Santa Clara County RACES -- Radio Routing Slip

Radio Operator Only:	¹ Origin Msg #:		Destination Msg #:

This Section to be Completed by Message Author/Creator: (Underlined=Required)

² **Date:**	³ **Time** (24hr)**:**	⁴ **Handling:** ○**Immediate** (ASAP) ○**Priority** (<1 hr) ○**Routine** (<2 hr)

T O	⁵ **ICS Position:**	**F R O M**	⁹ **ICS Position:**	
	⁶ **Location:**		¹⁰ **Location:**	
	⁷ **Name:**		¹¹ **Name:**	
	⁸ **Contact Info:**		¹² **Contact Info:**	

Form:	¹³ **Type:**	¹⁴**Topic:**

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	<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	If needed, radio operator can suggest most appropriate TO position and location.
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/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.
Type	<u>Required</u>. Enter the type of the attached form. Example: "213RR"
Topic	<u>Required</u>. 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 #	<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 and/or time, or other useful mark or info, to indicate status.
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.