HICS 257 - RESOURCE ACCOUNTING RECORD

1. Incident Name	2. Operational Period (#)
	DATE: FROM: _____ TO: _____
	TIME: FROM: _____ TO: _____

3. Resource Record

TIME	ITEM / FACILITY TRACKING IDENTIFICATION NUMBER	CONDITION	RECEIVED FROM	DISPENSED (TO/TIME)	RETURNED (DATE/TIME)	CONDITION (OR INDICATE IF NON-RECOVERABLE)	INITIALS

4. Prepared by

PRINT NAME: _____   SIGNATURE: _____

DATE/TIME: _____   FACILITY: _____

Purpose: Records the request, distribution, return, and condition of equipment and resources
Origination: Hospital Incident Management Team (HIMT) personnel as directed by Section Chiefs
Copies to: Finance/Administration Section Chief, Resources Unit Leader, Materiel Tracking Manager, and Documentation Unit Leader

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HICS 257 - RESOURCE ACCOUNTING RECORD

PURPOSE: The HICS 257 - Resource Accounting Record documents the request, distribution for use, return, and condition of equipment and resources used to respond to the incident.

ORIGINATION: Completed by each Hospital Incident Management Team (HIMT) personnel as directed by Section Chiefs.

COPIES TO: Distributed to the Finance/Administration Section Chief, the Resources Unit Leader, the Materiel Tracking Manager, the original requester of the resource, and the Documentation Unit Leader.

NOTES: If additional pages are needed, use a blank HICS 257 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period**	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	**Resource Record**	
	Time	Enter the time (24-hour clock) and the request received.
	Item / Facility Tracking Identification Number	Enter the item and the facility tracking identification number.
	Condition	Enter the condition of the item when it was received.
	Received From	Enter whom the item was received from.
	Dispensed	Enter whom the item was dispensed to and the time (24-hour clock).
	Returned	Enter the date (m/d/y) and time (24-hour clock) the item was returned.
	Condition	Enter the condition the item was in when returned or indicate if non-recoverable.
	Initials	Enter initials of person processing item.
4	**Prepared by**	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.