

# HICS 257 - RESOURCE ACCOUNTING RECORD

<b>1. Incident Name</b> St Elsewhere Loss of Water	<b>2. Operational Period (# 1 )</b> DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200
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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
1115	7000 Series IV Infusion Pump Happy Valley Hospital A123456789	Good	Gomer Pyle, RN	3 West/1930	20-DEC-2019	Good	JO

<b>4. Prepared by</b>	PRINT NAME: Jesse Owens	SIGNATURE: <i>Jesse Owens</i>
	DATE/TIME: 19-DEC-2019	FACILITY: St. Elsewhere Hospital



**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

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