



National Incident Management System (NIMS) Incident Command System (ICS) Forms Booklet with USCG ICS Forms



FEMA

FEMA September 2010

USCG January 2020

**NATIONAL INCIDENT MANAGEMENT SYSTEM
INCIDENT COMMAND SYSTEM**

**ICS FORMS BOOKLET
FEMA 502-2**

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INTRODUCTION TO ICS FORMS

The National Incident Management System (NIMS) Incident Command System (ICS) Forms Booklet, FEMA 502-2, is designed to assist emergency response personnel in the use of ICS and corresponding documentation during incident operations. This booklet is a companion document to the NIMS ICS Field Operations Guide (FOG), FEMA 502-1, which provides general guidance to emergency responders on implementing ICS. This booklet is meant to complement existing incident management programs and does not replace relevant emergency operations plans, laws, and ordinances. These forms are designed for use within the Incident Command System, and are not targeted for use in Area Command or in multiagency coordination systems.

These forms are intended for use as tools for the creation of Incident Action Plans (IAPs), for other incident management activities, and for support and documentation of ICS activities. Personnel using the forms should have a basic understanding of NIMS, including ICS, through training and/or experience to ensure they can effectively use and understand these forms. These ICS Forms represent an all-hazards approach and update to previously used ICS Forms. While the layout and specific blocks may have been updated, the functionality of the forms remains the same. It is recommended that all users familiarize themselves with the updated forms and instructions.

A general description of each ICS Form's purpose, suggested preparation, and distribution are included immediately after the form, including block-by-block completion instructions to ensure maximum clarity on specifics, or for those personnel who may be unfamiliar with the forms.

The ICS organizational charts contained in these forms are examples of how an ICS organization is typically developed for incident response. However, the flexibility and scalability of ICS allow modifications, as needed, based on experience and particular incident requirements.

These forms are designed to include the essential data elements for the ICS process they address. The use of these standardized ICS Forms is encouraged to promote consistency in the management and documentation of incidents in the spirit of NIMS, and to facilitate effective use of mutual aid. In many cases, additional pages can be added to the existing ICS Forms when needed, and several forms are set up with this specific provision. The section after the ICS Forms List provides details on adding appendixes or fields to the forms for jurisdiction- or discipline-specific needs.

It may be appropriate to compile and maintain other NIMS-related forms with these ICS Forms, such as resource management and/or ordering forms that are used to support incidents. Examples of these include the following Emergency Management Assistance Compact (EMAC) forms: REQ-A (Interstate Mutual Aid Request), Reimbursement Form R-1 (Interstate Reimbursement Form), and Reimbursement Form R-2 (Intrastate Reimbursement Form).

This booklet includes USCG-specific forms (noted with “-CG” after the form number). These include the ICS forms that are significantly different from the FEMA counterparts.

ICS FORMS LIST

This table lists all of the ICS Forms included in this publication.

Notes:

- In the following table, the ICS Forms identified with an asterisk (*) are typically included in an IAP.
- Forms identified with two asterisks (**) are additional forms that could be used in the IAP.
- The other ICS Forms are used in the ICS process for incident management activities, but are not typically included in the IAP.
- The date and time entered in the form blocks should be determined by the Incident Command or Unified Command. Local time is typically used.
- ***This table includes USCG-specific forms (noted with “-CG” after the form number). These include the ICS forms that are significantly different from the FEMA forms, listed after the FEMA form, if applicable.***

ICS FORM #:	Form Title:	Typically Prepared By:
ICS 201	Incident Briefing	Initial Incident Commander
*ICS 202	Incident Objectives	Planning Section Chief
*ICS 203	Organization Assignment List	Resources Unit Leader
*ICS 204	Assignment List	Resources Unit Leader and Operations Section Chief
*ICS 204-CG	Assignment List	Resources Unit Leader, Planning Section Chief and Operations Section Chief
*ICS 204A-CG	Assignment List Attachment	Resources Unit Leader, Planning Section Chief and Operations Section Chief
*ICS 205	Incident Radio Communications Plan	Communications Unit Leader
**ICS 205A	Communications List	Communications Unit Leader
*ICS 206	Medical Plan	Medical Unit Leader (reviewed by Safety Officer)
ICS 207	Incident Organization Chart (wall-mount size, optional 8½" x 14")	Resources Unit Leader
**ICS 208	Safety Message/Plan	Safety Officer
** ICS 208-CG	Site Safety and Health Plan	Safety Officer
ICS 209	Incident Status Summary	Situation Unit Leader
ICS 209-CG	Incident Status Summary	Situation Unit Leader
ICS 210	Resource Status Change	Communications Unit Leader
ICS 211	Incident Check-In List (optional 8½" x 14" and 11" x 17")	Resources Unit/Check-In Recorder
ICS 213	General Message (3-part form)	Any Message Originator
ICS 213RR-CG	Resource Request Message	Any resource requester
ICS 214	Activity Log (optional 2-sided form)	All Sections and Units
ICS 215	Operational Planning Worksheet (optional 8½" x 14" and 11" x 17")	Operations Section Chief
ICS 215-CG	Operational Planning Worksheet (optional 8½" x 14" and 11" x 17")	Operations Section Chief
ICS 215A	Incident Action Plan Safety Analysis	Safety Officer
ICS 215A-CG	Incident Action Plan Safety Analysis	Safety Officer
ICS 218	Support Vehicle/Equipment Inventory (optional 8½" x 14" and 11" x 17")	Ground Support Unit
ICS 219-1 to ICS 219-8, ICS 219-10 (Cards)	Resource Status Card (T-Card) (may be printed on cardstock)	Resources Unit
ICS 219-9	Accountable Property Assignment Record	Logistics Units
ICS 220	Air Operations Summary Worksheet	Operations Section Chief or Air Branch Director
ICS 221	Demobilization Check-Out	Demobilization Unit Leader

ICS 225	Incident Personnel Performance Rating	Supervisor at the incident
ICS 225-CG	Incident Personnel Performance Rating	Supervisor at the incident
ICS 230-CG	Daily Meeting Schedule	Situation Unit Leader
ICS 232-CG	Resources at Risk Summary	Situation Unit Leader or Environmental Unit Leader
ICS 233-CG	Incident Open Actions Tracker	Documentation Unit Leader
ICS 234-CG	Work Analysis Matrix	Operations Section Chief and Planning Section Chief
ICS 235-CG	Facility Needs Assessment Worksheet	Facilities Unit Leader
ICS 236-CG	Tentative Release List	Command and General Staff
ICS 237-CG	Incident Mishap Reporting Record	All Supervisors/Leaders
ICS 238-CG	Demobilization Tracking Table	Demobilization Unit Leader
ICS 239-CG	Incident Complexity Analysis	Incident Commander and Planning Section Chief
ICS 240-CG	Information Management Matrix	Situation Unit Leader

ICS FORM ADAPTION, EXTENSION, AND APPENDIXES

The ICS Forms in this booklet are designed to serve all-hazards, cross-discipline needs for incident management across the Nation. These forms include the essential data elements for the ICS process they address, and create a foundation within ICS for complex incident management activities. However, the flexibility and scalability of NIMS should allow for needs outside this foundation, so the following are possible mechanisms to add to, extend, or adapt ICS Forms when needed.

Because the goal of NIMS is to have a consistent nationwide approach to incident management, jurisdictions and disciplines are encouraged to use the ICS Forms as they are presented here – unless these forms do not meet an organization's particular incident management needs for some unique reason. If changes are needed, the focus on essential information elements should remain, and as such the spirit and intent of particular fields or "information elements" on the ICS Forms should remain intact to maintain consistency if the forms are altered. Modifications should be clearly indicated as deviations from or additions to the ICS Forms. The following approaches may be used to meet any unique needs.

ICS Form Adaptation

When agencies and organizations require specialized forms or information for particular kinds of incidents, events, or disciplines, it may be beneficial to utilize the essential data elements from a particular ICS Form to create a more localized or field-specific form. When this occurs, organizations are encouraged to use the relevant essential data elements and ICS Form number, but to clarify that the altered form is a specific organizational adaptation of the form. For example, an altered form should clearly indicate in the title that it has been changed to meet a specific need, such as "ICS 215A, Hazard Risk Analysis Worksheet, Adapted for Story County Hazmat Program."

Extending ICS Form Fields

Particular fields on an ICS Form may need to include further breakouts or additional related elements. If such additions are needed, the form itself should be clearly labeled as an adapted form (see above), and the additional sub-field numbers should be clearly labeled as unique to the adapted form. Letters or other indicators may be used to label the new sub-fields (if the block does not already include sub-fields).

Examples of possible field additions are shown below for the ICS 209:

- Block 2: Incident Number.
 - Block 2A (adapted): Full agency accounting cost charge number for primary authority having jurisdiction.
- Block 29: Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.).
 - Block 29A (adapted): Indicate specific wildland fire fuel model number.

Creating ICS Form Appendixes

Certain ICS Forms may require appendixes to include additional information elements needed by a particular jurisdiction or discipline. When an appendix is needed for a given form, it is expected that the jurisdiction or discipline will determine standardized fields for such an appendix and make the form available as needed.

Any ICS Form appendixes should be clearly labeled with the form name and an indicator that it is a discipline- or jurisdiction-specific appendix. Appendix field numbering should begin following the last identified block in the corresponding ICS Form.

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment): 		
5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. 		
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 201, Page 1		Date/Time: _____

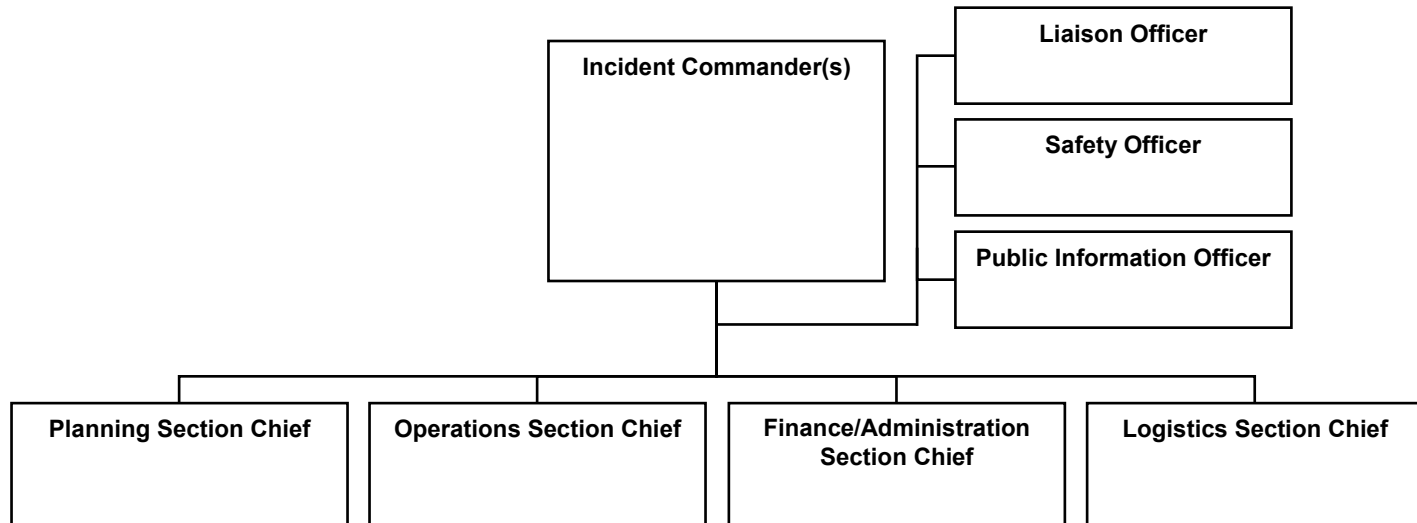
INCIDENT BRIEFING (ICS 201)

[illegible]

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name: _____ Position/Title: _____ Signature: _____	
ICS 201, Page 3	Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:		2. Incident Number:		3. Date/Time Initiated: Date: _____ Time: _____	
10. Resource Summary:					
Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 201, Page 4			Date/Time: _____		

ICS 201

Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Initiated <ul style="list-style-type: none">• Date, Time	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	Current and Planned Objectives	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	Current and Planned Actions, Strategies, and Tactics <ul style="list-style-type: none"> • Time • Actions 	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"> • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief 	<ul style="list-style-type: none"> • Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	Resource Summary	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	• Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	• Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	• Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	• Arrived	Enter an "X" or a checkmark upon arrival to the incident.
	• Notes (location/assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____																
3. Objective(s):																	
4. Operational Period Command Emphasis:																	
General Situational Awareness																	
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:																	
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input type="checkbox"/> ICS 203</td><td style="width: 33%;"><input type="checkbox"/> ICS 207</td><td style="width: 33%;"><u>Other Attachments:</u></td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td><td><input type="checkbox"/> _____</td></tr></table>			<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>															
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____															
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____																	
8. Approved by Incident Commander: Name: _____ Signature: _____																	
ICS 202	IAP Page _____	Date/Time: _____															

ICS 202

Incident Objectives

Purpose. The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

Distribution. The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident. If needed, an incident number can be added.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	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	Objective(s)	<p>Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.</p> <p>Objectives should follow the SMART model or a similar approach:</p> <p><u>S</u>pecific – Is the wording precise and unambiguous?</p> <p><u>M</u>easurable – How will achievements be measured?</p> <p><u>A</u>ction-oriented – Is an action verb used to describe expected accomplishments?</p> <p><u>R</u>ealistic – Is the outcome achievable with given available resources?</p> <p><u>T</u>ime-sensitive – What is the timeframe?</p>
4	Operational Period Command Emphasis	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	Incident Action Plan (the items checked below are included in this Incident Action Plan): <input type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input type="checkbox"/> ICS 206 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/ Tides/Currents <u>Other Attachments:</u>	Check appropriate forms and list other relevant documents that are included in the IAP. <input type="checkbox"/> ICS 203 – Organization Assignment List <input type="checkbox"/> ICS 204 – Assignment List <input type="checkbox"/> ICS 205 – Incident Radio Communications Plan <input type="checkbox"/> ICS 205A – Communications List <input type="checkbox"/> ICS 206 – Medical Plan <input type="checkbox"/> ICS 207 – Incident Organization Chart <input type="checkbox"/> ICS 208 – Safety Message/Plan
7	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by Incident Commander <ul style="list-style-type: none"> • Name • Signature • Date/Time 	In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.

1. Incident Name	2. Operational Period (Date/Time) From: To:	INCIDENT OBJECTIVES ICS 202-CG
3. Objective(s)		
4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions)		
<div>Approved Site Safety Plan Located at:</div> <div>5. Prepared by: (Planning Section Chief) Date/Time</div>		

INCIDENT OBJECTIVES (ICS 202-CG)

Purpose. The Incident Objectives form describes the basic incident strategy, control objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The Incident Objectives form is completed by the Planning Section following each Command and General Staff Meeting conducted in preparing the Incident Action Plan.

