ICS-213 (ARES VERSION)

NUMBER	PRECEDENCE (CIRCLE ONE)	FROM STATION	CHECK	PLACE OF ORIGIN	TIME FILED	DATE FILED mm/dd/yy
032	Routine	WA6TQJ	17	WOODLAND	16 :53	11 /15 / 12

INCIDENT NAME (optional)**:**

TO:	California Hospital Drill Participants	**POSITION:**	
FROM:	Yolo County Public Health	**POSITION:**	
SUBJECT:	Hospital Drill		

MESSAGE BODY:

ALL	MEDICAL	AND	HEALTH	RESPONSE 5
INFORMATION	FROM	YOLO	FACILITIES	SHOULD 10
BE	FORWARDED	TO	THE	YOLO 15
COUNTY	MHOAC			20
				25
				30
				35
				40
				45

RECEIVED FROM: *Print name*		***INITIALS:***		***POSITION:***	

RECEIVED BY:	*(Call sign)*	***RECEIVED TIME:***	:	***RECEIVED DATE:*** *mm/dd/yy*	/ /

REPLY

REPLY TO MESSAGE NUMBER	FROM STATION	CHECK	PLACE OF ORIGIN	TIME FILED	DATE FILED mm/dd/yy
(Message number above)				:	/ /

				5
				10
				15
				20
				25
				30

RECEIVED FROM: *Print name*		***INITIALS:***		***POSITION:***	

RECEIVED BY:	*(Call sign)*	***RECEIVED TIME:***	:	***RECEIVED DATE:*** *mm/dd/yy*	/ /