ASSIGNMENT LIST
ICS 204

1. INCIDENT/ EVENT NAME	2. OPERATIONAL PERIOD From (Date and Time): To (Date and Time):	3. Branch: Group: Division: Staging Area:

4. OPERATIONS PERSONNEL

Position	Name	Contact Number(s)
Operations Section Chief		
Branch Director		
Staging Area Manager		
Division /Group Supervisor		
Air/Water Tactical Group Supervisor		

5. RESOURCES ASSIGNED FOR THIS PERIOD

Resource Identifier	Name of Leader	Contact Numbers	No. of Personnel	Trans. Needed?		Drop off point and time at area of assignment	Pick-up time from area of assignment	Remarks
				Yes	No			

6. SPECIFIC WORK ASSIGNMENT

7. SPECIAL INSTRUCTIONS/ SAFETY MEASURES

8. COMMUNICATIONS SUMMARY

Function	System	Channel	Frequency	Others (mobile, satellite phone, etc.)

9. Prepared by RESL	Name and Signature:	Date Prepared:	Time Prepared: