Santa Clara Cou	nty RACES Radio Routing Slip	Rev: :	190527
Radio Operator Only:	¹ Origin Msg #:	Destination Msg #:	

This Section to be Completed by Message Author/Cr					eator:			(<u>Underlined=Required</u>)		
² Date: ³ Time (24hr): ⁴ Handling:		Olmmediate (ASAP)		OPriority (<1 hr)	ORoutine (<2 hr)					
	5 <u>IC</u>	CS Position:			F	⁹ ICS Position:				
T O	6 <u>L</u> c	ocation:				10 Location:				
	⁷ N	lame:				¹¹ Name:				
	8 C	ontact Info:	0:		М	12 Contact Info:				
Fori	Form: ¹³ Type:			¹⁴ To	ppic:					

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:		Sent:				
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	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. 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	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name.
Location	Required. Enter the location (such as name of EOC, hospital, base, command post, shelter,).
Name	Optional. Enter only if the message is to/from a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or
	position.
Form	This info will aid in matching the associated form if this routing slip becomes separated.
Туре	Required. Enter the type of the attached form. Example: "213RR"
Topic	Required. Enter the topic/subject of the attached form. Example: "Barricades"

Instructions for Radio Operators:

Important: Write the Origin message number on the top right of the attached 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 #	Required. Enter the message number of the original sending station.
Destination Msg #	Required. Enter the message number of the ultimate destination station.
Relay	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
Name	Required. Enter the first initial and last name of the radio operator that handled the message.
Call Sign	Required. Enter the call sign of the radio operator that handled the message.
Date	Required. Enter the date the message was sent/received.
Time	Required. Enter the time the message was sent/received. Use 24-hour time.

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DEOC-9 ALLIED HEALTH STATUS REPORT SHORT FORM

Other Phone, Fax, Cell Phone, Radio: Incident Name and Date: CHECK ADDITIONAL ATTACHMENTS PROVIDED Yes/No CREEN-FULLY FUNCTIONAL DECOMPTION AND CREEN FORMS NHIGS/ICS STATUS REPORT FORMS NHIGS/ICS STA	FACILITY NAME:			FACILTY TYPE		DATE: TIME:				
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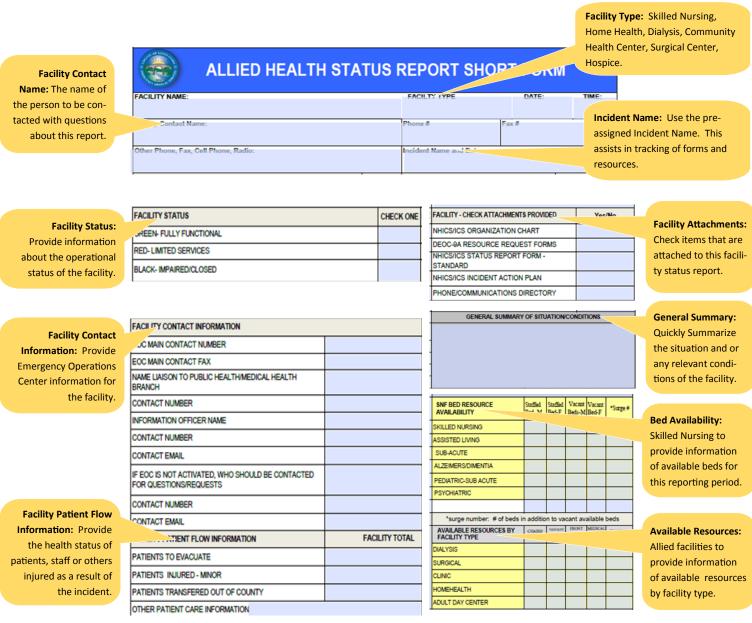
Please follow instructions received from email/phone/CAHAN on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.) Use the RESOURCE REQUEST FORM to request resources.

ALLIED HEALTH STATUS REPORT FORM – Revised February 2018 Department Operations Center Form 9 (DEOC-9)



COMPLETING the DEOC 9: ALLIED HEALTH STATUS SHORT FORM

PURPOSE: The DEOC-9 Form is used for reporting information on significant incidents. It is not intended for every incident, as most incidents are short in duration and do not require scarce resources, significant mutual aid, or additional support and attention. The DEOC-9 form contains basic information elements needed to support situational awareness and decision-making at all levels.



Accurate and timely completion of the DEOC-9 assists in maintaining good situational awareness of the incident, assessment of resources, resource allocation, and timely request for regional mutual aid. Please keep this document in the Communications Section of the Emergency Operations Manual for training purposes.