UCDAVIS
SAFETY SERVICES

ICS-213

Year

NUMBER	PRECEDENCE (CIRCLE ONE)	FROM STATION	CHECK	PLACE OF ORIGIN	TIME FILED 24 hours format	DATE FILED Month Day
	EMERGENCY Priority H&W Routine					

		POSITION:	
TO: Name	Department		
FROM: Name	Department	**POSITION:**	
SUBJECT:			

MESSAGE BODY:

				5
				10
				15
				20
				25
				30
				35
				40
				45

RECEIVED FROM: Print name	INITIALS:	POSITION:

RECEIVED BY:	(Call sign)	RECEIVED TIME: 24 hours format	RECEIVED DATE: Month Day

REPLY

REPLY TO MESSAGE NUMBER	FROM STATION	CHECK	PLACE OF ORIGIN	TIME FILED 24 hours format	DATE FILED Month Day
(Message number above)					

				5
				10
				15
				20
				25
				30
				35

RECEIVED FROM: Print name	INITIALS:	POSITION:

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