NHICS
NURSING HOME INCIDENT COMMAND SYSTEM

NHICS FORM 201 | INCIDENT BRIEFING & OPERATIONAL LOG

1. INCIDENT NAME:		**2. FACILITY NAME:**			
3. DATE PREPARED:		**4. TIME PREPARED:**		**5. PREPARED BY:**	
6. INCIDENT SITUATION (EVENT HISTORY & CURRENT ACTION SUMMARY)**:**					
7. PREPARED BY (NAME & ICS POSITION, e.g. SECTION CHIEF)**:**					

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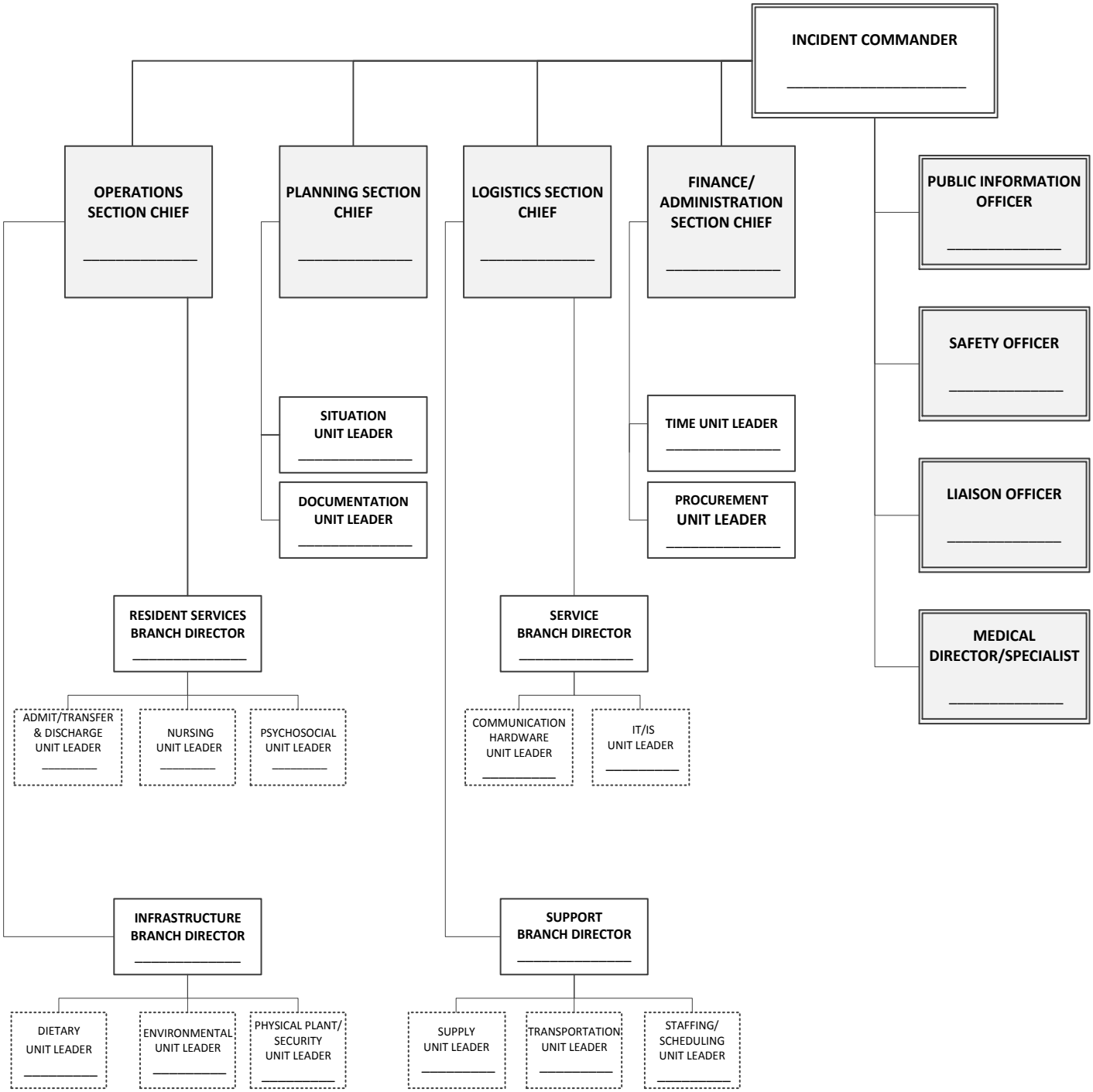
8. CURRENT ORGANIZATION:



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9. OPERATIONAL LOG: SUMMARY OF CURRENT ACTIONS AND KEY DECISIONS: