



# HICS 257 - RESOURCE ACCOUNTING RECORD

|                         |  |
|-------------------------|--|
| <b>1. Incident Name</b> | <b>2. Operational Period (#                  )</b><br>DATE: FROM: _____ TO: _____<br>TIME: FROM: _____ TO: _____ |
|-------------------------|--|

**3. Resource Record**

| TIME | ITEM / FACILITY TRACKING IDENTIFICATION NUMBER | CONDITION | RECEIVED FROM | DISPENSED (TO/TIME) | RETURNED (DATE/TIME) | CONDITION (OR INDICATE IF NON-RECOVERABLE) | INITIALS |
|------|--|-----------|---------------|---------------------|----------------------|--|----------|
|      |  |           |               |                     |                      |  |          |
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|-----------------------|-------------------|------------------|
| <b>4. Prepared by</b> | PRINT NAME: _____ | SIGNATURE: _____ |
|                       | DATE/TIME: _____  | FACILITY: _____  |



**Purpose:** Records the request, distribution, return, and condition of equipment and resources  
**Origination:** Hospital Incident Management Team (HIMT) personnel as directed by Section Chiefs  
**Copies to:** Finance/Administration Section Chief, Resources Unit Leader, Materiel Tracking Manager, and Documentation Unit Leader