Distribution. The Incident Objectives form will be reproduced with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Objective(s)	Enter clear, concise statements of the objectives for managing the response. These objectives are for the incident response for this operational period and for the duration of the incident. Include alternatives.
4.	Operational Period Command Emphasis	Enter clear, concise statements for safety message, priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached. At the bottom of this box, enter the location where approved Site Safety Plan is available for review.
5.	Site Safety Plan	Note location of the approved Site Safety Plan.
	Prepared By	Enter the name of the Planning Section Chief completing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

NOTE: ICS 202-CG, Incident Objectives, serves as part of the Incident Action Plan (IAP)

1. Incident Name	2. Operational Period (Date/Time) From: To:	Command Direction ICS 202A-CG
3. Key Decisions and Procedures:		
4. Priorities:		
5. Limitations and Constraints:		
6. Prepared by: (Planning Section Chief) Date/Time		

FORM INSTRUCTIONS

Purpose. The Command Direction form supplements the ICS 202 form by documenting the IC/UC strategic direction and guidance through Key Decisions/Procedures, Priorities and Limitations/Constraints for use during the next operational period.

Preparation. The Command Direction form is completed by the Planning Section following each Unified Command Objectives Meeting conducted (input may be made during the Initial Unified Command Meeting) and aids with Command Direction for the Command and General Staff meeting and when preparing the Incident Action Plan.

Distribution. The Command Direction form may be included with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end operational period date and time.
3.	Key Decisions and Procedures	Enter operational guiding measures from the Unified Command. Provide IMT process guidance for delegation of authority, agency cooperation, cost sharing, resource ordering and other administrative guidance.
4.	Priorities	Enter clear, concise statements of strategic direction for managing the response. These priorities are for the incident response for this operational period and for the duration of the incident. Listed in order of importance.
5.	Limitations and Constraints	Enter clear, concise guidelines for response limiting factors and restrictions due to operations, weather, jurisdictions, resources and parameters agreed upon by the Unified Command.
6.	Prepared by	Enter the name of the person completing the form (usually the Planning Section Chief).
	Date/Time	Enter date (month, day, and year) and time prepared (24-hour clock).

NOTE: The 03/2013 version changes the order from Priorities, Limitations/Constraints and Key Decisions to Key Decisions/Procedures, Priorities and Limitations/Constraints because that is the order they will be developed by the UC and briefed to the Incident Management Team. The new version also corrected some typographical errors and explanation of preparation and use of the form.

1. Incident Name	2. Operational Period (Date/Time) From: To:	Critical Information Requirements ICS 202B
3. Critical Information Requirements:		
4. Prepared by: (Planning Section Chief) Date/Time		

Purpose. The Critical Information Requirements form supplements the ICS 202 form by documenting the IC/UC strategic direction and guidance through Critical Information Requirements for use during the next operational period.

Preparation. The Critical Information Requirements form is completed and/or updated by the Planning Section following each Unified Command Objectives Meeting (input may be made during the Initial Unified Command Meeting) conducted in preparing the Incident Action Plan.

Distribution. The Critical Information Requirements form may be reproduced with the IAP and should be given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms **MUST** be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Critical Information Requirements	Enter clear, concise statements of critical information requirements for the response. These requirements are for the incident response for this operational period and for the duration of the incident. Listed in order of importance.
4.	Prepared by	Enter the name of the Planning Section Chief completing the form.
	Date/Time	Enter date (month, day, and year) and time prepared (24-hour clock).

NOTE: ICS 202B-CG, Critical Information Requirements, may serve as part of the Incident Action Plan (IAP)

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		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	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page _____	Date/Time: _____	

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 <ul style="list-style-type: none">• Date and Time From• Date and Time To	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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Chief• Deputy• Resources Unit• Situation Unit• Documentation Unit• Demobilization Unit• Technical Specialists	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 <ul style="list-style-type: none"> • Chief • Deputy Support Branch <ul style="list-style-type: none"> • Director • Supply Unit • Facilities Unit • Ground Support Unit Service Branch <ul style="list-style-type: none"> • Director • Communications Unit • Medical Unit • Food Unit 	<p>Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
7	Operations Section <ul style="list-style-type: none"> • Chief • Deputy • Staging Area Branch <ul style="list-style-type: none"> • Branch Director • Deputy • Division/Group Air Operations Branch <ul style="list-style-type: none"> • Air Operations Branch Director 	<p>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.</p> <p>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.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
8	Finance/Administration Section <ul style="list-style-type: none"> • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit 	<p>Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>

ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3. Branch: _____ Division: _____ Group: _____ Staging Area: _____
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____				
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
Resource Identifier	Leader			
				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments:				
7. Special Instructions:				
8. Communications (radio and/or phone contact numbers needed for this assignment): <u>Name/Function</u> _____ <u>Primary Contact:</u> indicate cell, pager, or radio (frequency/system/channel) _____ _____/_____ _____/_____ _____/_____ _____/_____				
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

ICS 204

Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	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	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	Work Assignments	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	Communications (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel) 	<p>Enter specific communications information (including emergency numbers) for this Branch/Division/Group.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p> <p>In light of potential IAP distribution, use sensitivity when including cell phone number.</p> <p>Add a secondary contact (phone number or radio) if needed.</p>
9	Prepared by <ul style="list-style-type: none"> • 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).

1. Incident Name		2. Operational Period (Date/Time) From: _____ To: _____		Assignment List ICS 204-CG																																																																															
3. Branch		4. Division/Group/Staging																																																																																	
5. Operations Personnel <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name Affiliation Contact # (s) </div> <div style="margin-top: 5px;"> Operations Section Chief: _____ Deputy Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor/STAM: _____ </div>																																																																																			
6. Resources Assigned <div style="float: right; font-size: small;">"X" indicates 204a attachment with additional instructions</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Strike Team/Task Force/Resource Identifier</th> <th style="width: 15%;">Leader</th> <th style="width: 15%;">Contact Info. #</th> <th style="width: 10%;"># Of Persons</th> <th style="width: 35%;">Reporting Info/Notes/Remarks</th> <th style="width: 5%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="text-align: right; margin-top: -10px;">↓</div>						Strike Team/Task Force/Resource Identifier	Leader	Contact Info. #	# Of Persons	Reporting Info/Notes/Remarks																																																																									
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9. Communications (As a minimum, include own Group/Division and immediate supervisor) <table style="width: 100%; margin-top: 5px;"> <tr> <th style="width: 25%;"><u>Assignment</u></th> <th style="width: 25%;"><u>Channel Name</u></th> <th style="width: 25%;"><u>Frequency (Tx)</u></th> <th style="width: 25%;"><u>Phone</u></th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <div style="margin-top: 10px;"> Emergency Communications Medical _____ Evacuation _____ Other _____ </div>						<u>Assignment</u>	<u>Channel Name</u>	<u>Frequency (Tx)</u>	<u>Phone</u>																																																																										
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10. Prepared by: _____		11. Reviewed by (PSC): _____		12. Reviewed by (OSC): _____																																																																															
Date/Time		Date/Time		Date/Time																																																																															

ASSIGNMENT LIST (ICS 204-CG)

Purpose. The Assignment List(s) informs Division and Group supervisors of incident assignments. Once the Unified Command and General Staff agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The Assignment List is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202-CG), Operational Planning Worksheet (ICS 215-CG), and the Operations Section Chief. The Assignment List must be approved by the Planning Section Chief and Operations Section Chief. When approved, it is included as part of the Incident Action Plan (IAP). Specific instructions for specific resources may be entered on an ICS 204a-CG for dissemination to the field. A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.

Special Note. The Assignment List, ICS 204-CG submits assignments at the level of Divisions and Groups. The Assignment List Attachment, ICS 204a-CG shows more specific assignment information, if needed. The need for an ICS 204a-CG is determined by the Planning and Operations Section Chiefs during the Operational Planning Worksheet (ICS 215-CG) development.

Distribution. The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Branch	Enter the Branch designator.
4.	Division/Group/Staging	Enter the Division/Group/Staging designator.
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.
6.	Resources Assigned	Each line in this field may have a separate Assignment List Attachment (ICS 204a-CG). Enter the following information about the resources assigned to Division or Group for this period:
	Identifier	List identifier
	Leader	Leader name
	Contact Information	Primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number.
	# Of Persons	Total number of personnel for the strike team, task force, or single resource assigned.
	Reporting Info/Notes/Remarks	Special notes or directions, specific to this strike team, task force, or single resource. Enter an "X" check if an Assignment List Attachment (ICS 204a-CG) will be prepared and attached. The Planning and Operations Section Chiefs determine the need for an ICS 204a-CG during the Operational Planning Worksheet (ICS 215-CG) development.
7.	Work Assignment	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
8.	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, or other important information.
9.	Communications	Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205-CG). Note: Phone numbers should include area code.
10.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
11.	Reviewed by (PSC)	Enter date (month, day, year) and time prepared (24-hour clock).
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
12.	Reviewed by (OSC)	Enter the name of the operations person reviewing the form, normally the Operations Section Chief.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name		2. Operational Period (Date/Time)		ASSIGNMENT LIST ATTACHMENT	
		From: _____ To: _____		ICS 204a-CG	
3. Branch			4. Division/Group		
5. Strike Team/Task Force/Resource (Identifier)		6. Leader		7. Assignment Location	
8. Work Assignment Special Instructions, Special Equipment/Supplies Needed for Assignment, Special Environmental Considerations, Special Site Specific Safety Considerations					
Approved Site Safety Plan Located at: _____					
9. Other Attachments (as needed)					
<input type="checkbox"/> Map/Chart		<input type="checkbox"/> Weather Forecast/Tides/Currents		<input type="checkbox"/> _____	
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
10. Prepared by: _____ Date/Time _____		11. Reviewed by (PSC): _____ Date/Time _____		12. Reviewed by (OSC): _____ Date/Time _____	

ASSIGNMENT LIST ATTACHMENT (ICS 204a-CG) Instructions

Purpose. The ICS 204a Assignment List Attachment is an addendum or extension of the ICS 204 Work Assignment List. It is used by the OSC to expand on the direction and information provided to a DIVS. Typical uses of the ICS 204a are: detailed or amplifying instructions to a DIVS; accountability /composition of assigned Strike Teams & Task Forces; expanded work instructions for Strike Teams & Task Forces; expanded Site Safety and Health information; logistics support (fuel, food, transportation); and other special instructions (e.g. media relations).

Preparation. The Assignment List Attachment is normally prepared by the Resources Unit, using guidance from the ICS 202 Incident Objectives, ICS 215 Operational Planning Worksheet, the ICS 204 Assignment List and the Operations Section Chief. The need for an ICS 204a-CG is determined by the Planning and Operations Section Chiefs during the ICS 215 Operational Planning Worksheet development. The ICS 204a Assignment List Attachment must be approved by the Planning Section Chief and Operations Section Chief.

Special Note. The ICS 204 Assignment List are assignments at the level of Divisions and Groups. The ICS 204a-CG Assignment List Attachment shows more specific assignment information, if needed.

Distribution. The Assignment List Attachment is duplicated and attached as part of the Incident Action Plan (IAP) after the ICS 204 Assignment List it addresses. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Branch	Enter the Branch designator (enter N/A if no branch assigned).
4.	Division/Group/Staging	Enter the Division/Group/Staging Area designator.
5.	Strike Team/Task Force	Enter the name of the applicable Strike Team, Task Force or Resource
	Resource Identifier	Identifier.
6.	Leader	Leader name
7.	Assignment Location	Location of Assignment
8.	Work Assignment	Large free format block on the form which can be used to provide the resource identifiers on the strike team or task force, the work assignment, special instructions, special equipment/supplies need for the assignment, any special environmental considerations, or provide special site specific safety considerations.
	Approved Site Safety Plan located at:	Location the approved ICS- 208 Site Safety and Health Plan is located.
9.	Other attachments (as needed)	Check boxes and note any additional information attached like maps, site specific weather, diagrams, Safety Data Sheets (SDS), etc..
10.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
11.	Reviewed by (PSC)	
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
12.	Reviewed by (OSC)	Enter the name of the operations person reviewing the form, normally the Operations Section Chief.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name:	2. Date/Time Prepared: Date: Time:	3. Operational Period: Date From: Date To: Time From: Time To:
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ICS 205 IAP Page _____ Date/Time: _____

ICS 205

Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

Preparation. The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

Distribution. The ICS 205 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. Information from the ICS 205 is placed on Assignment Lists.

Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Date/Time Prepared	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	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.
4	Basic Radio Channel Use	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talkgroup such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
4 (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
5	Special Instructions	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
6	Prepared by (Communications Unit Leader) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

COMMUNICATIONS LIST (ICS 205A)

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ICS 205A

Communications List

Purpose. The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation. The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution. The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	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	Basic Local Communications Information	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	• Incident Assigned Position	Enter the ICS organizational assignment.
	• Name	Enter the name of the assigned person.
	• Method(s) of Contact (phone, pager, cell, etc.)	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	Prepared by <ul style="list-style-type: none">• 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).

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

ICS 206

Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	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	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	• Ambulance Service	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	<ul style="list-style-type: none"> Hospital Name 	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	<ul style="list-style-type: none"> Address, Latitude & Longitude if Helipad 	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	<ul style="list-style-type: none"> Contact Number(s)/ Frequency 	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	<ul style="list-style-type: none"> Travel Time <ul style="list-style-type: none"> Air Ground 	Enter the travel time by air and ground from the incident to the hospital.
	<ul style="list-style-type: none"> Trauma Center <input type="checkbox"/> Yes Level: _____ 	Indicate yes and the trauma level if the hospital has a trauma center.
	<ul style="list-style-type: none"> Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a burn center.
	<ul style="list-style-type: none"> Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> Name Signature 	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) <ul style="list-style-type: none"> Name Signature Date/Time 	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

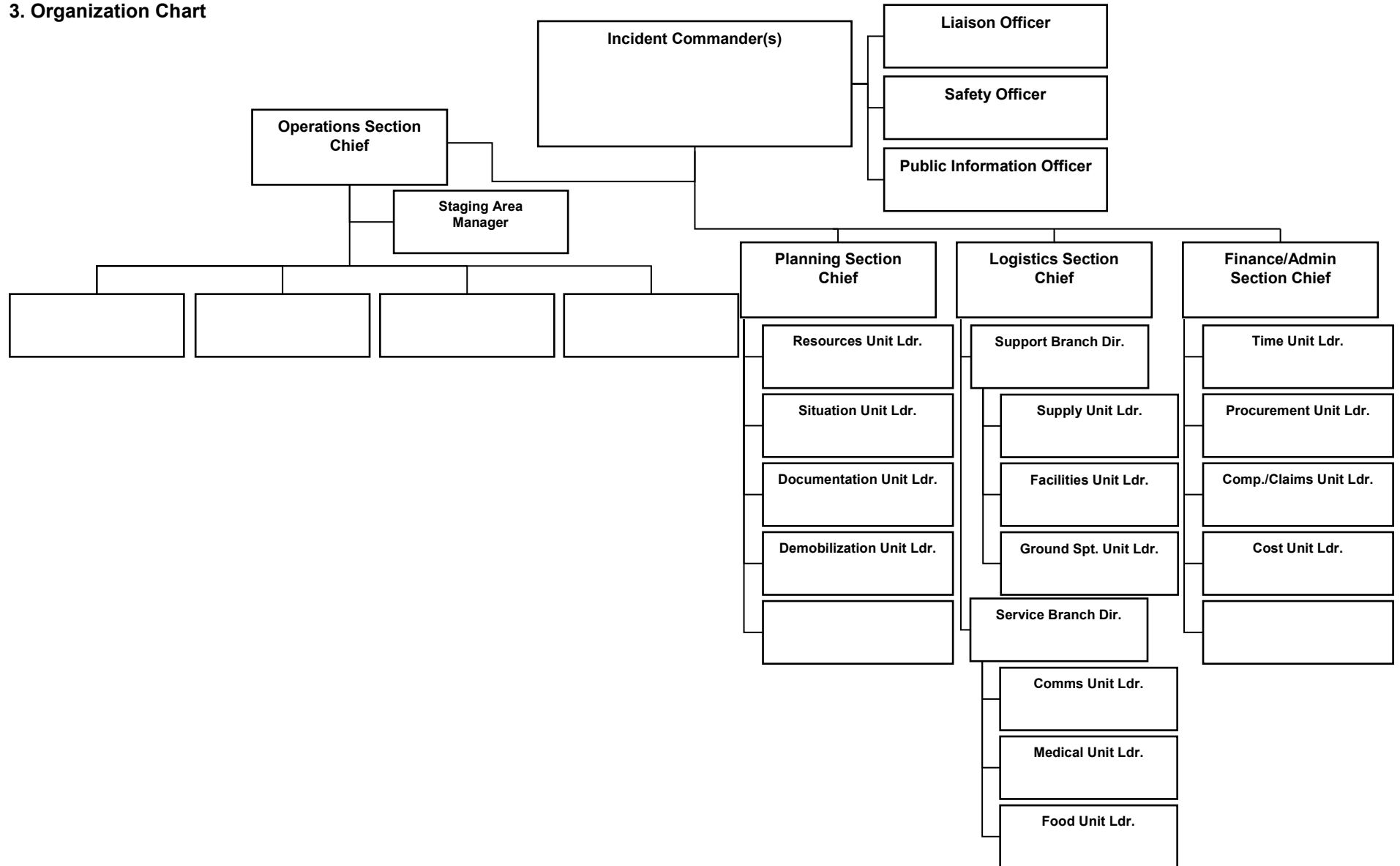
INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:

2. Operational Period: Date From:
Time From:

Date To:
Time To:

3. Organization Chart



ICS 207

IAP Page ____

4. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____

ICS 207

Incident Organization Chart

Purpose. The Incident Organization Chart (ICS 207) provides a **visual wall chart** depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

Preparation. The ICS 207 is prepared by the Resources Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and add additional blocks as needed, especially for Agency Representatives and all Operations Section organizational elements. For detailed information about positions, consult the NIMS ICS Field Operations Guide. The ICS 207 is intended to be used as a wall-size chart and printed on a plotter for better visibility. A chart is completed for each operational period, and updated when organizational changes occur.

