

HICS 203 – ORGANIZATION ASSIGNMENT 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	
POSITION	NAME	CONTACT INFO (PHONE, CELL, RADIO)	
3. Incident Commander(s) and Staff			
Incident Commander	Louisa May Alcott	XXX-XXX-XXXX	
Public Information Officer	Walt Disney	XXX-XXX-XXXX	
Liaison Officer	Elvis Presley	XXX-XXX-XXXX	
Safety Officer	Sandra Day O'Connor	XXX-XXX-XXXX	
Medical-Technical Specialist:	Abraham Lincoln	XXX-XXX-XXXX	
Medical-Technical Specialist:			
Medical-Technical Specialist:			
Medical-Technical Specialist:			
4. Operations Section			
Operations Chief	Alexander Hamilton	XXX-XXX-XXXX	
Staging Manager	Queen Elizabeth III	XXX-XXX-XXXX	
Medical Care Branch Director	Jesse Owens	XXX-XXX-XXXX	
Infrastructure Branch Director	Clara Barton	XXX-XXX-XXXX	
Security Branch Director	GI Joe	XXX-XXX-XXXX	
Hazardous Materials Branch Director	Jimi Hendrix	XXX-XXX-XXXX	
Business Continuity Branch Director	Wolfgang Puck	XXX-XXX-XXXX	
Patient Family Assistance Director	Melinda Gates	XXX-XXX-XXXX	
Others if needed		XXX-XXX-XXXX	
5. Planning Section			
Planning Chief	Janis Joplin	XXX-XXX-XXXX	
Resources Unit Leader	Harry Styles	XXX-XXX-XXXX	
Situation Unit Leader	Amelia Earhart	XXX-XXX-XXXX	
Documentation Unit Leader	Alex Trebek	XXX-XXX-XXXX	
Demobilization Unit Leader	Bob the Builder	XXX-XXX-XXXX	
6. Logistics Section			
Logistics Chief	Thomas Edison	XXX-XXX-XXXX	
Service Branch Director	Ella Fitzgerald	XXX-XXX-XXXX	
Support Branch Director	Martha Stewart	XXX-XXX-XXXX	
7. Finance / Administration Section			
Finance/Administration Chief	Bill Gates	XXX-XXX-XXXX	
Time Unit Leader	Indira Gandhi	XXX-XXX-XXXX	
Procurement Unit Leader	Albert Einstein	XXX-XXX-XXXX	
Compensation/Claims Unit Leader	Jack Sparrow	XXX-XXX-XXXX	
Cost Unit Leader	Beyonce	XXX-XXX-XXXX	
8. Agency Executive			
9. External Agency Representative (in the Hospital Command Center)			
10. Hospital Representative (in the external Emergency Operations Center)			
11. Prepared by		PRINT NAME: _____ Janis Joplin _____	SIGNATURE: <i>Janis Joplin</i> _____
		DATE/TIME: 19-DEC-2019	FACILITY: ST ELSEWHERE HOSPITAL _____



Purpose: List person assigned to Hospital Incident Management Team (HIMT) position
Origination: Planning Section Chief or designee (Resources Unit Leader)
Copies to: Command Staff, Section Chiefs, Branch Directors, and Documentation Unit Leader

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PURPOSE: The HICS 203 - Organization Assignment List provides Hospital Incident Management Team (HIMT) personnel with information on the positions that are currently activated and the names of personnel staffing each position.

ORIGINATION: The Planning Section Chief or designee (Resources Unit Leader) prepares and maintains the currency of the list. Complete only the blocks for the positions that are activated for the incident. If a trainee is assigned to a position, indicate this with a “T” in parentheses behind the name (e.g., “A. Smith (T)”).

COPIES TO: Duplicate and provide to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit Leader.

NOTES: For all individuals, use at least the first initial and last name. If there is a shift change or other reason during the specified operational period, list both names, separated by a slash. If assigned, document Assistants / Deputies to Command staff as needed or resources allow.
If additional pages are needed for any form page, use a blank HICS 203 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	Incident Commander(s) and Command Staff	Enter the names and contact information. For Unified Command, also include agency names.
4	Operations Section	Enter the names and contact information.
5	Planning Section	Enter the names and contact information.
6	Logistics Section	Enter the names and contact information.
7	Finance / Administration Section	Enter the names and contact information.
8	Agency Executive	Enter the name and contact information of the executive (e.g., Chief Executive Officer) with whom the Incident Commander interfaces.
9	External Agency Representative	Enter the external agency/organization names present in the Hospital Command Center (HCC) and the names of their representatives.
10	Hospital Representative	Enter the names and role of hospital personnel in the local emergency operations center (EOC), and local EOC location.
11	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.