkbox"/> RADIO <input type="checkbox"/> OTHER: _____		
8. REPLY REQUESTED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, REPLY TO (IF DIFFERENT FROM SENDER):	_____
9. PRIORITY:	<input type="checkbox"/> URGENT – <u>HIGH</u> <input type="checkbox"/> NON-URGENT – <u>MEDIUM</u> <input type="checkbox"/> INFORMATIONAL – <u>LOW</u>		

10. MESSAGE (KEEP ALL MESSAGES/REQUESTS BRIEF, TO THE POINT AND VERY SPECIFIC):

11. ACTION TAKEN (IF ANY):

RECEIVED BY:	_____	TIME RECEIVED:	_____
FORWARD TO:	_____		
COMMENTS:	_____ _____		

RECEIVED BY:	_____	TIME RECEIVED:	_____
FORWARD TO:	_____		
COMMENTS:	_____ _____		