Distribution. The ICS 207 is intended to be **wall mounted** at Incident Command Posts and other incident locations as needed, and is not intended to be part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 207 is intended to be **wall mounted** (printed on a plotter). Document size can be modified based on individual needs.
- Also available as 8½ x 14 (legal size) chart.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.
- Use additional pages if more than three branches are activated. Additional pages can be added based on individual need (such as to distinguish more Division/Groups and Branches as they are activated).

Block Number	Block Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	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	Organization Chart	<ul style="list-style-type: none">• Complete the incident organization chart.• For all individuals, use at least the first initial and last name.• List agency where it is appropriate, such as for Unified Commanders.• If there is a shift change during the specified operational period, list both names, separated by a slash.
4	Prepared by <ul style="list-style-type: none">• 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).

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:		
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 208	IAP Page _____	Date/Time: _____

ICS 208

Safety Message/Plan

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	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	Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	Prepared by <ul style="list-style-type: none">• 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).

Site Safety and Health Plan ICS-208-CG (rev 4/15)

Incident Name: _____

Date/Time Prepared: _____ Operational Period: _____

Purpose. The ICS Compatible Site Safety and Health Plan is designed for safety and health personnel that use the Incident Command System (ICS). It is compatible with ICS and is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response regulation (Title 29, Code of Federal Regulations, Part 1910.120). The plan avoids the duplication found between many other site safety plans and certain ICS forms. It is also in a format familiar to users of ICS. Although primarily designed for oil and chemical spills, the plan can be used for all hazard situations. Changes: The only change to this form since 2006 is added Emergency Site Non-Hazardous Assessment form (SSP-A2).

Questions on the document should be addressed to the **Coast Guard Office of Contingency Preparedness and Exercise Policy (CG-CPE)**.

Table of Forms

FORM NAME	FORM #	USE	REQUIRED	OPTIONAL	ATTACHED
Emergency Safety and Response Plan	A	Emergency response phase (uncontrolled)	X		
Emergency Site Non-Hazardous Assessment Form	A2	Emergency response phase without Hazardous Materials present. Overall site assessment	X		
Site Safety Plan	B	Post-emergency phase (stabilized, cleanup)	X		
Site Map	C	Post-emergency phase map of site and hazards	X		
Emergency Response Plan	D	Part of Form B, to address emergencies	X		
Exposure Monitoring Plan	E	Exposure monitoring Plan to monitor exposure	X		
Air Monitoring Log	E-1	To log air monitoring data	X*		
Personal Protective Equipment	F	To document PPE equipment and procedures	X*		
Decontamination	G	To document decon equipment and procedures	X*		
Site Safety Enforcement Log	H	To use in enforcing safety on site		X	
Worker Acknowledgement Form	I	To document workers receiving briefings		X	
Form A Compliance Checklist	J	To assist in ensuring HAZWOPER compliance		X	
Form B Compliance Checklist	K	To assist in ensuring HAZWOPER compliance		X	
Drum Compliance Checklist	L	To assist in ensuring HAZWOPER compliance		X	
Other:					

* Required only if function or equipment is used during a response

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EMERGENCY SAFETY and RESPONSE PLAN		1. Incident Name			2. Date/Time Prepared			3. Operational Period			4. Attachments: Attach MSDS for each Chemical:					
5. <u>Organization</u> IC/UC:		Safety:			Entry Team:			Backup Team:			Decon Team:					
		Div/Group Supv:														
6.a. <u>Physical Hazards and Protection</u>		6.b. Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify)														
6.c. Tasks & Controls		6d. Entry Permit	6.e. Ventilate	6f. Hearing Protection	6g. Shoes (type)	6.h. Hard Hats	6i. Clothing (cold wx)	6j. Life Jacket	6l. Work/ Rest (hrs)	6.m. Fluids (amt/time)	6.n. Signs & Barricade	6.p. Fall Protect	6.q. Post Guards	6.r. Flash Protect	6.s. Work Gloves	6.t. Other
7.a. Agent		7.b. Hazards			7.c. Target Organs			7.d. Exposure Routes			7.f. PPE		7.g. Type of PPE			
		Explosive <input type="checkbox"/>		Radioactive <input type="checkbox"/>		Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Skin <input type="checkbox"/> Ears <input type="checkbox"/>		Inhalation <input type="checkbox"/>		Face Shield <input type="checkbox"/>						
		Flammable <input type="checkbox"/>		Carcinogen <input type="checkbox"/>		Central Nervous System <input type="checkbox"/>		Absorption <input type="checkbox"/>		Eyes <input type="checkbox"/>						
		Reactive <input type="checkbox"/>		Oxidizer <input type="checkbox"/>		Respiratory <input type="checkbox"/> Throat <input type="checkbox"/>		Ingestion <input type="checkbox"/>		Gloves <input type="checkbox"/>						
		Biomedical <input type="checkbox"/>		Corrosive <input type="checkbox"/>		Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/>		Injection <input type="checkbox"/>		Inner Suit <input type="checkbox"/>						
		Toxic <input type="checkbox"/>		Specify Other: <input type="checkbox"/>		Kidney <input type="checkbox"/> Blood <input type="checkbox"/> Lungs <input type="checkbox"/>		Membrane <input type="checkbox"/>		Splash Suit <input type="checkbox"/>						
						Circulatory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/>				Level A Suit <input type="checkbox"/>						
						Bone <input type="checkbox"/> Other Specify: <input type="checkbox"/>				SCBA <input type="checkbox"/> APR <input type="checkbox"/>						
										SAR <input type="checkbox"/>						
										Cartridges <input type="checkbox"/>						
										Fire Resistance <input type="checkbox"/>						
8. Instruments:	8.a. Action Levels	8.b. Chemical Name(s):	8.c. LEL/UEL %	8.d. Odor Thresh Ppm	8.e. Ceiling/ IDLH	8.f. STEL/TLV	8.g. Flash Pt/ Ignition Pt (F or C)	8.h. Vapor Pressure (mm)	8.i. Vapor Density	8.j. Specific Gravity	8.l. Boiling Pt F or C					
O2 <input type="checkbox"/>																
CGI <input type="checkbox"/>																
Radiation <input type="checkbox"/>																
Total HCs <input type="checkbox"/>																
Colorimetric <input type="checkbox"/>																
Thermal <input type="checkbox"/>																
Other <input type="checkbox"/>																

EMERGENCY SAFETY and RESPONSE PLAN (Cont)		1. Incident Name		2. Date/Time Prepared		3. Operational Period		4. Attachments: Attach SDS for each Chemical	
9. <u>Decontamination:</u> Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal <input type="checkbox"/> Suit/Gloves/Boot Disposal <input type="checkbox"/>		Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/> Specify:		Bottle Exchange <input type="checkbox"/> Outer Suit Removal <input type="checkbox"/> Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal <input type="checkbox"/>		SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal <input type="checkbox"/> Work Clothes Removal <input type="checkbox"/> Body Shower <input type="checkbox"/>		Intervening Steps <input type="checkbox"/> Specify:	
10. <u>Site Map</u> . Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North <input type="checkbox"/> Attached, <input type="checkbox"/> Drawn Below:									
11.a. <u>Potential Emergencies:</u> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> _____ Other <input type="checkbox"/>		11.b. Evacuation Alarms: Horn <input type="checkbox"/> # Blasts <input type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other:		11.c. Emergency Prevention and Evacuation Procedures: Safe Distance:					
12. a. <u>Communications:</u> Radio <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/>		12.b. Command #:			12.c. Tactical #:		12.d. Entry #:		
13.a. <u>Site Security:</u> Personnel Assigned		13.b. Procedures:						13.c. Equipment:	
14.a. <u>Emergency Medical:</u> Personnel Assigned		14.b. Procedures:						14.c. Equipment:	
15. <u>Prepared by:</u>		16. <u>Date/Time Briefed:</u>						ICS-208-CG SSP-A Page 2 (rev 4/15): Page ____ of ____	

EMERGENCY SAFETY AND RESPONSE PLAN (ICS-208-CG SSP-A)

Purpose: The Emergency Safety and Response Plan provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the initial emergency phase of the response. *It is only used during the emergency phase of the response, which is defined as a situation involving an uncontrolled release.* It is also intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer or his/her designated staff starts the Emergency Site Safety and Response Plan. They initially address the hazards common to all operations involved in the response (initial site characterization). Outside support organizations must be contacted to ensure the plan is consistent with other plans (local, state, other federal plans). Form ICS-208-CG SSP-G need not be completed if this form is used. When the operation proceeds into the post-emergency phase (site stabilized and cleanup operations begun) forms ICS-208-CG SSP-B and ICS-208-CG SSP-G should be used. For large incidents, the Emergency Site Safety and Response Plan complements the Incident Action Plan. For smaller incidents, the Emergency Site Safety and Response Plan complements ICS-201.

Distribution: The Emergency Safety and Response Plan completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the ICS 204 Assignment List(s). The Operations Section Chief, Directors, Supervisors or Leaders get a copy of the plan. They must ensure it is available on site for all personnel to review. The Safety Officer is responsible for ensuring that the Emergency Site Safety and Response Plan properly addresses the hazards of the operation. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Attachments	Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached.
5	Organization	List the personnel responsible for these positions. IC and Safety Officer are mandatory.
6	Physical Hazards & Protection	Check off the physical hazards at the site. Identify the major tasks involved in the response (skimming, lightering, overpacking, etc.). Check off the controls that would be used to safeguard workers from the physical hazards for each major task.
7	Chemical/Agent	List the chemicals involved in the response. Chemicals may be listed numerically. Check off the hazards, potential health effects, pathway of dispersion, and exposure route of the chemical. Numbers corresponding to the chemical may be entered into the check blocks to differentiate. Check off the PPE to be used. Identify the type of PPE selected (for example: gloves: butyl rubber).
8	Instruments	Indicate the instruments being used for monitoring. List the action levels adjacent to the instruments being used. Identify the chemicals being monitored (2). List the physical parameters of the chemicals. Use a separate form for additional chemicals monitored.

EMERGENCY SAFETY AND RESPONSE PLAN (FORM ICS-208-CG SSP-A) (Instructions Continued)

9	Decontamination	Check off the decontamination steps to be used. Numbers may be entered to indicate the preferred sequence. Identify any intervening steps necessary on the form or in a separate attachment.
10	Site Map	Draw a rough site map. Ensure all the information listed is identified on the map.
11	Potential Emergencies	Identify any potential emergencies that may occur. If none, so state. Check off the appropriate alarms that may be used. Identify emergency prevention and evacuation procedures in the space provided or on a separate attached sheet.
12	Communications	Indicate type of site communications (phone, radio). Indicate phone numbers or frequencies for the command, tactical and entry functions.
13	Site Security	Identify the personnel assigned. Identify security procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
14.	Emergency Medical	Identify the personnel assigned. Identify emergency medical procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
15.	Prepared by:	Enter the name and position of the person completing the worksheet.
16.	Date/time briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

EMERGENCY SITE NON-HAZARDOUS ASSESSMENT FORM		1. Incident Name		2. Date/Time Prepared			3. Operational Period			4. Attachments: Y on N					
5. <u>SCENE</u> <u>CONTACTS:</u>		Name of Group/Branch or Division:		Safety Officer:			Staging Manager:			OSC:					
6.a. <u>Physical</u> <u>Hazards Onsite</u>		6.b. Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify)													
6.c. <u>Work Assignments/ Job Tasks</u>		6d. Electrical Hazard	6.e. Eye /Face Hazar ds	6f. Ear Protecti on	6g. Foot Protec tion (type)	6.h. Hard Hats	6i. Clothin g (cold/h ot wx)	6j. Life Vest	6l. Work /Rest (hrs)	6.m. Fluids (amt/ti me	6.n. Signs & Barricade	6.p. Fall Hazard	6.q. Security Issues	6.r. Hand Protection (Gloves)	6.s. Other
7. Comments:															

EMERGENCY SITE NON-HAZARDOUS ASSESSMENT FORM (CONT'D)		1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments: Y or N	
8. Any Reported Illnesses or Injuries: Y or N If so, what type of Injury:						Location of Injury:
Was this recorded on CG-209 ? Y or N						Was the persons Agency informed of injury: Y or N
9. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North <input type="checkbox"/> Attached, <input type="checkbox"/> Drawn Below: 						
10.a. Potential Emergencies: Fire <input type="checkbox"/> Explosion <input type="checkbox"/> _____ Other <input type="checkbox"/>		10.b. Evacuation Alarms: Horn <input type="checkbox"/> # Blasts <input type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other:		10.c Emergency Prevention and Evacuation Procedures: Safe Distance:		
11. a. Communications: Radio <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/>		11.b. Command #:		11.c. Tactical #:		11 d. Staging Area #:
12.a. Emergency Medical: Personnel Assigned		12.b. Procedures:			12.c Equipment:	
13. Prepared by:		14. Date/Time Briefed:			ICS-208-CG SSP-A2 Non-Hazardous Page 2 (rev 4/15): Page _____ of _____	

EMERGENCY SITE NON-HAZARD ASSESSMENT FORM(ICS-208-CG SSP-A2)

Purpose: The Emergency Site Non-Hazard Assessment Form provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the initial emergency phase of the response when an *uncontrolled release is **NOT present***. It is also intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

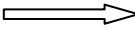
Preparation: The Safety Officer or his/her Assistant Safety Officer will start the Emergency Site Non-Hazard Assessment Form. They initially address the possibility for employee/worker exposure to safety and health hazards in all operations involved in the response (initial site characterization). Outside support organizations must be contacted to ensure the plan is consistent with other plans (local, state, other federal plans). When the operation proceeds into the post-emergency phase (site stabilized and cleanup operations begun) forms ICS-208-CG SSP-B and ICS-208-CG SSP-G should be used. For large incidents, the Emergency Site Non-Hazard Assessment Form will complement the Incident Action Plan. For smaller incidents, the Emergency Site Non-Hazard Assessment Form will complement ICS-201 form.

Distribution: The Emergency Site Non-Hazard Assessment Form completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the Assignment List(s) (ICS Form 204). The Operations Section Chief, DIVS (Division/Group Supervisor), Supervisors or Leaders get a copy of the plan. They must ensure it is available on site for all personnel to review. The Safety Officer is responsible for ensuring that the Emergency Site Non-Hazard Assessment Form properly addresses the hazards of the operation. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Attachments	Enter attachments. Injury Logs or reports, Any required supplies or PPE (CG213RR), and any Safe Practices initiated.
5	Scene Contacts	Area Assessed. List the personnel responsible for these positions. IC and Safety Officer are mandatory.
6	Physical Hazards Onsite & Protection	Check off the physical hazards at the site. Identify the major tasks involved in the response (skimming, lightering, over packing, etc.). Check off the controls that would be used to safeguard workers from the physical hazards for each major task.
7	Comments	Other Physical Hazards seen. Suggested Control Measures. CG213RR order number assigned to a Control Measure to safeguard workers
8	Any Reported Illnesses or Injuries	Any Illnesses or Injuries in Assessed Area? If so, what was the Illness or Injury? Was an ICS CG209 (Incident Status Summary) filled out or updated? Was the persons Agency informed?
9	Site Map	Draw a rough site map. Ensure all the information listed is identified on the map.

10	Potential Emergencies	Identify any potential emergencies that may occur. If none, so state. Check off the appropriate alarms that may be used. Identify emergency prevention and evacuation procedures in the space provided or on a separate attached sheet.
11	Communications	Indicate type of site communications (phone, radio). Indicate phone numbers or frequencies for the command, tactical and entry functions.
12.	Emergency Medical	Identify the personnel assigned. Identify emergency medical procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
13.	Prepared by:	Enter the name and position of the person completing the worksheet.
14.	Date/time briefed:	Enter the date/time the document was briefed to the appropriate workers/IMT members and by whom.

CG ICS SITE SAFETY PLAN (SSP) HAZARD IDENTIFICATION/ EVAL/CONTROL		1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):
5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility Land <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact:	9. Attachments: Attach MSDS for each Chemical OR CG 213RR for Ordering items from Block 10.e.	
10.a. Job Task/Activity	10.b. Hazards* 	10.c. Potential Injury & Health Effects	10.d. Exposure Routes	10.e. <u>Controls:</u> Engineering, Administrative, PPE	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>		
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>		
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>		
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>		
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>		
11. Prepared By:	12. Date/Time Briefed:	* HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			ICS-208-CG SSP-B (rev 4/15): Page ____ of ____

SITE SAFETY PLAN (FORM ICS-208-CG SSP-B)

Purpose: The Site Safety Plan provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the post-emergency phase of an incident. The post-emergency phase is when the situation is stabilized and cleanup operations have begun. ICS-208-CG SSP-B is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer or his/her designated staff starts the Site Safety Plan. They initially address the hazards common to all operations involved in the response (initial site characterization). The plan is then reproduced and as a minimum sent to ICS Group/Division Supervisors. They amend it according to unique job or on-scene hazards with support from the Safety Officer and/or his/her staff (detailed site characterization). The plan is continuously updated to address changing conditions. During the first hours of the response, where most response functions are in the emergency phase, the Safety Officer may choose to use the Emergency Safety and Response Plan (ICS-208-CG SSP-A) in place of the Site Safety Plan. For large incidents, ICS-208-CG SSP-B compliments the Incident Action Plan (IAP). For smaller incidents, ICS-208-CG SSP-B compliments ICS Form 201. The Safety Officer is encouraged to use the HAZWOPER Compliance Checklist (Form ICS-208-CG SSP-K) to ensure the IAP and the 201 address the requirements and all other pertinent ICS forms (203, 205, 206, etc.) are completed.

Distribution: The initial Site Safety Plan completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the Assignment List(s) (ICS Form 204). The Operations Section Chief, Directors, Supervisors or Leaders get a copy and make on site amendments specific to their operation. They must also ensure it is available on site for all personnel to review. The Safety Officer provides personnel from his/her staff to assist in the detailed site characterization. The Safety Officer is responsible for ensuring that the Site Safety Plan for each assignment properly addresses the hazards of the assignment. The Safety Officer must ensure that the safety plans on site are consistent. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Group/Division Supv Strike Team/TF Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Geographic Area/Function	Enter the geographical location of the work area or the Group/Division function.
7	Site Accessibility	Check the block(s) if the site is accessible by land, water, air, etc.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Attachments	Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached.
10	Job/Task Activity	Enter Job/Task & Activities, list hazards, list potential injury and health effects, check exposure routes and identify controls. If more detail is needed for controls, provided attachments.
11	Prepared by	Enter the name and position of the person completing the worksheet.
12	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: SITE MAP		1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact) :
5. Supervisor/Leader	6. Geographic Area/Function	7. Site Accessibility Land <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact:	9. <u>Include</u> : - Work Zones - Security Perimeter - Decontamination Line	
10. Sketch of Site: <input type="checkbox"/> Attached. <input type="checkbox"/> Drawn Here					
11. Prepared By:		12. Date/Time Briefed:		HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving	
				ICS-208-CG SSP-C (rev 4/15): Page _____ of _____	

SITE MAP FOR SITE SAFETY PLAN (ICS-208-CG SSP-C)

Purpose: The Site Map for the Site Safety Plan is required by Title 29 Code of Federal Regulations Part 1910.120. It provides in 1 place a visual description of the site which can help ICS personnel locate hazards, identify evacuation routes and places of refuge.

Preparation: The Site Map for the Site Safety Plan can be completed by the Safety Officer, his/her staff or by ICS field personnel (Group Supervisors, Task Force/Strike Team Leaders) working at a site with unique and specific hazards. One or several maps may be developed, depending on the size of the incident and the uniqueness of the hazards. The key is to ensure that the workers using the map(s) can clearly identify the work zones, locations of hazards, evacuation routes and places of refuge.

Distribution: This form must be located with the Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Geographic Area/Function	Enter the geographical location of the work area or the Group/Division function.
7	Site Accessibility	Check the block(s) if the site is accessible by land, water, air, etc.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Include	Ensure the map includes the listed items provided in this block.
10	Sketch of Site	Sketch of site for work. May attach map or chart.
10	Prepared by	Enter the name and position of the person completing the worksheet.
11	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: EMERGENCY RESPONSE PLAN		1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):
5. Supervisor/Leader	6. Geographic Area/Function	7. For Emergencies Contact:			8. Attachments: INCLUDE ICS FORM 206 and EMT Medical Response Procedures
9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals	12. Emergency Personal Protective Equipment Required:		
13. Emergency Notification Procedures		14. Places of Refuge (also see site map form 208B)	15. Emergency Decon and Evacuation Steps		16. Site Security Measures
17. Prepared By:	18. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			ICS-208-CG SSP-D (rev 4/15) Page ____ of ____

EMERGENCY RESPONSE PLAN (ICS-208-CG SSP-D)

Purpose: The Emergency Response Plan provides information on measures to be taken in the event of an emergency. It is used in conjunction with the Site Safety Plan (Form ICS-208-CG SSP-B). It is also required by Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer, his/her staff member or the Site Supervisor/Leader prepares the Emergency Response Plan. A copy of the Medical Plan (ICS Form 206) must always be attached to this form.

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Geographic Area/Function	Enter the geographical location of the work area or the Group/Division function.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Attachments	Enter attachments. ICS Form 206 must be included.
9	Emergency Alarm	Enter a description of the sound of the emergency alarm and it's location.
10	Backup Alarm	Enter a description of the sound of the emergency alarm and it's location.
11	Emergency Hand Signals	Enter the emergency hand signals to be used.
12	Emergency Personal Protective Equipment Required	Enter the emergency personal protective equipment that may be needed in the event of an emergency.
13	Emergency Notification Procedures	Enter the procedures for notifying the appropriate personnel and organizations in the event of an emergency.
14	Places of Refuge	Enter by name the place of refuge personnel can go to in the event of an emergency.
15	Emergency Decon & Evacuation Steps	Enter emergency decontamination steps and evacuation procedures.
16	Site Security Measures	Enter site security measures needed for emergencies.
17	Prepared by	Enter the name and position of the person completing the worksheet.
18	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: Exposure Monitoring Plan		1. Incident Name		2. Date/Time Prepared		3. Operational Period		4. Safety Officer (include method of contact):	
5. Specific Task/Operation	6. Survey Location	7. Survey Date/Time	8. Monitoring Methodology	9. Direct-Reading Instrument	10. Air Sampling/Analysis Method	11. Hazard(s) to Monitor	12. Monitoring Duration	13. Reasons to Monitor	14. Laboratory Support for Analysis
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other: _____	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Method:</u> <u>Collecting Media:</u> <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other: _____	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Method:</u> <u>Collecting Media:</u> <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other: _____	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Method:</u> <u>Collecting Media:</u> <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other: _____	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Method:</u> <u>Collecting Media:</u> <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: _____	
15. Prepared By:		16. Date/Time Briefed:		HAZARD LIST: <u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning					
18. Safety Officer Review:			<u>Reporting:</u> Monitoring results shall be logged in the ICS-208-CG SSP-E-1 form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate correction.					ICS-208-CG SSP-E (rev 4/15) Page _____ of _____	

EXPOSURE MONITORING PLAN (FORM ICS-208-CG SSP-E)

Purpose: The Exposure Monitoring Plan provides plan of monitoring conducted during an incident. The plan is a supplement to the Site Safety Plan (ICS-208-CG SSP-B). It is only required when performing monitoring operations.

Preparation: The Safety Officer, his/her staff member or the Site Supervisor/Leader prepares the Exposure Monitoring Plan. If there is a decision not to monitor during a response, the reasons must be stated clearly in the Site Safety Plan (ICS-208-CG SSP-B).

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Specific Task / Operation	Enter specific task or operation.
6	Survey Location	Enter the location to be monitored.
7	Survey Date/Time	Enter the date/time for the monitoring teams to survey.
8	Monitoring Methodology	Enter/Check the monitoring method to be used.
9	Direct-Reading Instrument	Enter the instrument model, manufacturer, last calibration date.
10	Air Sampling	Enter Air Sampling analysis method
11	Hazards to Monitor	Enter the hazards to monitor
12	Monitoring Duration	Enter duration of monitoring
13	Reasons to Monitor	Enter Reasons to Monitor
14	Laboratory Support for Analysis	Enter Laboratory Support needed for analysis of samples
15	Prepared by	Enter the name and position of the person completing the worksheet.
16	Date/Time Briefed	Enter the date/time the document was briefed to the appropriate workers and by whom.
17	Safety Officer Review	The Safety Officer must review and sign the form.

CG ICS SSP: AIR MONITORING LOG		1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Geographic Area/Function	6. Hazards of Concern	7. Action Levels (include references):		8. <u>Weather</u> : Air Temperature: Water Temp: Precipitation: Wind: Relative Humidity: Cloud Cover:		
9.a. Instrument, ID Number Calibrated? Indicate below.	9.b. Monitoring Person Name(s)	9.c. Results (units)	9.d. Location	9.f. Time	9.g. Interferences and Comments	
10. Safety Officer Review:		Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning			ICS-208-CG SSP-E-1 (rev 4/15): Page _____ of _____	

DAILY AIR MONITORING LOG (FORM ICS-208-CG SSP-E-1)

Purpose: The Exposure Monitoring Log provides documentation of air monitoring conducted during a spill. The log is a supplement to the Site Safety Plan (ICS-208-CG SSP-B). It is only required when performing air monitoring operations. The information used from the log can help update the Site Safety Plan.

Preparation: Persons conducting monitoring complete the Daily Air Monitoring Log. Normally these are air monitoring units under the Site Safety Officer. If there is a decision not to monitor during a spill, the reasons must be stated clearly in the Site Safety Plan (ICS-208-CG SSP-B).

Distribution: The Daily Air Monitoring Log when completed is copied and forwarded to the Site Safety Officer who must review and sign the form. The original form must be available on site, readily available and briefed to all impacted ICS personnel.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Geographic Area/Function	Enter the geographical location of the work area or the Group/Division function.
6	Hazards of Concern	Enter the hazards being monitored.
7	Action Levels	Enter the action levels/readings for the monitoring teams.
8	Weather	Enter weather information. Ensure units of measure are listed.
9	Air Monitoring Data	Enter the instrument type and number, persons monitoring, results with appropriate units, location of reading, time of reading and interferences and comments.
10	Safety Officer Review	The Safety Officer must review and sign the form.

CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT		1. Incident Name		2. Date/Time Prepared		3. Operational Period		4. Safety Officer (include method of contact):	
5. Supervisor/Leader		6. Geographic Area/Function		7. Hazards Addressed:			8. For Emergencies Contact:		
9. Equipment:								10. References Consulted:	
11. Inspection Procedures:		12. Donning Procedures:		13. Doffing Procedures:			14. Limitations and Precautions (include maximum stay time in PPE):		
15. Prepared By:		16. Date/Time Briefed:		Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning				ICS-208-CG SSP-F: (Rev 4/15) Page ____ of ____	

PERSONAL PROTECTIVE EQUIPMENT (ICS-208-CG SSP-F)

Purpose: The Personal Protective Equipment form is a list of personal protective equipment to be used in operations. The listing of personal protective equipment is required by Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Personal Protective Equipment form is completed by the Site Safety Officer, or his/her staff. Personal protective equipment common to all ICS Operations personnel is addressed first. Jobs with unique personal protective equipment requirements (fall protection) are addressed next. When the form is delivered on site, the ICS Director, Supervisor, or Leader may amend the list to ensure personnel are adequately protected from job hazards. It must be completed prior to the onset of any operations, unless addressed elsewhere by Standard Operating Procedures.

