HICS 213 - GENERAL MESSAGE FORM

1. Incident Name		
2. To PRINT NAME: _____ POSITION: _____		
3. From PRINT NAME: _____ POSITION: _____		
4. Subject	**5. Date**	**6. Time**
7. Priority ☐ URGENT - HIGH ☐ NON URGENT - MEDIUM ☐ INFORMATIONAL - LOW		
8. Message ☐ RESPONSE REQUIRED		
9. Approved by PRINT NAME: _____ SIGNATURE: _____		
10. Reply / Action Taken		
11. Replied by PRINT NAME: _____ SIGNATURE: _____ POSITION: _____ FACILITY: _____ DATE/TIME: _____		

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Used to transmit messages regarding resources requested, status information, and other coordination issues
Origination: Any personnel
Copies to: Documentation Unit Leader