



INCIDENT BRIEFING ICS 201-1

1. INCIDENT/EVENT NAME**2. DATE PREPARED****3. TIME PREPARED****4. MAP SKETCH**

(Show graphical sketch/map image of the incident/event area depicting current situation and resource assignments)

5. SITUATION SUMMARY AND HEALTH AND SAFETY BRIEFING

(For briefings or transfer of command; indicate the potential health and safety hazards recognized and the necessary measures initially developed to protect responders)

6. Prepared by IC Name and Signature:



INCIDENT BRIEFING ICS 201-2

7. OBJECTIVES

8. SUMMARY OF CURRENT AND PLANNED ACTIONS

DATE and TIME

ACTIONS

Use additional sheets as needed

9. Prepared by IC

Name and Signature:

Date Prepared:

Time Prepared:



INCIDENT BRIEFING ICS 201-3

10. CURRENT ORGANIZATION [fill in organization as appropriate]

11. Prepared by IC	Name and Signature:	Date Prepared:	Time Prepared:
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