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Geographic Area/Function	Enter the geographical location of the work area or the Group/Division function.
7	Hazard(s) Addressed:	Enter the hazards that need to be safeguarded.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Equipment	List the equipment needed to address the hazards. If pre-designed Safe Work Practices are used, indicate here and attach to form.
10	References consulted	List the references used in making the selection for PPE.
11	Inspection Procedures	Enter the procedures for inspecting the Personal Protective Equipment prior to donning. If pre-designed Safe Work Practices are used, indicate here and attach to form.
12	Donning Procedures	Enter the procedures for putting on the PPE. If pre-designed Safe Work Practices are used, indicate here and attach to form.
13	Doffing Procedures	Enter the information for removing the PPE. If pre-designed Safe Work Practices are used, indicate here and attach to form.
14	Limitations and Precautions	List the limitations and precautions when using PPE. Include the maximum time to be inside the PPE, Heat Stress concerns, psychomotor skill detracting and other factors.
15	Prepared by	Enter the name and position of the person completing the worksheet.
16	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: DECONTAMINATION		1. Incident Name		2. Date/Time Prepared		3. Operational Period		4. Safety Officer (include method of contact):	
5. Supervisor/Leader		6. Geographic Area/Function		7. For Emergencies Contact:			8. Hazard(s) Addressed:		
9. Equipment:								10. References Consulted:	
11. Contamination Avoidance Practices:		12. Decon Diagram: <input type="checkbox"/> Attached, <input type="checkbox"/> Drawn below						13. Decon Steps	
14. Prepared By:		15. Date/Time Briefed:		<u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning				ICS-208-CG SSP-G (rev 4/15): Page _____ of _____	

DECONTAMINATION (ICS-208-CG SSP-G)

Purpose: The Decontamination form provides information on how workers can avoid contamination and how to get decontaminated. It is a supplemental form to the Site Safety Plan.

Preparation: The Decontamination Form can be completed by the Site Safety Officer, a member of his/her staff or by the Group/Division Supervisor, Task Force/Strike Team Leader on the site

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Geographic Area/Function	Enter the geographical location of the work area or the Group/Division function.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Hazard(s) Addressed:	Enter the hazards that need to be safeguarded.
9	Equipment	Enter the decontamination equipment needed for the site. If pre-designed Safe Work Practices are used, indicate here and attach to this form.
10	References consulted	List the references used in making the selection for PPE.
11	Contamination Avoidance Practices	Enter procedures for personnel to avoid contamination. If pre-designed Safe Work Practices are used, indicate here and attach to form.
12	Decon Diagram	Draw a diagram for the decontamination operation. If pre-designed Safe Work Practices are used, indicate here and attach to form.
13	Decon Steps	List the decontamination steps.
14	Prepared by	Enter the name and position of the person completing the worksheet.
15	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: ENFORCEMENT LOG	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Supervisor/Leader	6. For Emergencies Contact:			7. Attachments:	
8.a. Job Task/Activity	8.b. Hazards	8.c. Deficiency	8.d. Action Taken	8.e. Safety Plan Amended?	8.f. Signature of Supervisor/Leader
9. Prepared By:	10. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			ICS-208-CG SSP-H (rev 4/15): Page ____ of ____

SITE SAFETY ENFORCEMENT LOG (ICS-208-CG SSP-H)

Purpose: The Site Safety Plan Enforcement Log is used to help enforce safety during an incident.

Preparation: The Safety Officer and/or his/her staff complete the Site Safety Plan Enforcement Log. The log is completed as Safety personnel are on scene reviewing the site. It should be completed at a minimum once per day. The number of enforcement logs to be completed depends on the size of the incident. Enough should be completed to ensure that site safety is being adequately enforced.

Distribution: The Site Safety Plan enforcement log when completed is delivered to the Safety Officer. The Safety Officer can use the form to amend the Site Safety Plan (ICS-208-CG SSP-A or B).

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
7	Attachments	List any attached supporting documentation.
8 a	Job/Task Activity	Enter only those Job Task/activities for which a deficiency is noted.
8 b	Hazards	Enter the hazard not being sufficiently addressed.
8 c	Deficiency	Enter the deficiency.
8 d	Action Taken	Enter the corrective action taken to address the deficiency.
8 e	Safety Plan Amended?	Enter whether the on site safety plan was amended.
8 f	Signature of Supervisor/Leader	Ensure the Supervisor/Leader signs the form to acknowledge the deficiency.
9	Prepared by	Enter the name and position of the person completing the worksheet.
10	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

[illegible]

WORKER ACKNOWLEDGEMENT FORM (ICS-208-CG SSP-I)

Purpose: The Worker Acknowledgement form is used to document workers who have received safety briefings.

Preparation: Those personnel responsible for conducting safety briefings complete this form initially. Once the briefings are completed, workers who were briefed print their name, sign, date and indicate the time of the briefing.

Distribution: This form is returned to the Safety Officer or designated representative at the end of each operational period.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Site Location	Indicate the location where the briefings are held.
3	Attachments	Indicate any attachments used as part of the briefings.
4	Type of briefing	Check the block next to the type of briefing.
5	Presented by	Enter the name of the person conducting the briefing.
6	Date Presented	Enter the date of the briefing.
7	Time Presented	Enter the time of the briefing.
8	Worker Name, Signature, Date and Time	Workers receiving the briefing print their name, sign, date and enter the time they acknowledge the briefing.

CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A)		1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site
6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments		
(q)(1)	Is the plan in writing?	SSP-A	<input type="checkbox"/>			
(1)	Is the plan available for inspection by employees?	N/A	<input type="checkbox"/>	Performance based		
(q)(2)(i)	Does the plan address pre-emergency planning and coordination?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address personnel roles?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address lines of authority?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address communications?	SSP-A	<input type="checkbox"/>			
(iii)	Does it address emergency recognition?	SSP-A	<input type="checkbox"/>			
(iii)	Does it address emergency prevention?	SSP-A	<input type="checkbox"/>			
(iv)	Does it identify safe distances?	SSP-A	<input type="checkbox"/>			
(iv)	Does it address places of refuge?	SSP-A	<input type="checkbox"/>			
(v)	Does it address site security and control?	SSP-A	<input type="checkbox"/>			
(vi)	Does it identify evacuation routes?	SSP-A	<input type="checkbox"/>			
(vi)	Does it identify evacuation procedures?	SSP-A	<input type="checkbox"/>			
(vii)	Does it address decontamination?	SSP-A	<input type="checkbox"/>			
(viii)	Does it address medical treatment and first aid?	SSP-A	<input type="checkbox"/>			
(ix)	Does it address emergency alerting procedures?	SSP-A	<input type="checkbox"/>			
(ix)	Does it address emergency response procedures	SSP-A	<input type="checkbox"/>			
(x)	Was the response critiqued?	N/A	<input type="checkbox"/>	Performance based		
(xi)	Does it identify Personal Protection Equipment?	SSP-A	<input type="checkbox"/>			
(xi)	Does it identify emergency equipment?	SSP-A	<input type="checkbox"/>			
(q)(3)(ii)	All the hazardous substances identified to the extent possible?	N/A	<input type="checkbox"/>	Performance based		
(ii)	All the hazardous conditions identified to the extent possible?	N/A	<input type="checkbox"/>	Performance based		
(ii)	Was site analysis addressed?	N/A	<input type="checkbox"/>	Performance based		
(ii)	Were engineering controls addressed?	N/A	<input type="checkbox"/>	Performance based		
(ii)	Were exposure limits addressed?	N/A	<input type="checkbox"/>	Performance based		
(ii)	Were hazardous substance handling procedures addressed?	N/A	<input type="checkbox"/>	Performance based		
(iii)	Is the PPE appropriate for the hazards identified?	N/A	<input type="checkbox"/>	Performance based		
(iv)	Is respiratory protection worn when inhalation hazards present?	N/A	<input type="checkbox"/>	Performance based		
(v)	Is the buddy system used in the hazard zone?	N/A	<input type="checkbox"/>	Performance based		
(vi)	Are backup personnel on standby?	N/A	<input type="checkbox"/>	Performance based		
(vi)	Are advanced first aid support personnel standing by?	N/A	<input type="checkbox"/>	Performance based		
(vii)	Has the ICS designated safety official been identified?	SSP-A	<input type="checkbox"/>			
(vii)	Has the Safety Official evaluated the hazards?	N/A	<input type="checkbox"/>	Performance based		
(viii)	Can the Safety Official communicate with IC immediately?	N/A	<input type="checkbox"/>	Performance based		
(ix)	Are appropriate decontamination procedures implemented?	N/A	<input type="checkbox"/>	Performance based		

Emergency Safety & Response Plan Compliance Checklist Form A (ICS-208-CG SSP-J)

Purpose: The Emergency Safety and Response Plan 1910.120 Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response. It also identifies how form ICS-208-CG SSP-J can be used to satisfy the HAZWOPER requirements. This checklist is an optional form.

Preparation: The Emergency Safety and Response Plan 1910.120 Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). Many of the requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The Safety Officer should maintain The Emergency Safety and Response Plan (ERP) 1910.120 Compliance Checklist.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
5	Location of Site	Enter the site location.
6 a	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
6 b	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
6 c	ICS Form	Lists those requirements covered by ICS-208-CG SSP-A.
6 d	Check Block	Enter the check if the site satisfies the requirement.
6 f	Comments	This provides additional information on the requirement. The user may also enter comments.
7	Prepared by	Enter the name and position of the person completing the worksheet.

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)		1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site
6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments		
1910.120 (b)(1)(ii)(A)	Organizational structure?	203	<input type="checkbox"/>			
(B)	Comprehensive workplan?	IAP	<input type="checkbox"/>	Incident Action Plan		
(C)	Site Safety Plan?	SSP-B	<input type="checkbox"/>			
(D)	Safety and health training program?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(E)	Medical surveillance program?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(F)	Employer SOPs?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(G)	Written program related to site activities?	N/A	<input type="checkbox"/>			
(b)(1)(iii)	Site excavation meets shored or slope requirements in 1926?	N/A	<input type="checkbox"/>			
(b)(2)(i)(D)	Lines of communication?	201 203 205	<input type="checkbox"/>			
(b)3(iv)	Training addressed?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(v)-(vi)	Information and medical monitoring addressed?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(b)4(i)	Site Safety Plan kept on site?	N/A	<input type="checkbox"/>			
(ii)(A)	Safety and health hazard analysis conducted?	N/A	<input type="checkbox"/>			
(B)	Properly trained employees assigned to right jobs?	N/A	<input type="checkbox"/>			
(C)	Personnel Protective Equipment issues addressed?	SSP-F	<input type="checkbox"/>			
(E)	Frequency and types of air monitoring addressed?	SSP-E	<input type="checkbox"/>			
(F)	Site control measures in place?	SSP-B	<input type="checkbox"/>			
(G)	Decontamination procedures in place?	SSP-G	<input type="checkbox"/>			
(H)	Emergency Response Plan in place?	SSP-D	<input type="checkbox"/>			
(I)	Confined space entry procedures?	SSP-B	<input type="checkbox"/>			
(J)	Spill containment program	SSP-B	<input type="checkbox"/>			
(iii)	Pre-entry briefings conducted?	SSP-I	<input type="checkbox"/>			
(iv)	Site Safety Plan effectiveness evaluated?	SSP-H	<input type="checkbox"/>			
(c)(1)	Site characterization done?	N/A	<input type="checkbox"/>			
(c)(2)	Preliminary evaluation done by qualified person?	N/A	<input type="checkbox"/>			
(c)(3)	Hazard identification performed?	SSP-B	<input type="checkbox"/>			
(c)(4)(i)	Location and size of site identified?	SSP-B	<input type="checkbox"/>			
(ii)	Response activities, job tasks identified?	SSP-B	<input type="checkbox"/>			
(iii)	Duration of tasks identified?	SSP-B	<input type="checkbox"/>	Operational period		
(iv)	Site topography and accessibility addressed?	SSP-C	<input type="checkbox"/>			
(v)	Health and safety hazards addressed?	SSP-B	<input type="checkbox"/>			
(vi)	Dispersion pathways addressed?	SSP-B	<input type="checkbox"/>			
(vii)	Status and capabilities of medical emergency response teams?	206	<input type="checkbox"/>			
(c)(5)(i)(iv)	Chemical protective clothing addressed and properly selected?	SSP-F	<input type="checkbox"/>			
(ii)	Respiratory protection addressed?	SSP-B and F	<input type="checkbox"/>			
(iii)	Level B used for unknowns?	N/A	<input type="checkbox"/>			

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)		1. Incident Name	2. Date/Time Prepared	3. Operational Period	
6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments	
1910.120 (c)(6)(i)	Monitoring for ionization conducted?	SSP-E	<input type="checkbox"/>		
(ii)	Monitoring conducted for IDLH conditions?	SSP-E	<input type="checkbox"/>		
(iii)	Personnel looking out for dangers of IDLH environments?	N/A	<input type="checkbox"/>		
(iv)	Ongoing air monitoring program in place?	SSP-E	<input type="checkbox"/>		
(c)(7)	Employees informed of potential hazard occurrence?	SSP-B	<input type="checkbox"/>		
(c)(8)	Properties of each chemical made aware to employees?	SSP-B	<input type="checkbox"/>		
(d)(1)	Appropriate site control procedures in place?	IAP, SSP-B	<input type="checkbox"/>		
(d)(2)	Site control program developed during planning stages?	IAP, SSP-B	<input type="checkbox"/>		
(d)(3)	Site map, work zones, alarms, communications addressed?	IAP, SSP-B	<input type="checkbox"/>		
(g)(1)(i)	Engineering, admin controls considered?	SSP-B	<input type="checkbox"/>		
(iii)	Personnel not rotated to reduce exposures?	N/A	<input type="checkbox"/>		
(g)(5)(i)	PPE selection criteria part of employer's program?	N/A	<input type="checkbox"/>	Responsibility of employer	
(ii)	PPE use and limitations identified?	SSP-F	<input type="checkbox"/>		
(iii)	Work mission duration identified?	SSP-F	<input type="checkbox"/>		
(iv)	PPE properly maintained and stored?	N/A	<input type="checkbox"/>	Responsibility of employer	
(vi)	Are employees properly trained and fitted with PPE?	N/A	<input type="checkbox"/>	Responsibility of employer	
(vii)	Are donning and doffing procedures identified?	SSP-F	<input type="checkbox"/>		
(viii)	Are inspection procedures properly identified?	SSP-F	<input type="checkbox"/>		
(ix)	Is a PPE evaluation program in place?	SSP-F	<input type="checkbox"/>		
(h)(3)	Periodic monitoring conducted?	SSP-E	<input type="checkbox"/>		
(k)(2)(i)	Have decontamination procedures been established?	SSP-G	<input type="checkbox"/>		
(ii)	Are procedures in place for contamination avoidance?	SSP-G	<input type="checkbox"/>		
(iii)	Is personal clothing properly deconned prior to leaving the site?	SSP-G	<input type="checkbox"/>		
(iv)	Are decontamination deficiencies identified and corrected?	SSP-H	<input type="checkbox"/>		
(k)(3)	Are decontamination lines in the proper location?	SSP-C	<input type="checkbox"/>		
(k)(4)	Are solutions/equipment used in decon properly disposed of?	N/A	<input type="checkbox"/>		
(k)(6)	Is protective clothing and equipment properly secured?	N/A	<input type="checkbox"/>		
(k)(7)	If cleaning facilities are used, are they aware of the hazards?	N/A	<input type="checkbox"/>		
(k)(8)	Have showers and change rooms provided, if necessary?	N/A	<input type="checkbox"/>		
(l)(1)(iii)	Are provisions for reporting emergencies identified?	SSP-D	<input type="checkbox"/>		
(iv)	Are safe distances and places of refuge identified?	SSP-B and C	<input type="checkbox"/>		
(v)	Site security and control addressed in emergencies?	SSP-D	<input type="checkbox"/>		
(vi)	Evacuation routes and procedures identified?	SSP-D	<input type="checkbox"/>		
(vii)	Emergency decontamination procedures developed?	SSP-D	<input type="checkbox"/>		
(ix)	Emergency alerting and response procedures identified?	SSP-D	<input type="checkbox"/>		
(x)	Response teams critiqued and followup performed?	SSP-H	<input type="checkbox"/>		
(xi)	Emergency PPE and equipment available?	SSP-D	<input type="checkbox"/>		

