HICS 213 - GENERAL MESSAGE FORM

1. Incident N	Name ere Loss of Wat	ter					
2. To	PRINT NAME: E	Elvis Presley	POSITION	√l: Liaison Officer			
3. From	PRINT NAME: Martha Stewart POSITION: Support Branch Director						
4. Subject Need for 18 individual handwashing stations					5. Date 19-DEC-2019	6. Time 0900	
7. Priority	XURGENT - HI	GH NON URGENT - MEDIUM	INFORMATIONAL - LOW				
8. Message				X RE	SPONSE REQUIRED		
18 handwa	ashing stati	ur vendors and rented a ons. Please contact the the additional 18 handwa	county Medical and				
9. Approved	l by	PRINT NAME: Amelia Earhart		SIGNATURE: /	Amelia Earhart		
10. Reply / A	Action Taken						
Thomas Keller, Golden State County MHOAC contacted for additional 18 handwashing stations. Asked us to complete 214rr resource request form and will get back to me within the hour with status of request.							
11. Replied	by	PRINT NAME: Thomas Keller		SIGNATURE: 7600	nas Keller		
		POSITION: Golden State County MHOA	AC	FACILITY: Golder	n State County Public Healt	th	
		DATE/TIME: 19-DEC-2019					



 Purpose:
 Used to transmit messages regarding resources requested, status information, and other coordination issues

 Origination:
 Any personnel

 Copies to:
 Documentation Unit Leader

HICS 213 - GENERAL MESSAGE FORM

PURPOSE: The HICS 213 - General Message Form is used to record incoming messages that

cannot be orally transmitted to the intended recipients. The HICS 213 is also used to transmit messages (resource order, status information, other coordination issues, etc.). This form is used to send any message or notification to incident personnel that require

hard-copy delivery.

ORIGINATION: Initiated by any person on an incident.

COPIES TO: Upon completion, the HICS 213 is delivered to the original sender.

The HICS 213 is composed of three steps:

NOTES: • The message (Section 8) is completed by sender

• The message is replied to in Section 10

• After noting action taken, message form is returned to original sender

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	То	Enter the name and position for whom the message is intended. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (m/d/y) of the message.
6	Time	Enter the time (24-hour clock) of the message.
7	Priority	Enter the priority of the message or request.
8	Message	Enter the content of the message.
9	Approved by	Enter the name and signature of the person approving the message, if necessary.
10	Reply / Action Taken	The intended recipient will enter a reply and/or action taken to the message and return it to the originator.
11	Replied by	Enter the name, signature of the person replying to the message, and Hospital Incident Management Team (HIMT) position. Enter date (m/d/y), time prepared (24-hour clock), and facility.

