

# 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 Co

**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 Period Number (optional)** ⓘ

**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 name of th	Enter a mobile phone	Enter an email address	E.g. Landline telephone number or
2	Choose from... ▼	Enter the name of th	Enter a mobile phone	Enter an email address	E.g. Landline telephone number or

	ICS Role?	Name?	Mobile Phone number?	Email?	Other?
3	<input type="text" value="Choose from..."/>	<input type="text" value="Enter the name of th"/>	<input type="text" value="Enter a mobile phone"/>	<input type="text" value="Enter an email address"/>	<input type="text" value="E.g. Landline telephone number or"/>
4	<input type="text" value="Choose from..."/>	<input type="text" value="Enter the name of th"/>	<input type="text" value="Enter a mobile phone"/>	<input type="text" value="Enter an email address"/>	<input type="text" value="E.g. Landline telephone number or"/>
5	<input type="text" value="Choose from..."/>	<input type="text" value="Enter the name of th"/>	<input type="text" value="Enter a mobile phone"/>	<input type="text" value="Enter an email address"/>	<input type="text" value="E.g. Landline telephone number or"/>
6	<input type="text" value="Choose from..."/>	<input type="text" value="Enter the name of th"/>	<input type="text" value="Enter a mobile phone"/>	<input type="text" value="Enter an email address"/>	<input type="text" value="E.g. Landline telephone number or"/>
7	<input type="text" value="Choose from..."/>	<input type="text" value="Enter the name of th"/>	<input type="text" value="Enter a mobile phone"/>	<input type="text" value="Enter an email address"/>	<input type="text" value="E.g. Landline telephone number or"/>
8	<input type="text" value="Choose from..."/>	<input type="text" value="Enter the name of th"/>	<input type="text" value="Enter a mobile phone"/>	<input type="text" value="Enter an email address"/>	<input type="text" value="E.g. Landline telephone number or"/>
9	<input type="text" value="Choose from..."/>	<input type="text" value="Enter the name of th"/>	<input type="text" value="Enter a mobile phone"/>	<input type="text" value="Enter an email address"/>	<input type="text" value="E.g. Landline telephone number or"/>
10	<input type="text" value="Choose from..."/>	<input type="text" value="Enter the name of th"/>	<input type="text" value="Enter a mobile phone"/>	<input type="text" value="Enter an email address"/>	<input type="text" value="E.g. Landline telephone number or"/>

#### 4. Internal Contacts Additional Information

**Provide any additional information regarding internal contacts:**

Save as Draft

Submit