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)		1. Incident Name	2. Date/Time Prepared	3. Operational Period	
6.a. Cite:	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments	
1910.120 (l)(3)(i)	Emergency notification procedures identified?	SSP-D	<input type="checkbox"/>		
(ii)	Emergency response plan separate from Site Safety Plan?	SSP-D	<input type="checkbox"/>		
(iii)	Emergency response plan compatible with other plans?	SSP-D	<input type="checkbox"/>		
(iv)	Emergency response plan rehearsed regularly?	SSP-D	<input type="checkbox"/>		
(v)	Emergency response plan maintained and kept current?	SSP-H	<input type="checkbox"/>		
1910.165 (b)(2)	Can alarms be seen/heard above ambient light and noise levels?	N/A	<input type="checkbox"/>		
(b)(3)	Are alarms distinct and recognizable?	N/A	<input type="checkbox"/>		
(b)(4)	Are employees aware of the alarms and are they accessible?	SSP-D	<input type="checkbox"/>		
(b)(5)	Are emergency phone numbers, radio frequencies clearly posted?	206	<input type="checkbox"/>		
(b)(6)	Signaling devices in place where there are 10 or more workers?	IAP	<input type="checkbox"/>		
(c)(1)	Are alarms like steam whistles, air horns being used?	IAP	<input type="checkbox"/>		
(d)(3)	Are backup alarms available?	IAP	<input type="checkbox"/>		
(m)	Are areas adequately illuminated?	IAP	<input type="checkbox"/>		
(n)(1)(i)	Is an adequate supply of potable water available?	IAP	<input type="checkbox"/>		
(ii)	Are drinking water containers equipped with a tap?	IAP	<input type="checkbox"/>		
(iii)	Are drinking water containers clearly marked?	IAP	<input type="checkbox"/>		
(iv)	Is a drinking cup receptacle available and clearly marked?	IAP	<input type="checkbox"/>		
(n)(2)(i)	Are non-potable water containers clearly marked?	IAP	<input type="checkbox"/>		
(n)(3)(i)	Are their sufficient toilets available?	IAP	<input type="checkbox"/>		
(n)(4)	Have food handling issues been addressed?	IAP	<input type="checkbox"/>		
(n)(6)	Have adequate wash facilities been provided outside hazard zone?	IAP	<input type="checkbox"/>		
(n)(7)	If response is greater than 6 months, have showers been provided?	IAP	<input type="checkbox"/>		
7. Prepared By:		ICS-208-CG SSP-K (rev 4/15): Page 3. Page ____ of ____			

HAZWOPER 1910.120 COMPLIANCE CHECKLIST FORM B (ICS-208-CG SSP-K)

Purpose: The HAZWOPER 1910.120 Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response. It also identifies how other ICS forms can be used to satisfy the HAZWOPER requirements. This is an optional form.

Preparation: The HAZWOPER 1910.120 Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). The Site Safety Plan Forms (A-G) best meet some of the requirements. The Incident Action Plan is suited to address other requirements, and the Safety Officer should ensure the IAP addresses them. Other requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The HAZWOPER 1910.120 Compliance Checklist should be maintained by the Safety Officer.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
5	Location of Site	Enter the site location.
6.a.	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
6.b.	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
6.c.	ICS Form	Lists those ICS Forms that cover the requirement. IAP designations means it should be covered in IAP, it does not guarantee it is covered. The Safety Officer must ensure this.
6.d.	Check Block	Enter the check if the site satisfies the requirement.
6.e.	Comments	This provides information on where else the requirement may be met. The user may also enter comments.
7	Prepared by	Enter the name and position of the person completing the worksheet.

CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:	8. Note: <u>tanks and vaults</u> should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards.	
9.a. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted)	9.b. Requirement		9.c. Check	9.d. Comments
(j)(1)(ii)	Drums meet DOT, OSHA, EPA regs for waste they contain, including shipment?		<input type="checkbox"/>	
(iii)	Drums inspected and integrity ensured prior to movement?		<input type="checkbox"/>	
(iii)	Or drums moved to an accessible location (staging area) prior to movement?		<input type="checkbox"/>	
(iv)	Unlabelled drums treated as unknown until properly identified and labeled?		<input type="checkbox"/>	
(v)	Site activities organized to minimize drum handling?		<input type="checkbox"/>	
(vi)	Employers properly warned about the hazards of moving and handling drums?		<input type="checkbox"/>	
(vii)	Suitable overpack drums are available for addressing leaking and ruptured drums?		<input type="checkbox"/>	
(viii)	Leaking materials from drums properly contained?		<input type="checkbox"/>	
(ix)	Are drums that cannot be moved, emptied of contents with transfer equipment?		<input type="checkbox"/>	
(x)	Are suspect buried drums surveyed with underground detection system?		<input type="checkbox"/>	
(xi)	Are soil and covering material above buried drums removed with caution?		<input type="checkbox"/>	
(xii)	Is the proper extinguishing equipment on scene to control incipient fires?		<input type="checkbox"/>	
(j)(2)(i)	Are airlines on supplied air systems protected from leaking drums?		<input type="checkbox"/>	
(ii)	Are employees at a safe distance, using remote equipment, when handling explosive drums?		<input type="checkbox"/>	
(iii)	Are explosive shields in place to protect workers opening explosive drums?		<input type="checkbox"/>	
(iv)	Is response equipment positioned behind shields when shields are used?		<input type="checkbox"/>	
(v)	Are non-sparking tools used in flammable or potentially flammable atmospheres?		<input type="checkbox"/>	
(vi)	Are drums under extreme pressure opened slowly & workers protected by shields/distance?		<input type="checkbox"/>	
(vii)	Are workers prohibited from standing and working on drums?		<input type="checkbox"/>	
(j)(3)	Is the drum handling equipment positioned and operated to minimize sources of ignition?		<input type="checkbox"/>	
(j)(5)(i)	For shock sensitive drums, have all non-essential employees been evacuated?		<input type="checkbox"/>	
(ii)	For shock sensitive drums: is handling equipment provided with shields to protect workers?		<input type="checkbox"/>	
(iii)	Are alarms that announce start/finish of explosive drum handling actions in place?		<input type="checkbox"/>	
(iv)	Are continuous communications in place between the drum handling site & command post?		<input type="checkbox"/>	
(v)	Are drums under pressure properly controlled for prior to handling?		<input type="checkbox"/>	
(vi)	Are drums containing packaged laboratory wastes treated as shock sensitive?		<input type="checkbox"/>	
(j)(6)(i)	Are lab packs opened by trained and experienced personnel?		<input type="checkbox"/>	
(ii)	Are lab packs showing crystallization treated as shock sensitive?		<input type="checkbox"/>	
(j)(8)(ii-iii)	Are drum staging areas manageable with marked access and egress?		<input type="checkbox"/>	
(iv)	Is bulking of drums conducted only after drum contents have been properly identified?		<input type="checkbox"/>	
10. Prepared By:			Form SSP-L (rev 4/15) Page ____ of ____	

HAZWOPER 1910.120 DRUM COMPLIANCE CHECKLIST (ICS-208-CG SSP-L)

Purpose: The HAZWOPER 1910.120 Drum Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response whenever drums are encountered during an incident. This is an optional form.

Preparation: The HAZWOPER 1910.120 Drum Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). The Site Safety Plan Forms (A-G) best meet some of the requirements. Other requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The HAZWOPER 1910.120 Drum Compliance Checklist should be maintained by the Safety Officer.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Note	<u>Tanks and vaults</u> should also be treated in the same manner as described in the checklist (1910.120((j)(9))).
9.a.	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
9.b.	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
9.c.	Check Block	Enter the check if the site satisfies the requirement.
9.d.	Comments	This provides information on where else the requirement may be met. The user may also enter comments.
10	Prepared by	Enter the name and position of the person completing the worksheet.

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		2. Incident Number:	
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final	*4. Incident Commander(s) & Agency or Organization: 	5. Incident Management Organization: 	*6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., “sq mi,” “city block”): 	8. Percent (%) Contained <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> Completed	*9. Incident Definition: 	10. Incident Complexity Level:
*11. For Time Period: From Date/Time: _____ To Date/Time: _____			

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	*13. Date/Time Submitted: Time Zone: _____
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____	*15. Primary Location, Organization, or Agency Sent To:

Incident Location Information

*16. State: 	*17. County/Parish/Borough: 	*18. City:
19. Unit or Other: 	*20. Incident Jurisdiction: 	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference: 	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point): 		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels): 		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.): 				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.): 				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.): 	A. Structural Summary 	B. # Threatened (72 hrs) 	C. # Damaged 	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			
ICS 209, Page 1 of ____				
* Required when applicable.				

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
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Additional Incident Decision Support Information

*31. Public Status Summary:	A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary:	A. # This Reporting Period	B. Total # to Date																																						
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>																																								
D. Fatalities			D. Fatalities																																								
E. With Injuries/Illness			E. With Injuries/Illness																																								
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue																																								
G. Missing (note if estimated)			G. Missing																																								
H. Evacuated (note if estimated)			H. Sheltering in Place																																								
I. Sheltering in Place (note if estimated)			I. Have Received Immunizations																																								
J. In Temporary Shelters (note if est.)			J. Require Immunizations																																								
K. Have Received Mass Immunizations			K. In Quarantine																																								
L. Require Immunizations (note if est.)																																											
M. In Quarantine																																											
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>																																								
33. Life, Safety, and Health Status/Threat Remarks:			*34. Life, Safety, and Health Threat Management: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">A. Check if Active</th> </tr> <tr><td>A. No Likely Threat</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>B. Potential Future Threat</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>C. Mass Notifications in Progress</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>D. Mass Notifications Completed</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>E. No Evacuation(s) Imminent</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>F. Planning for Evacuation</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>G. Planning for Shelter-in-Place</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>H. Evacuation(s) in Progress</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>I. Shelter-in-Place in Progress</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>J. Repopulation in Progress</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>K. Mass Immunization in Progress</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>L. Mass Immunization Complete</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>M. Quarantine in Progress</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>N. Area Restriction in Effect</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>				A. Check if Active	A. No Likely Threat	<input type="checkbox"/>	B. Potential Future Threat	<input type="checkbox"/>	C. Mass Notifications in Progress	<input type="checkbox"/>	D. Mass Notifications Completed	<input type="checkbox"/>	E. No Evacuation(s) Imminent	<input type="checkbox"/>	F. Planning for Evacuation	<input type="checkbox"/>	G. Planning for Shelter-in-Place	<input type="checkbox"/>	H. Evacuation(s) in Progress	<input type="checkbox"/>	I. Shelter-in-Place in Progress	<input type="checkbox"/>	J. Repopulation in Progress	<input type="checkbox"/>	K. Mass Immunization in Progress	<input type="checkbox"/>	L. Mass Immunization Complete	<input type="checkbox"/>	M. Quarantine in Progress	<input type="checkbox"/>	N. Area Restriction in Effect	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):																																											
36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes: <div style="margin-top: 10px;"> 12 hours: 24 hours: 48 hours: 72 hours: Anticipated after 72 hours: </div>																																											
37. Strategic Objectives (define planned end-state for incident):																																											

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
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Additional Incident Decision Support Information *(continued)*

38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”):

43. Anticipated Incident Management Completion Date:

44. Projected Significant Resource Demobilization Start Date:

45. Estimated Incident Costs to Date:

46. Projected Final Incident Cost Estimate:

47. Remarks (or continuation of any blocks above – list block number in notation):

INCIDENT STATUS SUMMARY (ICS 209)

1. Incident Name:	2. Incident Number:
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Incident Resource Commitment Summary

[illegible]

ICS 209

Incident Status Summary

Purpose. The ICS 209 is used for reporting information on significant incidents. It is not intended for every incident, as most incidents are of short duration and do not require scarce resources, significant mutual aid, or additional support and attention. The ICS 209 contains basic information elements needed to support decisionmaking at all levels above the incident to support the incident. Decisionmakers may include the agency having jurisdiction, but also all multiagency coordination system (MACS) elements and parties, such as cooperating and assisting agencies/organizations, dispatch centers, emergency operations centers, administrators, elected officials, and local, tribal, county, State, and Federal agencies. Once ICS 209 information has been submitted from the incident, decisionmakers and others at all incident support and coordination points may transmit and share the information (based on its sensitivity and appropriateness) for access and use at local, regional, State, and national levels as it is needed to facilitate support.

Accurate and timely completion of the ICS 209 is necessary to identify appropriate resource needs, determine allocation of limited resources when multiple incidents occur, and secure additional capability when there are limited resources due to constraints of time, distance, or other factors. The information included on the ICS 209 influences the priority of the incident, and thus its share of available resources and incident support.

The ICS 209 is designed to provide a “snapshot in time” to effectively move incident decision support information where it is needed. It should contain the most accurate and up-to-date information available at the time it is prepared. However, readers of the ICS 209 may have access to more up-to-date or real-time information in reference to certain information elements on the ICS 209. Coordination among communications and information management elements within ICS and among MACS should delineate authoritative sources for more up-to-date and/or real-time information when ICS 209 information becomes outdated in a quickly evolving incident.

Reporting Requirements. The ICS 209 is intended to be used when an incident reaches a certain threshold where it becomes significant enough to merit special attention, require additional resource support needs, or cause media attention, increased public safety threat, etc. Agencies or organizations may set reporting requirements and, therefore, ICS 209s should be completed according to each jurisdiction or discipline’s policies, mobilization guide, or preparedness plans. It is recommended that consistent ICS 209 reporting parameters be adopted and used by jurisdictions or disciplines for consistency over time, documentation, efficiency, trend monitoring, incident tracking, etc.

For example, an agency or MAC (Multiagency Coordination) Group may require the submission of an initial ICS 209 when a new incident has reached a certain predesignated level of significance, such as when a given number of resources are committed to the incident, when a new incident is not completed within a certain timeframe, or when impacts/threats to life and safety reach a given level.

Typically, ICS 209 forms are completed either once daily or for each operational period – in addition to the initial submission. Jurisdictional or organizational guidance may indicate frequency of ICS 209 submission for particular definitions of incidents or for all incidents. This specific guidance may help determine submission timelines when operational periods are extremely short (e.g., 2 hours) and it is not necessary to submit new ICS 209 forms for all operational periods.

Any plans or guidelines should also indicate parameters for when it is appropriate to stop submitting ICS 209s for an incident, based upon incident activity and support levels.

Preparation. When an Incident Management Organization (such as an Incident Management Team) is in place, the Situation Unit Leader or Planning Section Chief prepares the ICS 209 at the incident. On other incidents, the ICS 209 may be completed by a dispatcher in the local communications center, or by another staff person or manager. This form should be completed at the incident or at the closest level to the incident.

The ICS 209 should be completed with the best possible, currently available, and verifiable information at the time it is completed and signed.

This form is designed to serve incidents impacting specific geographic areas that can easily be defined. It also has the flexibility for use on ubiquitous events, or those events that cover extremely large areas and that may involve many jurisdictions and ICS organizations. For these incidents, it will be useful to clarify on the form exactly which portion of the larger incident the ICS 209 is meant to address. For example, a particular ICS 209 submitted during a statewide outbreak of mumps may be relevant only to mumps-related activities in Story County, Iowa. This can be indicated in both the incident name, Block 1, and in the Incident Location Information section in Blocks 16–26.

