RESOURCE ACCOUNTING RECORD

HOSPITAL INCIDENT COMMAND SYSTEM

1. DATE	2. SECTION	3. OPERATIONAL PERIOD DATE/TIME

4. RESOURCE RECORD

Time	Item/Facility Tracking ID Number	Condition	Received from	Dispensed to	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials

5. CERTIFYING OFFICER	6. DATE/TIME SUBMITTED

7. FACILITY NAME

PURPOSE: TRACK REQUESTED EQUIPMENT. **ORIGINATION:** SECTION CHIEF.
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