AIR OPERATIONS SUMMARY (ICS 220)

4. Remarks (safety notes, hazards, air operations special equipment, etc.): 5. Ready Alert Aircraft: Medivac: Medivac: Medivac: Special equipment, etc.): 6. Temporary Flight Restriction Num Altitude: Altitude: Special equipment, etc.): Center Point: Special equipment, etc.): Center Point: Special equipment, etc.): Center Point: Special equipment, etc.): AM FM 9. Fixed-Wing (category/kind/type, make/model, N#, base): Altr Color altrograms Pranch Director Air/Air Fixed-Wing Am FM 9. Fixed-Wing (category/kind/type, make/model, N#, base): Altrograms Pranch Director Air/Air Fixed-Wing — Phone Number: Altr/Air Fixed-Wing — Phone Number	1. Incident Name: 2. Operational Date From: Time From:			Period: Date To: Time To:			3. Sunrise:	Sunset:
S. Frequencies: AM FM S. Fixed-Wing (category/kind/fype, make/model, N#, base):				-				
Air/Air Fixed-Wing				New Incident:			Center Point:	
Air/Air Rotary-Wing – Flight Following Air/Ground Air/Ground Air/Ground Air/Ground Air/Ground Air/Ground Air/Ground Air/Ground Air/Ground Air Support Group Supervisor Alt Tactical Group Supervisor Helicopter Coordinator Helibase Manager Air Guard 10. Helicopters (use additional sheets as necessary): FAA N# Category/Kind/Type Make/Model Base Available Start Remarks Air/Air Rotary-Wing — Flight Following Air/Ground Other Fixed-Wing Aircraft: Air/Ground Other Fixed-Wing Aircraft:				8. Frequencies:	AM	FM		
7. Personnel: Name: Phone Number: Flight Following Air/Ground Air Operations Branch Director Air Support Group Supervisor Air Tactical Group Supervisor Helicopter Coordinator Helibase Manager 10. Helicopters (use additional sheets as necessary): FAA N# Category/Kind/Type Make/Model Base Available Start Remarks Air Actical Broup Start Remarks Air Guard Air				Air/Air Fixed-Wing			Air Tactical Group Su	pervisor Aircraft:
Director Air Support Group Supervisor Air Tactical Group Supervisor Helicopter Coordinator Helibase Manager 10. Helicopters (use additional sheets as necessary): FAA N# Category/Kind/Type Make/Model Base Available Start Remarks Helibase Manager Make/Model Base Available Start Remarks	7. Personnel:	Name:	Phone Number:					
Supervisor Air Tactical Group Supervisor Helicopter Coordinator Helibase Manager Air Guard 10. Helicopters (use additional sheets as necessary): FAA N# Category/Kind/Type Make/Model Base Available Start Remarks Make/Model Base Available Start Remarks				Air/Ground				
Supervisor Helicopter Coordinator Helibase Manager 10. Helicopters (use additional sheets as necessary): FAA N# Category/Kind/Type Make/Model Base Available Start Remarks Start Remarks Start Remarks Start Start Remarks Start Start				Command			Other Fixed-Wing Air	craft:
Helibase Manager 10. Helicopters (use additional sheets as necessary): FAA N# Category/Kind/Type Make/Model Base Available Start Remarks				Deck Coordinator				
10. Helicopters (use additional sheets as necessary): FAA N# Category/Kind/Type Make/Model Base Available Start Remarks Start Remarks St	Helicopter Coordinator							
FAA N# Category/Kind/Type Make/Model Base Available Start Remarks	Helibase Manager			Air Guard				
	10. Helicopters (use	additional sheets as ne	ecessary):					
11. Prepared by: Name:Position/Title:	FAA N#	Category/Kind/Type	Make/Model	Base	Ava	ailable	Start	Remarks
11. Prepared by: Name:Position/Title:Signature:								
11. Prepared by: Name:Position/Title:Signature:								
11. Prepared by: Name:								
11. Prepared by: Name:Position/Title: Signature:								
11. Prepared by: Name:Position/Title:Signature:								
11. Prepared by: Name: Position/Title: Signature:								
	11. Prepared by: Na	me:	Po	sition/Title:			Signature:	
ICS 220, Page 1 Date/Time:	ICS 220, Page 1			Date/Time:				

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:	2. Operational Period:	2. Operational Period:			
	Date From: Date Time From: Time				
12. Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.):					
Category/Kind/Type	Name of Personnel or Cargo (if applications)				
and Function	or Instructions for Tactical Aircraft	Start	Fly From	Fly To	
	-				
11. Prepared by: Name:	Position/Title:	Signa	ature:		
ICS 220, Page 2	Date/Time:				

ICS 220

Air Operations Summary

Purpose. The Air Operations Summary (ICS 220) provides the Air Operations Branch with the number, type, location, and specific assignments of helicopters and air resources.