While most of the “Incident Location Information” in Blocks 16–26 is optional, the more information that can be submitted, the better. Submission of multiple location indicators increases accuracy, improves interoperability, and increases information sharing between disparate systems. Preparers should be certain to follow accepted protocols or standards when entering location information, and clearly label all location information. As with other ICS 209 data, geospatial information may be widely shared and utilized, so accuracy is essential.

If electronic data is submitted with the ICS 209, do not attach or send extremely large data files. Incident geospatial data that is distributed with the ICS 209 should be in simple incident geospatial basics, such as the incident perimeter, point of origin, etc. Data file sizes should be small enough to be easily transmitted through dial-up connections or other limited communications capabilities when ICS 209 information is transmitted electronically. Any attached data should be clearly labeled as to format content and collection time, and should follow existing naming conventions and standards.

Distribution. ICS 209 information is meant to be completed at the level as close to the incident as possible, preferably at the incident. Once the ICS 209 has been submitted outside the incident to a dispatch center or MACS element, it may subsequently be transmitted to various incident supports and coordination entities based on the support needs and the decisions made within the MACS in which the incident occurs.

Coordination with public information system elements and investigative/intelligence information organizations at the incident and within MACS is essential to protect information security and to ensure optimal information sharing and coordination. There may be times in which particular ICS 209s contain sensitive information that should not be released to the public (such as information regarding active investigations, fatalities, etc.). When this occurs, the ICS 209 (or relevant sections of it) should be labeled appropriately, and care should be taken in distributing the information within MACS.

All completed and signed original ICS 209 forms **MUST** be given to the incident’s Documentation Unit and/or maintained as part of the official incident record.

Notes:

- To promote flexibility, only a limited number of ICS 209 blocks are typically required, and most of those are required only when applicable.
- Most fields are optional, to allow responders to use the form as best fits their needs and protocols for information collection.
- For the purposes of the ICS 209, responders are those personnel who are assigned to an incident or who are a part of the response community as defined by NIMS. This may include critical infrastructure owners and operators, nongovernmental and nonprofit organizational personnel, and contract employees (such as caterers), depending on local/jurisdictional/discipline practices.
- For additional flexibility only pages 1–3 are numbered, for two reasons:
 - Possible submission of additional pages for the Remarks Section (Block 47), and
 - Possible submission of additional copies of the fourth/last page (the “Incident Resource Commitment Summary”) to provide a more detailed resource summary.

Block Number	Block Title	Instructions
*1	Incident Name	REQUIRED BLOCK. <ul style="list-style-type: none"> • Enter the full name assigned to the incident. • Check spelling of the full incident name. • For an incident that is a Complex, use the word “Complex” at the end of the incident name. • If the name changes, explain comments in Remarks, Block 47. • Do not use the same incident name for different incidents in the same calendar year.

Block Number	Block Title	Instructions
2	Incident Number	<ul style="list-style-type: none"> Enter the appropriate number based on current guidance. The incident number may vary by jurisdiction and discipline. Examples include: <ul style="list-style-type: none"> A computer-aided dispatch (CAD) number. An accounting number. A county number. A disaster declaration number. A combination of the State, unit/agency ID, and a dispatch system number. A mission number. Any other unique number assigned to the incident and derived by means other than those above. Make sure the number entered is correct. Do not use the same incident number for two different incidents in the same calendar year. Incident numbers associated with host jurisdictions or agencies and incident numbers assigned by agencies represented in Unified Command should be listed, or indicated in Remarks, Block 47.
*3	Report Version (check one box on left)	REQUIRED BLOCK. <ul style="list-style-type: none"> This indicates the current version of the ICS 209 form being submitted. If only one ICS 209 will be submitted, check BOTH "Initial" and "Final" (or check only "Final").
	<input type="checkbox"/> Initial	Check "Initial" if this is the first ICS 209 for this incident.
	<input type="checkbox"/> Update	Check "Update" if this is a subsequent report for the same incident. These can be submitted at various time intervals (see "Reporting Requirements" above).
	<input type="checkbox"/> Final	<ul style="list-style-type: none"> Check "Final" if this is the last ICS 209 to be submitted for this incident (usually when the incident requires only minor support that can be supplied by the organization having jurisdiction). Incidents may also be marked as "Final" if they become part of a new Complex (when this occurs, it can be indicated in Remarks, Block 47).
	Report # (if used)	Use this optional field if your agency or organization requires the tracking of ICS 209 report numbers. Agencies may also track the ICS 209 by the date/time submitted.
*4	Incident Commander(s) & Agency or Organization	REQUIRED BLOCK. <ul style="list-style-type: none"> Enter both the first and last name of the Incident Commander. If the incident is under a Unified Command, list all Incident Commanders by first initial and last name separated by a comma, including their organization. For example: L. Burnett – Minneapolis FD, R. Domanski – Minneapolis PD, C. Taylor – St. Paul PD, Y. Martin – St. Paul FD, S. McIntyre – U.S. Army Corps, J. Hartl – NTSB
5	Incident Management Organization	Indicate the incident management organization for the incident, which may be a Type 1, 2, or 3 Incident Management Team (IMT), a Unified Command, a Unified Command with an IMT, etc. This block should not be completed unless a recognized incident management organization is assigned to the incident.

Block Number	Block Title	Instructions
*6	Incident Start Date/Time	REQUIRED. This is always the start date and time of the incident (not the report date and time or operational period).
	Date	Enter the start date (month/day/year).
	Time	Enter the start time (using the 24-hour clock).
	Time Zone	Enter the time zone of the incident (e.g., EDT, PST).
7	Current Incident Size or Area Involved (use unit label – e.g., “sq mi,” “city block”)	<ul style="list-style-type: none"> • Enter the appropriate incident descriptive size or area involved (acres, number of buildings, square miles, hectares, square kilometers, etc.). • Enter the total area involved for incident Complexes in this block, and list each sub-incident and size in Remarks (Block 47). • Indicate that the size is an estimate, if a more specific figure is not available. • Incident size may be a population figure rather than a geographic figure, depending on the incident definition and objectives. • If the incident involves more than one jurisdiction or mixed ownership, agencies/organizations may require listing a size breakdown by organization, or including this information in Remarks (Block 47). • The incident may be one part of a much larger event (refer to introductory instructions under “Preparation”). Incident size/area depends on the area actively managed within the incident objectives and incident operations, and may also be defined by a delegation of authority or letter of expectation outlining management bounds.
8	Percent (%) Contained or Completed (circle one)	<ul style="list-style-type: none"> • Enter the percent that this incident is completed or contained (e.g., 50%), with a % label. • For example, a spill may be 65% contained, or flood response objectives may be 50% met.
*9	Incident Definition	REQUIRED BLOCK. Enter a general definition of the incident in this block. This may be a general incident category or kind description, such as “tornado,” “wildfire,” “bridge collapse,” “civil unrest,” “parade,” “vehicle fire,” “mass casualty,” etc.
10	Incident Complexity Level	Identify the incident complexity level as determined by Unified/Incident Commanders, if available or used.
*11	For Time Period	REQUIRED BLOCK. <ul style="list-style-type: none"> • Enter the time interval for which the form applies. This period should include all of the time since the last ICS 209 was submitted, or if it is the initial ICS 209, it should cover the time lapsed since the incident started. • The time period may include one or more operational periods, based on agency/organizational reporting requirements.
	From Date/Time	<ul style="list-style-type: none"> • Enter the start date (month/day/year). • Enter the start time (using the 24-hour clock).
	To Date/Time	<ul style="list-style-type: none"> • Enter the end date (month/day/year). • Enter the end time (using the 24-hour clock).

Block Number	Block Title	Instructions
APPROVAL & ROUTING INFORMATION		
*12	Prepared By	REQUIRED BLOCK. When an incident management organization is in place, this would be the Situation Unit Leader or Planning Section Chief at the incident. On other incidents, it could be a dispatcher in the local emergency communications center, or another staff person or manager.
	Print Name	Print the name of the person preparing the form.
	ICS Position	The ICS title of the person preparing the form (e.g., "Situation Unit Leader").
	Date/Time Prepared	Enter the date (month/day/year) and time (using the 24-hour clock) the form was prepared. Enter the time zone if appropriate.
*13	Date/Time Submitted	REQUIRED. Enter the submission date (month/day/year) and time (using the 24-hour clock).
	Time Zone	Enter the time zone from which the ICS 209 was submitted (e.g., EDT, PST).
*14	Approved By	REQUIRED. When an incident management organization is in place, this would be the Planning Section Chief or Incident Commander at the incident. On other incidents, it could be the jurisdiction's dispatch center manager, organizational administrator, or other manager.
	Print Name	Print the name of the person approving the form.
	ICS Position	The position of the person signing the ICS 209 should be entered (e.g., "Incident Commander").
	Signature	Signature of the person approving the ICS 209, typically the Incident Commander. The original signed ICS 209 should be maintained with other incident documents.
*15	Primary Location, Organization, or Agency Sent To	REQUIRED BLOCK. Enter the appropriate primary location or office the ICS 209 was sent to apart from the incident. This most likely is the entity or office that ordered the incident management organization that is managing the incident. This may be a dispatch center or a MACS element such as an emergency operations center. If a dispatch center or other emergency center prepared the ICS 209 for the incident, indicate where it was submitted initially.
INCIDENT LOCATION INFORMATION		
<ul style="list-style-type: none"> • Much of the "Incident Location Information" in Blocks 16–26 is optional, but completing as many fields as possible increases accuracy, and improves interoperability and information sharing between disparate systems. • As with all ICS 209 information, accuracy is essential because the information may be widely distributed and used in a variety of systems. Location and/or geospatial data may be used for maps, reports, and analysis by multiple parties outside the incident. • Be certain to follow accepted protocols, conventions, or standards where appropriate when submitting location information, and clearly label all location information. • Incident location information is usually based on the point of origin of the incident, and the majority of the area where the incident jurisdiction is. 		
*16	State	REQUIRED BLOCK WHEN APPLICABLE. <ul style="list-style-type: none"> • Enter the State where the incident originated. • If other States or jurisdictions are involved, enter them in Block 25 or Block 44.

Block Number	Block Title	Instructions
*17	County / Parish / Borough	REQUIRED BLOCK WHEN APPLICABLE. <ul style="list-style-type: none"> Enter the county, parish, or borough where the incident originated. If other counties or jurisdictions are involved, enter them in Block 25 or Block 47.
*18	City	REQUIRED BLOCK WHEN APPLICABLE. <ul style="list-style-type: none"> Enter the city where the incident originated. If other cities or jurisdictions are involved, enter them in Block 25 or Block 47.
19	Unit or Other	Enter the unit, sub-unit, unit identification (ID) number or code (if used), or other information about where the incident originated. This may be a local identifier that indicates primary incident jurisdiction or responsibility (e.g., police, fire, public works, etc.) or another type of organization. Enter specifics in Block 25.
*20	Incident Jurisdiction	REQUIRED BLOCK WHEN APPLICABLE. <p>Enter the jurisdiction where the incident originated (the entry may be general, such as Federal, city, or State, or may specifically identify agency names such as Warren County, U.S. Coast Guard, Panama City, NYPD).</p>
21	Incident Location Ownership (if different than jurisdiction)	<ul style="list-style-type: none"> When relevant, indicate the ownership of the area where the incident originated, especially if it is different than the agency having jurisdiction. This may include situations where jurisdictions contract for emergency services, or where it is relevant to include ownership by private entities, such as a large industrial site.
22	22. Longitude (indicate format): Latitude (indicate format):	<ul style="list-style-type: none"> Enter the longitude and latitude where the incident originated, if available and normally used by the authority having jurisdiction for the incident. Clearly label the data, as longitude and latitude can be derived from various sources. For example, if degrees, minutes, and seconds are used, label as "33 degrees, 45 minutes, 01 seconds."
23	US National Grid Reference	<ul style="list-style-type: none"> Enter the US National Grid (USNG) reference where the incident originated, if available and commonly used by the agencies/jurisdictions with primary responsibility for the incident. Clearly label the data.
24	Legal Description (township, section, range)	<ul style="list-style-type: none"> Enter the legal description where the incident originated, if available and commonly used by the agencies/jurisdictions with primary responsibility for the incident. Clearly label the data (e.g., N 1/2 SE 1/4, SW 1/4, S24, T32N, R18E).
*25	Short Location or Area Description (list all affected areas or a reference point)	REQUIRED BLOCK. <ul style="list-style-type: none"> List all affected areas as described in instructions for Blocks 16–24 above, OR summarize a general location, OR list a reference point for the incident (e.g., "the southern third of Florida," "in ocean 20 miles west of Catalina Island, CA," or "within a 5 mile radius of Walden, CO"). This information is important for readers unfamiliar with the area (or with other location identification systems) to be able to quickly identify the general location of the incident on a map. Other location information may also be listed here if needed or relevant for incident support (e.g., base meridian).
26	UTM Coordinates	Indicate Universal Transverse Mercator reference coordinates if used by the discipline or jurisdiction.

Block Number	Block Title	Instructions
27	Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels)	<ul style="list-style-type: none"> • Indicate whether and how geospatial data is included or attached. • Utilize common and open geospatial data standards. • WARNING: Do not attach or send extremely large data files with the ICS 209. Incident geospatial data that is distributed with the ICS 209 should be simple incident geospatial basics, such as the incident perimeter, origin, etc. Data file sizes should be small enough to be easily transmitted through dial-up connections or other limited communications capabilities when ICS 209 information is transmitted electronically. • NOTE: Clearly indicate data content. For example, data may be about an incident perimeter (such as a shape file), the incident origin (a point), a point and radius (such as an evacuation zone), or a line or lines (such as a pipeline). • NOTE: Indicate the data format (e.g., .shp, .kml, .kmz, or .gml file) and any relevant information about projection, etc. • NOTE: Include a hyperlink or other access information if incident map data is posted online or on an FTP (file transfer protocol) site to facilitate downloading and minimize information requests. • NOTE: Include a point of contact for getting geospatial incident information, if included in the ICS 209 or available and supporting the incident.
INCIDENT SUMMARY		
*28	Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.)	REQUIRED BLOCK. <ul style="list-style-type: none"> • Describe significant events that occurred during the period being reported in Block 6. Examples include: <ul style="list-style-type: none"> ○ Road closures. ○ Evacuations. ○ Progress made and accomplishments. ○ Incident command transitions. ○ Repopulation of formerly evacuated areas and specifics. ○ Containment. • Refer to other blocks in the ICS 209 when relevant for additional information (e.g., "Details on evacuations may be found in Block 33"), or in Remarks, Block 47. • Be specific and detailed in reference to events. For example, references to road closures should include road number and duration of closure (or include further detail in Block 33). Use specific metrics if needed, such as the number of people or animals evacuated, or the amount of a material spilled and/or recovered. • This block may be used for a single-paragraph synopsis of overall incident status.
29	Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.)	<ul style="list-style-type: none"> • When relevant, enter the appropriate primary materials, fuels, or other hazards involved in the incident that are leaking, burning, infecting, or otherwise influencing the incident. • Examples include hazardous chemicals, wildland fuel models, biohazards, explosive materials, oil, gas, structural collapse, avalanche activity, criminal activity, etc.
	Other	Enter any miscellaneous issues which impacted Critical Infrastructure and Key Resources.

