

Santa Clara County RACES -- Radio Routing Slip

Rev: 190511

Radio Operator Only:	¹ Origin Msg #: MPP-014	Destination Msg #:
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This Section to be Completed by Message Author/Creator:		<u>(Underlined=Required)</u>
² <u>Date:</u> 05/21/19	³ <u>Time</u> (24hr): 2030	⁴ <u>Handling:</u> <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input checked="" type="radio"/> Routine (<2 hr)
T O	⁵ <u>ICS Position:</u> Logistics - Food Unit Leader	⁹ <u>ICS Position:</u> IC
	⁶ <u>Location:</u> XNDEOC	¹⁰ <u>Location:</u> Command Post B
	⁷ <u>Name:</u>	¹¹ <u>Name:</u>
	⁸ <u>Contact Info:</u>	¹² <u>Contact Info:</u>
¹³ <u>Form Type/Main Topic:</u> Command Post Meal Request / Breakfast Order		

Instructions for Message Author/Creator:

1. Complete section above, surrounded by BOLD line (see instructions on back)
2. Fill in all Required fields
3. Attach to the front of a form to be sent via radio
4. Deliver to radio operator for transmission

Radio Operator Only:				
Relay:	Rcvd Msg From:	Sent Msg To:	Rcvd Ack From:	Sent Ack To:
Name:	Call Sign:		Date:	Time (24hr):

Instructions: Radio Routing Slip

Purpose: The SCCo RACES Radio Routing Slip is used to add the necessary radio handling information to an existing form that does not already have these fields.

Instructions for Message Authors/Creators:

Field	Instructions
Date	<u>Required.</u> Enter the date created.
Time	<u>Required.</u> Enter the time created. Use 24-hour time.
Handling	<u>Required.</u> Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	
ICS Position	<u>Required.</u> Enter the ICS position name.
Location	<u>Required.</u> Enter the location (such as name of EOC, hospital, base, command post, shelter, ...).
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the sender/recipient.
Form Type/Topic	<u>Required.</u> Enter the type of the attached form and, if appropriate, the main topic/subject of the form. This will aid in matching the associated form if this routing slip becomes separated. Examples: "213RR / Barricades" or "Municipal Status / San Jose"

Instructions for Radio Operators:

Important: Write the Origin message number on the top right of the form, in case it becomes separated. Staple this routing slip to the front of the form being handled. Fields are numbered in the order they should be sent over the air.

Field	Instructions
Origin Msg #	<u>Required.</u> Enter the message number of the original sending station.
Destination Msg #	<u>Required.</u> Enter the message number of the ultimate destination station.
Relay	When relaying: Enter a call sign or check mark. Strike through field if not appropriate.
Name	<u>Required.</u> Enter the first initial and last name of the radio operator that handled the message.
Call Sign	<u>Required.</u> Enter the call sign of the radio operator that handled the message.
Date	<u>Required.</u> Enter the date the message was sent/received.
Time	<u>Required.</u> Enter the time the message was sent/received. Use 24-hour time.

MPP-014

Incident Command Post Meal Request

Date Required	05/22/2019
Time Required	0700
<i>Meal Type</i>	
Breakfast	20
Lunch	
Dinner	
<i>Drinks</i>	
Hot	20 Coffee
Cold	
Water	6 Cases
Special Instructions	