This work sheet assists the ACPH-VMS Operations Section in matching available volunteers with specific ICS/IMS position needs. The Incident Integration Supervisor is responsible for completing this sheet from ICS/IMS requests, and transmitting it to the Assignment Supervisor.

<table>
<thead>
<tr>
<th>INCIDENT NAME</th>
<th>DATE/TIME PREPARED:</th>
<th>OPERATIONAL PERIOD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positions filled/number needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Prepared by (name & position):
Instructions for:
VMS 215 – Operations Work Sheet

This work sheet assists the ACPH-VMS Operations Section in matching available volunteers with specific ICS/IMS position needs. The Incident Integration Supervisor is responsible for the completion of this form from ICS/IMS requests for personnel, and the work sheet is transmitted to the Assignment Supervisor (and to Plans for archiving).

Section 1: Document the name given by ICS/IMS management to the name of the incident.
Section 2: Document the time and date the 215 is being prepared.
Section 3: Document the operational period the 215 applies to. For instance, if operating on a 12 hour cycle, then put 0700-1900 or 1900-0700 as appropriate. If operating on a 24 hour cycle, then 0700-0700 as appropriate.
Section 4: List the type of Public Health function or tasks that are being requested (e.g. pill dispensing).
Section 5: List additional qualifications requested as appropriate (e.g. RN).
Section 6: List the number of personnel requested.
Section 7: List the time/shift personnel are requested for.
Section 8: Document the reporting time for requested personnel.
Section 9: Document work location for requested personnel.
Section 10: List the POC for the specific job request (include contact method if available).
Section 11: Document the number of positions filled over the total number of positions that needed to be filled, in order to show the positions that remain empty.
Section 12: Place name and position of ACPH-VMS Operations personnel completing form.