ST/Unit:	LDW:	# Pers:	Order #:

Agency	Cat/Kind/Type	Name/ID #

Front

Date/Time Checked In:

Leader Name:

Primary Contact Information:

Resource ID #(s) or Name(s):

Home Base:

Departure Point:

ETD:	ETA:

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-7 EQUIPMENT (YELLOW)

Back

Incident Location:	Time:

Status:

☐ Assigned   ☐ O/S Rest   ☐ O/S Pers
☐ Available ☐ O/S Mech   ☐ ETR: _____

Notes:

Incident Location:	Time:

Status:

☐ Assigned   ☐ O/S Rest   ☐ O/S Pers
☐ Available ☐ O/S Mech   ☐ ETR: _____

Notes:

Incident Location:	Time:

Status:

☐ Assigned   ☐ O/S Rest   ☐ O/S Pers
☐ Available ☐ O/S Mech   ☐ ETR: _____

Notes:

Incident Location:	Time:

Status:

☐ Assigned   ☐ O/S Rest   ☐ O/S Pers
☐ Available ☐ O/S Mech   ☐ ETR: _____

Notes:

Prepared by:

Date/Time:

ICS 219-7 EQUIPMENT (YELLOW)

ICS 219-7: Equipment Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline since several incident numbers may be used for the same incident.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.
	If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).
	Phone and pager numbers should include the area code & any satellite phone specifics.
Resource ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for this resource.
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the resource's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).