

**IMS Form 213-R**

Number	Precedence	Handling	Station of Origin	Check	Place of Origin	Time Filed	Date Filed
	E P R W						
<b>RADIO MESSAGE</b>		<b>1. Incident Name</b>			<b>2. Operational Period</b>		
<b>3. To: (Name and Position)</b>							
<b>4. From: (Name and Position)</b>							
<b>5. Subject</b>				<b>6. Date/Time Prepared</b>			
<b>7. Message</b>							
<b>8. Name/Signature of Sender</b>			<b>9. Position/Contact Info of Sender</b>			<b>10. Date/Time Sent</b>	
Received From	Date	Time	Sent To	Date	Time		

Number	Precedence	Handling	Station of Origin	Check	Place of Origin	Time Filed	Date Filed
	E P R W						
<b>11. Reply</b>							
<b>12. Date/Time Received from Sender</b>							
<b>13. Name/Signature of Replier</b>				<b>14. Position of Replier</b>		<b>15. Date/Time of Reply</b>	
Received From	Date	Time	Sent To	Date	Time		

<b>ABOUT ( IMS 213 - Radio Message)</b>	
<b>Purpose:</b>	This form is most commonly used to send information via radio, when other more common communications channels are unavailable or busy. ARES or EmComm operators will transmit the message exactly as written. These messages should never contain sensitive information, as the use of codes or ciphers is against federal regulations.
<b>Preparation:</b>	The Radio Message form (paper or electronic copy) may be initiated by incident dispatchers or any incident personnel. Brevity is important. Aim for a maximum of forty words per message.
<b>Distribution:</b>	Upon completion, the Radio Message should be hand carried to the ARES / EmComm radio operator for transmission. It will be sent out in priority sequence, with logging information written into the shaded area. The radio operator will keep the written copy for logging purposes.

<b>INSTRUCTIONS ( IMS 213 - Radio Message)</b>		
Item #	Item Title	Instructions
1.		Do not fill in the shaded areas of the form. These are reserved for the radio operator.
2.	Precedence	Circle one of the selections E – Emergency (life and death importance only) P – Priority (official messages affecting operations) R – Routine messages W – Welfare messages (Red Cross Disaster Inquiry type)
3.	Incident Name	Print the name assigned to the incident.
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and the end time with dates.
5.	To	Enter the name, position and address (if applicable) of the message recipient(s).
6.	From	Enter the name, position and address (if applicable) of the message sender.
7.	Subject	Enter general subject matter as applicable.
8.	Date/Time Prepared	Enter the date prepared (YYYY/MM/DD), and time (24hr clock). All times are local time zone.
9.	Message	Enter a brief and concise message.
10.	Name/Signature of Sender	Enter the name and signature of the sender.
11.	Position/Contact Info of Sender	Enter the position and contact information of the sender.
12.	Date/Time Sent	Enter the date sent (YYYY/MM/DD), and time (24hr clock).
13.	Reply	This section is intended for the recipient to reply.
14.	Date/Time Received from Sender	Enter date (YYYY/MM/DD) and time (24hr clock) the message was received from the sender.
15.	Name/Signature of Replier	Enter the name and signature of the person replying.
16.	Position of Replier	Enter the position of the person replying.
17.	Date/Time of Reply	Enter date (YYYY/MM/DD) and time (24hr clock) of reply.