# HICS 203 – ORGANIZATION ASSIGNMENT LIST

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

| POSITION | NAME | CONTACT INFO (PHONE, CELL, RADIO) |
|---|---|---|
| **3. Incident Commander(s) and Staff** | | |
| Incident Commander | | |
| Public Information Officer | | |
| Liaison Officer | | |
| Safety Officer | | |
| Medical-Technical Specialist: | | |
| Medical-Technical Specialist: | | |
| Medical-Technical Specialist: | | |
| Medical-Technical Specialist: | | |
| **4. Operations Section** | | |
| Operations Chief | | |
| Staging Manager | | |
| Medical Care Branch Director | | |
| Infrastructure Branch Director | | |
| Security Branch Director | | |
| Hazardous Materials Branch Director | | |
| Business Continuity Branch Director | | |
| Patient Family Assistance Director | | |
| Others if needed | | |
| **5. Planning Section** | | |
| Planning Chief | | |
| Resources Unit Leader | | |
| Situation Unit Leader | | |
| Documentation Unit Leader | | |
| Demobilization Unit Leader | | |
| **6. Logistics Section** | | |
| Logistics Chief | | |
| Service Branch Director | | |
| Support Branch Director | | |
| **7. Finance / Administration Section** | | |
| Finance/Administration Chief | | |
| Time Unit Leader | | |
| Procurement Unit Leader | | |
| Compensation/Claims Unit Leader | | |
| Cost Unit Leader | | |
| **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: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

**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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HOSPITAL INCIDENT COMMAND SYSTEM

# HICS 203 – ORGANIZATION ASSIGNMENT LIST

**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. |