



Assignment List (ICS-204)

1. INCIDENT				2. OPERATIONAL PERIOD			
Name		Number		Date From		Date To	
				Time From		Time To	
3.		4. OPERATIONAL PERSONNEL		Name		Contact #s	
Branch		Operations Section Chief					
Division		Branch Director					
Group		Division/Group Supervisor					
Staging Area		Staging Area Manager					
5. RESOURCES ASSIGNED							
Resource Identifier		Leader	# of Persons	Contact (cell, radio frequency, etc.)		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
6. WORK ASSIGNMENTS							
7. SPECIAL INSTRUCTIONS							
8. COMMUNICATIONS (radio and/or phone contact numbers needed for this assignment)							
Name	Function	Frequency / Number		Remarks			
9. PREPARED BY		Position		Name		Signature	
		Date		Time			