

MESSAGE FORM

► For paper: use ballpoint pen – blue or black ink only (See back for instructions)

Origin Msg #: ²

Destination Msg #: ³

Date ¹:

Time (24hr):

Handling ⁵(✓one): ☐ Immediate (ASAP) ☐ Priority (< 1hr) ☐ Routine (< 2hr)

This Message Requests You To ⁶:

TAKE ACTION (✓one): ☐ Yes ☐ No

REPLY (✓one): ☐ Yes, by ☐ No

ICS Position: (required) ⁷

Location: (required) ⁹

Name: (optional)

Telephone #: (optional)

ICS Position: (required) ⁸

Location: (required) ⁹

Name: (optional)

Telephone #: (optional)

SUBJECT: ¹⁰

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

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

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 or ☐ Sent (✓one):

Operator Call Sign:

☐ Telephone

☐ Dispatch Center

Operator Name:

☐ EOC Radio

☐ FAX

☐ Courier

☐ Amateur Radio

☐ Other

Date:

Time:

Outgoing (Sent): ¹⁵

Message Originator: Send the original to radio. Retain a copy for your reference.

Radio: After sending, complete Operator Use Only and file in radio.

Incoming (Received): ¹⁵

Radio: Complete Operator Use Only then route to the Addressee. Retain a copy in radio if directed by Supervisor.

Addressee: Take appropriate action.