Save Form Reset Print Form

INCIDENT MESSAGE FORM

Close Form

HOSPITAL INCIDENT COMMAND SYSTEM

1. FROM (SENDER)

2. TO (RECEIVER)

3. DATE RECEIVED

4. TIME RECEIVED

5. RECEIVED VIA

☐ Phone ☐ Radio

☐ Other:

6. REPLY REQUESTED

☐ Yes ☐ No

If Yes, REPLY TO (if different from Sender):

7. PRIORITY

☐ Urgent – High ☐ Non Urgent – Medium ☐ Informational – Low

8. MESSAGE (KEEP ALL MESSAGES/REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)

9. ACTION TAKEN (IF ANY)

RECEIVED BY

TIME RECEIVED

Comments:

Forward To:

RECEIVED BY

TIME RECEIVED

Comments:

Forward To:

10. FACILITY NAME

PURPOSE: PROVIDE STANDARDIZED METHOD FOR RECORDING MESSAGES RECEIVED BY PHONE OR RADIO. **ORIGINATION:** ALL POSITIONS.
ORIGINAL TO: RECEIVER. **COPIES TO:** DOCUMENTATION UNIT LEADER AND MESSAGE TAKER.