

NHICS 259 | FACILITY CASUALTY/FATALITY REPORT



1. INCIDENT NAME				2. OPERATIONAL PERIOD
				DATE: FROM: TO:
				TIME: FROM: TO:
3. REPORTED CASUALTY/FATALITY				
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
RESIDENT NAME				MEDICAL RECORD #
INJURY	TRANSFER DATE / TIME	RECEIVING FACILITY		EXPIRED DATE / TIME
4. PREPARED BY	PRINT NAME: _____		SIGNATURE: _____	
	DATE/TIME: _____		FACILITY: _____	

PURPOSE: DOCUMENT THE NUMBER OF INJURIES AND FATALITIES
ORIGINATION: RESIDENT SERVICES BRANCH DIRECTOR
COPIES TO: COMMAND STAFF AND GENERAL STAFF

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INSTRUCTIONS

- PURPOSE:** Records the number of residents injured and expired for each operational period.
- ORIGINATION:** Resident Services Branch Director or team
- COPIES TO:** Command Staff and General Staff
- NOTES:** If additional pages are needed, use a blank NHICS 259 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Reported Casualty/Fatality	
	Resident Name	Enter the full name of the casualty/fatality.
	Medical Record #	Enter the medical record number.
	Injury	Describe the injury.
	Transfer Date/Time	Enter the transfer date and time.
	Receiving Facility	Enter the name of the facility accepting the casualty/fatality.
	Expired Date/Time	Enter the expiration date and time of the fatality.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.