


<div> <b>OPERATIONAL PLANNING WORKSHEET</b> <b>ICS 215</b></div>										1. INCIDENT/EVENT NAME								2. OPERATIONAL PERIOD From (Date and Time): To (Date and Time):			
3. BRANCH	4. DIVISION / GROUP / OTHERS	5. WORK ASSIGNMENT	6. RESOURCES														7. OVERHEAD POSITION	8. SPECIAL EQPT. AND SUPPLIES	9. REPORTING LOCATION	10. REQUESTED ARRIVAL TIME	
			Required																		
			Have																		
			Need																		
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			Need																		
11.TOTAL RESOURCES REQUIRED		Single Resource															14. PREPARED BY OSC Name and Signature:				
		ST or TF																			
12. TOTAL RESOURCES ON HAND		Single Resource															Date Prepared:		Time Prepared:		
		ST or TF																			
13. TOTAL RESOURCES NEEDED TO REQUEST		Single Resource																			
		ST or TF																			