



## ICS 213 General Message

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

**Distribution.** Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

### Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b> (Optional)	Enter the name assigned to the incident. This block is optional.
2	<b>To</b> (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	<b>From</b> (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (month/day/year) of the message.
6	<b>Time</b>	Enter the time (using the 24-hour clock) of the message.
7	<b>Message</b>	Enter the content of the message. Try to be as concise as possible.
8	<b>Approved by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Position/Title</li> </ul>	Enter the name, signature, and ICS position/title of the person approving the message.
9	<b>Reply</b>	The intended recipient will enter a reply to the message and return it to the originator.
10	<b>Replied by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

1. Department	2. Division	3. Section	4. Date
5. Property Location		6. Check One	
		<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen
		<input type="checkbox"/> Damaged	<input type="checkbox"/> Destroyed
7. Police Notified <input type="checkbox"/> Yes (attach report)		<input type="checkbox"/> No	8. Witnesses <input type="checkbox"/> Yes, explain in 13 <input type="checkbox"/> No
9. Property Description:			
10. Serial #	11. Tag #	12. Value	
13. Circumstances:			
Signature of Custodian		Printed Name & Title	Date

**COMPLETE 14-18 AND EXPLAIN ACTION TAKEN**

14. I certify that, to the best of my knowledge, the above is true and correct.			
Negligence apparent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, disciplinary action taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain precautions taken to safeguard State property:			
14a. Signature of Immediate Supervisor		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
15. Signature of Department Property Officer		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
16. Signature of Division Director or Designee		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings. Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		Recommendations:	
17. Signature of Commissioner or Designee		Printed Name & Title	Date
18.	Approved	Signature of State Property Manager	Date
	Disapproved		
Item <input type="checkbox"/> will <input type="checkbox"/> will not be removed from inventory.		Recommendations:	



From: (Dept./Div./Location)	To: (Dept./Div./Location)	Date:
<input type="checkbox"/> ISSUE STOCK	<input type="checkbox"/> TEMPORARY ISSUE (Intra-agency)	<input type="checkbox"/> TEMPORARY LOAN (Inter-agency)

**FOR PERMANENT TRANSFERS USE FROM 02-622. (REF. PROPERTY MANUAL, CHAPTER 4)**

PCN if Applicable	Qty	Description of item	Date to be returned	Date Returned	Initial Partial Returns
Issued By: (Signature)			Received By: (Signature)		
Type or Print Name			Type or Print Name		

Loaning Agency retains original and borrowing Agency retains copy until ALL items returned. Loaning Agency will initial for partial returns; both copies may be destroyed when all items have been returned.

02-657 (8/90)  
DRAFT

PROPERTY LOSS OR DAMAGE REPORT  Fire Suppression		1. Crew Name or No. (O#, A#, E# or C#)	2. ID NO (Form OF-289) <b>NOT APPLICABLE</b>
		3. ISSUED TO <i>(List: Individual Name, Home Unit Name, Home Unit Address, Email and Telephone Numbers – Fax, Cell, Work, etc.)</i>	
4. ISSUING OFFICE OR CAMP NAME <i>(Name of Incident Agency and the Incident Number)</i>			
5. FIRE NAME	6. FIRE NO. <i>(Fire Account Code)</i>	7. TYPE EMPLOYEE <i>(Mark one with "X")</i> <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter/AD <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED <i>(Include Property/Serial No. if applicable. Include approximate year of or age of equipment.)</i>			QUANTITY and VALUE per Each Unit
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: <i>(Be specific – date, place, division on fire; be descriptive of damage, loss, HOW DID THE FIRE CAUSE THE DAMAGE, etc.)</i>			
10. SIGNATURE		11. DATE	
12. Witness report: <i>(Be specific – date, place, division on fire; be descriptive of damage, loss, HOW DID THE FIRE CAUSE THE DAMAGE what did you see, etc.)</i>			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:  <b>Do not complete this section, see next page.</b>			
16. SIGNATURE	17. TITLE	18. DATE	

Requestor Name: \_\_\_\_\_

Resource Order#: \_\_\_\_\_

**Incident Supervisor:**

Comments:

Name and Position: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Do Not Recommend  Recommend

Signature & Date: \_\_\_\_\_

**Subject Matter Expert:**

Supply    Ground Support    Communications    Computer Specialist    Other: \_\_\_\_\_

Comments:

Name and Position: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Do Not Recommend  Recommend

Signature & Date: \_\_\_\_\_

**Incident Agency Representative:**

(Agency Administrator, IBA, Finance Section Chief, Admin Representative, etc.)

**Decision if within Delegation:**

Do Not Approve  Approved

Approved with the following contingencies:

**Recommendation if above Delegation**

Do not Recommend  Recommend

Recommend with the following contingencies:

Comments:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Contact

Phone: \_\_\_\_\_

IF ABOVE DELEGATION, SEND CLAIM TO LOCAL INCIDENT OFFICE

**Supply Unit:**

Sent to dispatch on: (date) \_\_\_\_\_

Resource Order(s) Assigned: **S**- \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Resource Order#: \_\_\_\_\_

**Area Forester:**

**Decision if \$5000.00 or Less:**

Do Not Approve       Approved

Approved with the following contingencies:

**Recommendation if above \$5000.00**

Do not Recommend       Recommend

Recommend with the following contingencies:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Regional Forester:**

**DECISION:**

Do Not Approve       Approved

Approved with the following contingencies:

Comments:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Phone: \_\_\_\_\_