Preparation. The ICS 220 is completed by the Operations Section Chief or the Air Operations Branch Director during each Planning Meeting. General air resources assignment information is obtained from the Operational Planning Worksheet (ICS 215), which also is completed during each Planning Meeting. Specific designators of the air resources assigned to the incident are provided by the Air and Fixed-Wing Support Groups. If aviation assets would be utilized for rescue or are referenced on the Medical Plan (ICS 206), coordinate with the Medical Unit Leader and indicate on the ICS 206.

Distribution. After the ICS 220 is completed by Air Operations personnel, the form is given to the Air Support Group Supervisor and Fixed-Wing Coordinator personnel. These personnel complete the form by indicating the designators of the helicopters and fixed-wing aircraft assigned missions during the specified operational period. This information is provided to Air Operations personnel who, in turn, give the information to the Resources Unit.

Notes:

If additional pages are needed for any form page, use a blank ICS 220 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational PeriodDate and Time FromDate and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Sunrise/Sunset	Enter the sunrise and sunset times.
4	Remarks (safety notes, hazards, air operations special equipment, etc.)	Enter special instructions or information, including safety notes, hazards, and priorities for Air Operations personnel.
5	Ready Alert Aircraft • Medivac • New Incident	Identify ready alert aircraft that will be used as Medivac for incident assigned personnel and indicate on the Medical Plan (ICS 206). Identify aircraft to be used for new incidents within the area or new incident(s) within an incident.
6	Temporary Flight Restriction Number Altitude Center Point	Enter Temporary Flight Restriction Number, altitude (from the center point), and center point (latitude and longitude). This number is provided by the Federal Aviation Administration (FAA) or is the order request number for the Temporary Flight Restriction.
7	Personnel Name Phone Number	Enter the name and phone number of the individuals in Air Operations.
	Air Operations Branch Director	
	Air Support Group Supervisor	
	Air Tactical Group Supervisor	
	Helicopter Coordinator	
	Helibase Manager	

Block Number	Block Title	Instructions		
8	Frequencies	Enter primary air/air, air/ground (if applicable), command, deck coordinator, take-off and landing coordinator, and other radio frequencies to be used during the incident.		
	Air/Air Fixed-Wing			
	Air/Air Rotary-Wing – Flight Following	Flight following is typically done by Air Operations.		
	Air/Ground			
	Command			
	Deck Coordinator			
	Take-Off & Landing Coordinator			
	Air Guard			
9	Fixed-Wing (category/kind/type, make/model, N#, base)	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance, make/model, N#, and base of air assets allocated to the incident.		
	Air Tactical Group Supervisor Aircraft			
	Other Fixed-Wing Aircraft			
10	Helicopters	Enter the following information about the helicopter resources allocated to the incident.		
	FAA N#	Enter the FAA N#.		
	Category/Kind/Type	Enter the helicopter category/kind/type based on NIMS, discipline, or jurisdiction guidance.		
	Make/Model	Enter the make and model of the helicopter.		
	Base	Enter the base where the helicopter is located.		
	Available	Enter the time the aircraft is available.		
	Start	Enter the time the aircraft becomes operational.		
	Remarks			
11	Prepared by Name Position/Title Signature Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).		
12	Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.)	Enter the specific assignment (e.g., water or retardant drops, logistical support, or availability status for a specific purpose, support backup, recon, Medivac, etc.). If applicable, enter the primary air/air and air/ground radio frequency to be used. Mission assignments may be listed by priority.		
	Category/Kind/Type and Function			
	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft			
	Mission Start			
	Fly From	Enter the incident location or air base the aircraft is flying from.		
	Fly To	Enter the incident location or air base the aircraft is flying to.		