



COMMUNICATIONS PLAN

ICS 205

1. INCIDENT/EVENT NAME

2. OPERATIONAL PERIOD

From (Date and Time):

To (Date and Time):

3. BASIC RADIO CHANNEL UTILIZATION

Radio Type	System	Channel	Function	Tone/ Offset	Frequency	Others (mobile phone, satellite phone, etc.)	Assignment	Remarks

4. COORDINATING INSTRUCTIONS

5. Prepared by COML

Name and Signature:

Date Prepared:

Time Prepared: