| Santa Clara County RACES Radio Routing Slip | | | | |
|---|----------------------------|--------------------|--|--|
| Radio Operator Only: | ¹ Origin Msg #: | Destination Msg #: | | |

| This Section to be Completed by Message Author/Cro | | | | eator: (<u>Underlined=Req</u> u | | | derlined=Required) | |
|---|--------------------------------|-------------------------|--|----------------------------------|----------------------------|---------------------|--------------------|--|
| ² Date: ³ Time (24hr): ⁴ Handling: | | Olmmediate (ASAP) OPrio | | OPriority (<1 hr) | ORoutine (<2 hr) | | | |
| | ⁵ <u>IC</u> | S Position: | | | ⁹ ICS Position: | | | |
| Т | 6 <u>L</u> c | ocation: | | | R | 10 Location: | | |
| 0 | ⁷ N | ame: | | | | ¹¹ Name: | | |
| | 8 C | ontact Info: | | | M | 12 Contact Info: | | |
| Fori | m: ¹³ <u>Type</u> : | | | 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: | | | | |
|--|---|------|-----------|---|-------------|-------------|---------|---------|-------------------|--|
| FACILITY STATUS CHECK ONE CHECK ADDITIONAL ATTACHMENTS PROVIDED Yes/No. GREEN: FULLY FUNCTIONAL NHICS/ICS ORGANIZATION CHART DEOC-9A RESOURCE REQUEST FORMS NHICS/ICS STATUS REPORT FORM - STANDARD NHICS/ICS STATUS REPORT FORM - STANDARD NHICS/ICS STATUS REPORT FORM - STANDARD NHICS/ICS SINCIDENT ACTION PLAN PHONE/COMMUNICATIONS DIRECTORY GENERAL SUMMARY OF SITUATION/CONDITIONS FACILITY EOC MAIN CONTACT FAX GENERAL SUMMARY OF SITUATION/CONDITIONS FACILITY LINISON OFFICER NAME: LIAISON TO PUBLIC HEALTH BRANCH FACILITY INFORMATION OFFICER CONTACT EMAIL IF FACILITY INFORMATION OFFICER CONTACT EMAIL IF FACILITY INFORMATION OFFICER CONTACT EMAIL FACILITY INFORMATION OFFICER CONTACT EMAIL FACILITY CONTACT FUNDER FACILITY CONTACT NUMBER FACILITY CONTACT NUMBER FACILITY CONTACT NUMBER FACILITY CONTACT NUMBER FACILITY PATIENTS TO EVACUATE ASSISTED LIVING SUB-ACUTE FACILITY PATIENTS TO EVACUATE ALZEMERS/DIMENTIA PEDATRIC-SUB ACUTE *SURGE number: # of beds in addition to vaccant available be BAYLILABLE RESOURCES CONTACTED FOR MAIN CONTACT NUMBER FACILITY PATIENTS TRANSFERED OUT OF COUNTY OTHER FACILITY PATIENT CARE INFORMATION DEOC/EOC/DUTY CHIEF USE *SURGE NUMBER: # of beds in addition to vaccant available be AVAILABLE RESOURCES SOURCES AVAILABLE RESOURCES SOURCES SOURC | Contact Name: | | | Phone # | Fax # | | | | | |
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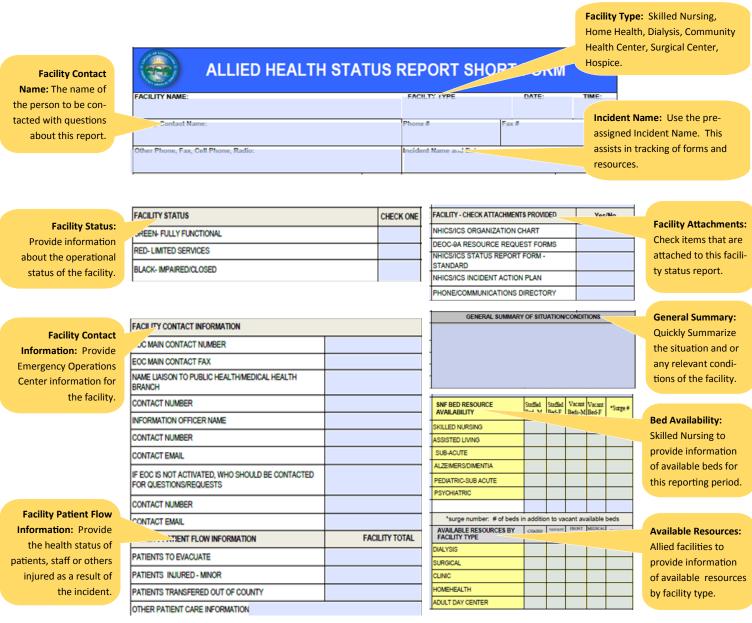
Please follow instructions received from email/phone/CAHAN on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.) Use the RESOURCE REQUEST FORM to request resources.

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.