

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):	