

HICS 205A Form- Communications List

This modified HICS 205A Communications List provides information on contact information and other communication assignments for each operational period for use by the Chicago Department of Public Health, and can be utilized for internal communication purposes, such as HICS/ICS 203.

Prepared by:

Please provide the following information:

Facility Name: *

Enter the name of your facility here.

Print Name: *

Enter the name of the person completing the 205 Communication

Are you the Liaison Officer? *

Yes

No

If not, what is your role for the incident? ⓘ

Enter name of role.

24Hour Phone Number: * ⓘ

Internal operations center line or hospital operator.

Fax Number

Enter the facility's fax number.

Incident Information:

1. Incident/Event Name

Provide Incident/Event Name: ⓘ

Enter the name assigned to the incident or event.

2. Operational Period

Operational Shift Number: * ⓘ

1

Start Date * ⓘ

mm/dd/yyyy

End Date * ?

mm/dd/yyyy

Start Time * ?

hh:mm

End Time * ?

hh:mm

Internal Contacts:

	ICS Role * ?	Name * ?	Mobile Phone number * ?	Email * ?	Other ?
1	Choose from... ▾	Enter the nam	Enter a mobile	Enter an email	E.g. Landline telephone
2	Choose from... ▾	Enter the nam	Enter a mobile	Enter an email	E.g. Landline telephone
3	Choose from... ▾	Enter the nam	Enter a mobile	Enter an email	E.g. Landline telephone
4	Choose from... ▾	Enter the nam	Enter a mobile	Enter an email	E.g. Landline telephone
5	Choose from... ▾	Enter the nam	Enter a mobile	Enter an email	E.g. Landline telephone

4. Internal Contacts Additional Information

Provide any additional information regarding internal contacts:

Empty text input field for additional information.

Save as Draft Submit

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