

## OPERATIONAL PLANNING WORKSHEET ICS 215

1. INCIDENT/EVENT NAME									2. OPERATIONAL PERIOD										
3. BRANCH		4. DIVISION / GROUP / OTHERS		5. WORK ASSIGNMENT		6. RESOURCES			PT	AM B	FFT	ET	MT	SR RT	From (Date and Time):		To (Date and Time):		
	Div A	Conduct SRR		Required			2	2	5		3	4							
				Have			1	1	2		3	1							
				Need			1	1	3		0	3							
		Clearing Cluster		Required															
				Have															
				Need															
				Required															
				Have															
				Need															
	Div Z	Conduct SRR		Required			2	2		2	4								
				Have			2	1		1	1								
				Need			0	1		1	3								
				Required															
				Have															
				Need															
<b>11. TOTAL RESOURCES REQUIRED</b>		Single Resource			4	4	5	5	8					<b>14. PREPARED BY OSC</b> Name and Signature:					
		ST or TF																	
<b>12. TOTAL RESOURCES ON HAND</b>		Single Resource			3	2	2.	2	4	2					Date Prepared: _____   Time Prepared: _____				
		ST or TF																	
<b>13. TOTAL RESOURCES NEEDED TO REQUEST</b>		Single Resource			1	2	3	1	6										
		ST or TF																	