

MESSAGE FORM

► Use Ballpoint Pen—Press Hard; Print Clearly
(See back for instructions)

When Receiving Msg: ²
Sender's Msg Nbr

Message Number
MPP-033

When Sending Msg: ³
Receiver's Msg Nbr

Date: (MM/DD/YY)¹

11 / 19 / 19

Time: (24 hr clock)

0855

0001 to 2400
2:00 PM = (12+2) = 1400 Hrs

Situation Severity (✓one)⁴

- EMERGENCY
(e.g., Life Threat)
- URGENT
(e.g., Property Threat)
- OTHER
(All others)

Msg. Handling Order (✓one)⁵

- IMMEDIATE
(As Soon as Possible)
- PRIORITY
(Less Than One Hour)
- ROUTINE
(Less Than Two Hours)

Message Requests You To: ⁶

- TAKE ACTION (✓one)
- Yes No
- REPLY (✓one)
- Yes, by _____ No
- FOR YOUR INFO.
(no action required)

T O

ICS Position: (required)⁷
Shelter Mgr

Location: (required)⁹
Almaden Shelter

Name: (optional)

Telephone #: (optional)

F R O M

ICS Position: (required)⁸
Logistics

Location: (required)⁹
Good Sam EOC

Name: (optional)

Telephone #: (optional)

SUBJECT: ¹⁰ Password for Medical Records

REFERENCE (e.g., Number of earlier msg.): ¹¹ _____

MESSAGE: ¹² (what, when, where needed; how long; contact name and phone number) **KEEP MSG BRIEF**

Patient medical info must be sent over encrypted WiFi frequency to meet HIPAA requirements. Use password hyp3rTRICHOSis.

ACTION TAKEN: ¹³ (For use by Originator / Recipient) ► USE SEPARATE MESSAGE FORM IF SENDING REPLY!

CC: Management Operations Planning Logistics Finance

Operator Use Only: ¹⁴

Relay:	Rcvd:	Sent:
How Received <input type="checkbox"/> or Sent <input type="checkbox"/> (✓one):		Operator Call Sign:
<input type="checkbox"/> Telephone	<input type="checkbox"/> Dispatch Center	Operator Name:
<input type="checkbox"/> EOC Radio	<input type="checkbox"/> FAX <input type="checkbox"/> Courier	Date:
<input type="checkbox"/> Amateur Radio	<input type="checkbox"/> Other _____	Time:

Outgoing (Sent): ¹⁵

Message Originator: Send the top copy (white) to radio, yellow to PLANNING, retain the pink copy for your reference.

Radio: After sending, complete Disposition info., retain white copy for file in radio.

Incoming (Received): ¹⁵

Radio: Complete disposition info., route the top copy (white) to the Addressee, yellow to PLANNING, retain pink for file in Radio.

Addressee: Take appropriate action.

SCCo ICS Form 213 (05/29/2019)

INSTRUCTIONS FOR USING THE MESSAGE FORM

1. **Date and Time:** When receiving or sending any message, complete the date and time (in the format shown) in the top upper left of the form.
2. **When Receiving Message:** note the sending organization's message number in the box labeled "When Receiving Msg.", located to the left of the Message Number at the top right of the message form. (*Normally entered by radio operator*)
3. **When Sending Message:** obtain the receiving organization's message number, and record this in the "When Sending Msg." box located to the right of the Message Number at the top right of the message form. (*Normally entered by radio operator*)
4. **Situation Severity:** indicate the Severity of the message - For example, is it a life threat, a property threat, or just information?
5. **Message Handling Order:** indicate the handling order of the message, (Immediate: As Soon As Possible; Priority: Less Than One Hour; Routine: Less Than Two Hours).
6. **Message Requests You To:** state what the message type is - for example: is the sender expecting the county OES to "Take Action", to "Reply", or "For Your Information".
7. **TO: ICS Position:** state the ICS position to which the message is to be delivered. This will generally be *Command*, or one of the Section Chiefs (e.g., *Operations, Planning, Logistics, Finance/Admin.*). If unsure, address the message to *Planning*.
8. **FROM: ICS Position:** indicate what ICS position is sending the message - you also can note a name, but an ICS position is needed since the person staffing the position may change.
9. **Locations:** enter the location of the addressee in the "To" box and the location of the sender in the "From" box (for example, To: Mountain View EOC, From: Santa Clara County EOC).
10. **Subject:** Note the subject of the message (e.g., Request for Type 5 Engine Strike Team).
11. **Reference:** If the message is a response to an earlier message, indicate the original message number if available.
12. **Message:** If the message is a request for support, supply detailed instructions about what, when, how long needed and where the support is to be delivered, contact person and phone number. Be as brief as possible.
13. **Action Taken:** This section is for use of the message originator or recipient to record pertinent information regarding action taken in response to the message. (e.g., "Request for Type 5 Engine Strike Team passed to Region on OASIS Net."). Space is also provided to indicate copy to other ICS positions that may need the information.
14. **Operator Use:** The person who handled the message is to record the net used in the area at the bottom of the message form and records the name and call sign in the appropriate box. If the message is being sent, the date and time that the message actually was sent is to be noted in the relevant box.
15. **Forms Disposition:** Once the message is complete, copies of the message are distributed according to the script shown. If the message is an **EMERGENCY** or **IMMEDIATE** message, it should be placed in the hands of the shift supervisor. For other messages, it is permissible to place the message in the appropriate message box slot.