## **ORGANIZATION ASSIGNMENT LIST (ICS 203)**

1. Incident Name:			2. Operational Period: Date From:		om:	Date To:	
			Time Fr		rom:	Time To:	
3. Incident Commander(s) and Command Staff:				7. Operations Sect	7. Operations Section:		
IC/UCs				Chief			
				Deputy			
Deputy				Staging Area			
Safety Officer				Branch			
Public Info. Officer				Branch Director			
Liaison Officer				Deputy			
4. Agency/Organization Representatives:				Division/Group			
Agency/Organization	า	Name		Division/Group			
				Division/Group			
				Division/Group			
				Division/Group			
				Branch			
				Branch Director			
				Deputy			
5. Planning Secti	on:			Division/Group			
C	hief			Division/Group			
Deputy				Division/Group			
Resources				Division/Group			
Situation	Unit			Division/Group			
Documentation Unit				Branch			
Demobilization Unit				Branch Director			
Technical Specialists				Deputy			
				Division/Group			
				Division/Group			
				Division/Group			
6. Logistics Secti	ion:	I		Division/Group			
Chief				Division/Group			
	puty			Air Operations Bran	ch		
Support Bra				Air Ops Branch Dir.			
	ctor			·			
Supply	Unit						
Facilities				8. Finance/Adminis	stration Section:		
Ground Support				Chief			
Service Bra				Deputy			
	ctor			Time Unit			
Communications				Procurement Unit			
Medical				Comp/Claims Unit			
Food				Cost Unit			
			Positi	ion/Title:	Signature:		
ICS 203 IAP Page Date/Time:							
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## **ICS 203**

## **Organization Assignment List**

**Purpose.** The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

**Preparation.** The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

**Distribution.** The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

## Notes:

- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Incident Commander(s) and Command Staff  IC/UCs Deputy Safety Officer Public Information Officer Liaison Officer	Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer").  For all individuals, use at least the first initial and last name.  For Unified Command, also include agency names.
4	Agency/Organization Representatives  • Agency/Organization  • Name	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	Planning Section	Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty.  If there is a shift change during the specified operational period, list both names, separated by a slash.  For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6	Logistics Section     Chief     Deputy Support Branch     Director     Supply Unit     Facilities Unit     Ground Support Unit Service Branch     Director     Communications Unit     Medical Unit     Food Unit	Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.  If there is a shift change during the specified operational period, list both names, separated by a slash.  For all individuals, use at least the first initial and last name.
7	Operations Section	Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column.  Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated. If there is a shift change during the specified operational period, list both names, separated by a slash.  For all individuals, use at least the first initial and last name.
8	Finance/Administration Section Chief Deputy Time Unit Procurement Unit Compensation/Claims Unit Cost Unit	Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.  If there is a shift change during the specified operational period, list both names, separated by a slash.  For all individuals, use at least the first initial and last name.
9	Prepared by  Name Position/Title Signature Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).