HICS 213 - GENERAL MESSAGE FORM

1. Incident N	lame			
2. To	PRINT NAME:	POSITION:		
3. From	PRINT NAME:	POSITION:		
4. Subject			5. Date	6. Time
7. Priority 8. Message	URGENT - HIGH NON URGENT - MEDIUM INFORMAT	IONAL - LOW	RESPONSE REQUIRED	
9. Approved	by PRINT NAME:	SIGNATURE	E:	
10. Reply / A	Action Taken			
11. Replied	PRINT NAME: POSITION: DATE/TIME:	FACILITY:		



 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.	

