

HICS 205A - COMMUNICATIONS LIST

1. Incident Name St Elsewhere Loss of Water				2. Operational Period (# 1) DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200			
3. Internal Contacts							
ASSIGNMENT / NAME	RADIO CH # / FREQUENCY	PHONE	FAX	EMAIL	MOBILE PHONE	PAGER	IDENTIFICATION NUMBER OF DEVICE ISSUED / COMMENTS
Infrastructure Branch/Clara Barton	8	XXX-XXXX	XXX-XXXX	cbarton@gmail.org	XXX-XXXX	N/A	36N
Logistics Section Chief/Albert Einstein	5	XXX-XXXX	N/A	aeinstein@gmail.org	XXX-XXXX	N/A	32A
Security Branch Director/GI Joe	8	XXX-XXXX	N/A	gjoe@gmail.org	XXX-XXXX	N/A	30Q
4. Special Instructions Ensure battery in radio is charged. Use proper radio etiquette at all times. Be aware that all radio traffic may be heard by others.							
5. External Contacts							
AGENCY / ASSIGNMENT / NAME	RADIO CH # / FREQUENCY	TELEPHONE	FAX	EMAIL	MOBILE PHONE	PAGER	IDENTIFICATION NUMBER OF DEVICE ISSUED / COMMENTS
6. Special Instructions 							
7. Prepared by Communications Unit Leader							
PRINT NAME: Chuck Norris				SIGNATURE: <i>Chuck Norris</i>			
DATE/TIME: 19-DEC-2019				FACILITY: St. Elsewhere Hospital			



Purpose: Provides information on all communication devices assigned
Origination: Communications Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

HICS 205A - COMMUNICATIONS LIST

- PURPOSE:** The HICS 205A - Communications List provides information on all radio frequencies, telephone, and other communication assignments for each operational period.
- ORIGINATION:** Prepared by the Logistics Section Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan (IAP).
- COPIES TO:** Duplicate and provide to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit Leader. Information from the HICS 205A can be placed on the Organization Assignment List (HICS 203).
- NOTES:** If additional pages are needed, use a blank HICS 205A 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 (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Internal Contacts	Enter the appropriate contact information for internal contacts, hospital personnel, those in an activated Hospital Incident Management Team (HIMT) position, and other key staff.
4	Special Instructions	Enter any special instructions (e.g., using repeaters, secure-voice, private line [PL] tones, etc.) or other emergency communications. If needed, also include any special instructions for alternate communication plans.
5	External Contacts	Enter the appropriate contact information for external agencies, organizations, key contacts.
6	Special Instructions	Enter any special instructions (e.g., using repeaters, secure-voice, private line [PL] tones, etc.) or other emergency communications. If needed, also include any special instructions for alternate communication plans.
7	Prepared by Communications Unit Leader	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.