Block Number	Block Title	Instructions
30	Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.)	<ul style="list-style-type: none"> • Include a short summary of damage or use/access restrictions/limitations caused by the incident for the reporting period, and cumulatively. • Include if needed any information on the facility status, such as operational status, if it is evacuated, etc. when needed. • Include any critical infrastructure or key resources damaged/destroyed/impacted by the incident, the kind of infrastructure, and the extent of damage and/or impact and any known cascading impacts. • Refer to more specific or detailed damage assessment forms and packages when they are used and/or relevant.
	A. Structural Summary	Complete this table as needed based on the definitions for 30B–F below. Note in table or in text block if numbers entered are estimates or are confirmed. Summaries may also include impact to Shoreline and Wildlife, etc.
	B. # Threatened (72 hrs)	Enter the number of structures potentially threatened by the incident within the next 72 hours, based on currently available information.
	C. # Damaged	Enter the number of structures damaged by the incident.
	D. # Destroyed	Enter the number of structures destroyed beyond repair by the incident.
	E. Single Residences	Enter the number of single dwellings/homes/units impacted in Columns 30B–D. Note any specifics in the text block if needed, such as type of residence (apartments, condominiums, single-family homes, etc.).
	F. Nonresidential Commercial Properties	Enter the number of buildings or units impacted in Columns 30B–D. This includes any primary structure used for nonresidential purposes, excluding Other Minor Structures (Block 30G). Note any specifics regarding building or unit types in the text block.
	Other Minor Structures	Enter any miscellaneous structures impacted in Columns 30B–D not covered in 30E–F above, including any minor structures such as booths, sheds, or outbuildings.
	Other	Enter any miscellaneous issues which impacted Critical Infrastructure and Key Resources.

Block Number	Block Title	Instructions
ADDITIONAL INCIDENT DECISION SUPPORT INFORMATION (PAGE 2)		
*31	Public Status Summary	<ul style="list-style-type: none"> This section is for summary information regarding incident-related injuries, illness, and fatalities for civilians (or members of the public); see 31C–N below. Explain or describe the nature of any reported injuries, illness, or other activities in Life, Safety, and Health Status/Threat Remarks (Block 33). Illnesses include those that may be caused through a biological event such as an epidemic or an exposure to toxic or radiological substances. NOTE: <i>Do not estimate any fatality information.</i> NOTE: Please use caution when reporting information in this section that may be on the periphery of the incident or change frequently. This information should be reported as accurately as possible as a snapshot in time, as much of the information is subject to frequent change. NOTE: Do not complete this block if the incident covered by the ICS 209 is <i>not directly responsible</i> for these actions (such as evacuations, sheltering, immunizations, etc.) <i>even if they are related to the incident.</i> <ul style="list-style-type: none"> Only the authority having jurisdiction should submit reports for these actions, to mitigate multiple/conflicting reports. For example, if managing evacuation shelters is part of the incident operation itself, do include these numbers in Block 31J with any notes in Block 33. NOTE: <u>When providing an estimated value, denote in parenthesis: "est."</u> <p><u>Handling Sensitive Information</u></p> <ul style="list-style-type: none"> Release of information in this section should be carefully coordinated within the incident management organization to ensure synchronization with public information and investigative/intelligence actions. Thoroughly review the “Distribution” section in the introductory ICS 209 instructions for details on handling sensitive information. Use caution when providing information in any situation involving fatalities, and verify that appropriate notifications have been made prior to release of this information. Electronic transmission of any ICS 209 may make information available to many people and networks at once. Information regarding fatalities should be cleared with the Incident Commander and/or an organizational administrator prior to submission of the ICS 209.
	A. # This Reporting Period	Enter the total number of individuals impacted in each category for this reporting period (since the previous ICS 209 was submitted).
	B. Total # to Date	<ul style="list-style-type: none"> Enter the total number of individuals impacted in each category for the entire duration of the incident. This is a cumulative total number that should be adjusted each reporting period.
	C. Indicate Number of Civilians (Public) Below	<ul style="list-style-type: none"> For lines 31D–M below, enter the number of civilians affected for each category. Indicate if numbers are estimates, for those blocks where this is an option. Civilians are those members of the public who are affected by the incident, but who are not included as part of the response effort through Unified Command partnerships and those organizations and agencies assisting and cooperating with response efforts.
	D. Fatalities	<ul style="list-style-type: none"> Enter the number of <i>confirmed</i> civilian/public fatalities. See information in introductory instructions (“Distribution”) and in Block 31 instructions regarding sensitive handling of fatality information.

Block Number	Block Title	Instructions
	E. With Injuries/Illness	Enter the number of civilian/public injuries or illnesses directly related to the incident. Injury or illness is defined by the incident or jurisdiction(s).
*31 (continued)	F. Trapped/In Need of Rescue	Enter the number of civilians who are trapped or in need of rescue due to the incident.
	G. Missing (note if estimated)	Enter the number of civilians who are missing due to the incident. Indicate if an estimate is used.
	H. Evacuated (note if estimated)	Enter the number of civilians who are evacuated due to the incident. These are likely to be best estimates, but indicate if they are estimated.
	I. Sheltering-in-Place (note if estimated)	Enter the number of civilians who are sheltering in place due to the incident. Indicate if estimates are used.
	J. In Temporary Shelters (note if estimated)	Enter the number of civilians who are in temporary shelters as a direct result of the incident, noting if the number is an estimate.
	K. Have Received Mass Immunizations	Enter the number of civilians who have received mass immunizations due to the incident and/or as part of incident operations. Do not estimate.
	L. Require Mass Immunizations (note if estimated)	Enter the number of civilians who require mass immunizations due to the incident and/or as part of incident operations. Indicate if it is an estimate.
	M. In Quarantine	Enter the number of civilians who are in quarantine due to the incident and/or as part of incident operations. Do not estimate.
	N. Total # Civilians (Public) Affected	Enter sum totals for Columns 31A and 31B for Rows 31D–M.
*32	Responder Status Summary	<ul style="list-style-type: none"> • This section is for summary information regarding incident-related injuries, illness, and fatalities for responders; see 32C–N. • Illnesses include those that may be related to a biological event such as an epidemic or an exposure to toxic or radiological substances directly in relation to the incident. • Explain or describe the nature of any reported injuries, illness, or other activities in Block 33. • NOTE: <i>Do not estimate any fatality information or responder status information.</i> • NOTE: Please use caution when reporting information in this section that may be on the periphery of the incident or change frequently. This information should be reported as accurately as possible as a snapshot in time, as much of the information is subject to frequent change. • NOTE: Do not complete this block if the incident covered by the ICS 209 is <i>not directly responsible</i> for these actions (such as evacuations, sheltering, immunizations, etc.) even if they are related to the incident. Only the authority having jurisdiction should submit reports for these actions, to mitigate multiple/conflicting reports. <p>Handling Sensitive Information</p> <ul style="list-style-type: none"> • Release of information in this section should be carefully coordinated within the incident management organization to ensure synchronization with public information and investigative/intelligence actions. • Thoroughly review the “Distribution” section in the introductory ICS 209 instructions for details on handling sensitive information. Use caution when providing information in any situation involving fatalities, and verify that appropriate notifications have been made prior to release of this information. Electronic transmission of any ICS 209 may make information available to many people and networks at once. • Information regarding fatalities should be cleared with the Incident Commander and/or an organizational administrator prior to submission of the ICS 209.

Block Number	Block Title	Instructions
*32 (continued)	A. # This Reporting Period	Enter the total number of responders impacted in each category for this reporting period (since the previous ICS 209 was submitted).
	B. Total # to Date	<ul style="list-style-type: none"> Enter the total number of individuals impacted in each category for the <i>entire duration</i> of the incident. This is a <i>cumulative</i> total number that should be adjusted each reporting period.
	C. Indicate Number of Responders Below	<ul style="list-style-type: none"> For lines 32D–M below, enter the number of responders relevant for each category. Responders are those personnel included as part of Unified Command partnerships and those organizations and agencies assisting and cooperating with response efforts.
	D. Fatalities	<ul style="list-style-type: none"> Enter the number of <i>confirmed</i> responder fatalities. See information in introductory instructions (“Distribution”) and for Block 32 regarding sensitive handling of fatality information.
	E. With Injuries/Illness	<ul style="list-style-type: none"> Enter the number of incident responders with serious injuries or illnesses due to the incident. <i>For responders, serious injuries or illness are typically those in which the person is unable to continue to perform in his or her incident assignment, but the authority having jurisdiction may have additional guidelines on reporting requirements in this area.</i>
	F. Trapped/In Need Of Rescue	Enter the number of incident responders who are in trapped or in need of rescue due to the incident.
	G. Missing	Enter the number of incident responders who are missing due to incident conditions.
	H.	(BLANK; use however is appropriate.)
	I. Sheltering in Place	Enter the number of responders who are sheltering in place due to the incident. Once responders become the victims, this needs to be noted in Block 33 or Block 47 and handled accordingly.
	J.	(BLANK; use however is appropriate.)
	L. Require Immunizations	Enter the number of responders who require immunizations due to the incident and/or as part of incident operations.
	M. In Quarantine	Enter the number of responders who are in quarantine as a direct result of the incident and/or related to incident operations.
	N. Total # Responders Affected	Enter sum totals for Columns 32A and 32B for Rows 32D–M.
33	Life, Safety, and Health Status/Threat Remarks	<ul style="list-style-type: none"> Enter any details needed for Blocks 31, 32, and 34. Enter any specific comments regarding illness, injuries, fatalities, and threat management for this incident, such as whether estimates were used for numbers given in Block 31. This information should be reported as accurately as possible as a snapshot in time, as much of the information is subject to frequent change. Evacuation information can be very sensitive to local residents and officials. Be accurate in the assessment. Clearly note primary responsibility and contacts for any activities or information in Blocks 31, 32, and 34 that may be caused by the incident, but that are being managed and/or reported by other parties. Provide additional explanation or information as relevant in Blocks 28, 36, 38, 40, 41, or in Remarks (Block 47).

Block Number	Block Title	Instructions
*34	Life, Safety, and Health Threat Management	Note any details in Life, Safety, and Health Status/Threat Remarks (Block 33), and provide additional explanation or information as relevant in Blocks 28, 36, 38, 40, 41, or in Remarks (Block 47). Additional pages may be necessary for notes.
	A. Check if Active	Check any applicable blocks in 34C–P based on currently available information regarding incident activity and potential.
	B. Notes	Note any specific details, or include in Block 33.
	C. No Likely Threat	Check if there is no likely threat to life, health, and safety.
	D. Potential Future Threat	Check if there is a potential future threat to life, health, and safety.
	E. Mass Notifications In Progress	<ul style="list-style-type: none"> Check if there are any mass notifications in progress regarding emergency situations, evacuations, shelter in place, or other public safety advisories related to this incident. These may include use of threat and alert systems such as the Emergency Alert System or a “reverse 911” system. Please indicate the areas where mass notifications have been completed (e.g., “mass notifications to ZIP codes 50201, 50014, 50010, 50011,” or “notified all residents within a 5-mile radius of Gatlinburg”).
	F. Mass Notifications Completed	Check if actions referred to in Block 34E above have been completed.
	G. No Evacuation(s) Imminent	Check if evacuations are not anticipated in the near future based on current information.
	H. Planning for Evacuation	Check if evacuation planning is underway in relation to this incident.
	I. Planning for Shelter-in-Place	Check if planning is underway for shelter-in-place activities related to this incident.
	J. Evacuation(s) in Progress	Check if there are active evacuations in progress in relation to this incident.
	K. Shelter-In-Place in Progress	Check if there are active shelter-in-place actions in progress in relation to this incident.
	L. Repopulation in Progress	Check if there is an active repopulation in progress related to this incident.
	M. Mass Immunization in Progress	Check if there is an active mass immunization in progress related to this incident.
	N. Mass Immunization Complete	Check if a mass immunization effort has been completed in relation to this incident.
	O. Quarantine in Progress	Check if there is an active quarantine in progress related to this incident.
	P. Area Restriction in Effect	Check if there are any restrictions in effect, such as road or area closures, especially those noted in Block 28.

Block Number	Block Title	Instructions
35	Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern)	<ul style="list-style-type: none"> • Complete a short synopsis/discussion on significant weather factors that could cause concerns for the incident when relevant. • Include current and/or predicted weather factors, and the timeframe for predictions. • Include relevant factors such as: <ul style="list-style-type: none"> ○ Wind speed (label units, such as mph). ○ Wind direction (clarify and label where wind is coming from and going to in plain language – e.g., “from NNW,” “from E,” or “from SW”). ○ Temperature (label units, such as F). ○ Relative humidity (label %). ○ Watches. ○ Warnings. ○ Tides. ○ Currents. • Any other weather information relative to the incident, such as flooding, hurricanes, etc.
36	Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes 12 hours 24 hours 48 hours 72 hours Anticipated after 72 hours	<ul style="list-style-type: none"> • Provide an estimate (when it is possible to do so) of the direction/scope in which the incident is expected to spread, migrate, or expand during the next indicated operational period, or other factors that may cause activity changes. • Discuss incident potential relative to values at risk, or values to be protected (such as human life), and the potential changes to those as the incident changes. • Include an estimate of the acreage or area that will likely be affected. • If known, provide the above information in 12-, 24-, 48- and 72-hour timeframes, and any activity anticipated after 72 hours.
37	Strategic Objectives (define planned end-state for incident)	Briefly discuss the desired outcome for the incident based on currently available information. Note any high-level objectives and any possible strategic benefits as well (especially for planned events).

Block Number	Block Title	Instructions
ADDITIONAL INCIDENT DECISION SUPPORT INFORMATION (continued) (PAGE 3)		
38	<p>Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.</p> <p>Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.</p> <p>12 hours</p> <p>24 hours</p> <p>48 hours</p> <p>72 hours</p> <p>Anticipated after 72 hours</p>	<p>Summarize major or significant threats due to incident activity based on currently available information. Include a breakdown of threats in terms of 12-, 24-, 48-, and 72-hour timeframes.</p>

Block Number	Block Title	Instructions
39	<p>Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:</p> <p>12 hours</p> <p>24 hours</p> <p>48 hours</p> <p>72 hours</p> <p>Anticipated after 72 hours</p>	<ul style="list-style-type: none"> List the specific critical resources and numbers needed, in order of priority. <i>Be specific as to the need.</i> Use plain language and common terminology for resources, and indicate resource category, kind, and type (if available or known) to facilitate incident support. If critical resources are listed in this block, there should be corresponding orders placed for them through appropriate resource ordering channels. Provide critical resource needs in 12-, 24-, 48- and 72-hour increments. List the most critical resources needed for each timeframe, if needs have been identified for each timeframe. Listing critical resources by the time they are needed gives incident support personnel a “heads up” for short-range planning, and assists the ordering process to ensure these resources will be in place when they are needed. More than one resource need may be listed for each timeframe. For example, a list could include: <ul style="list-style-type: none"> <u>24 hrs</u>: 3 Type 2 firefighting helicopters, 2 Type I Disaster Medical Assistance Teams <u>48 hrs</u>: Mobile Communications Unit (Law/Fire) <u>After 72 hrs</u>: 1 Type 2 Incident Management Team Documentation in the ICS 209 can help the incident obtain critical regional or national resources through outside support mechanisms including multiagency coordination systems and mutual aid. <ul style="list-style-type: none"> Information provided in other blocks on the ICS 209 can help to support the need for resources, including Blocks 28, 29, 31–38, and 40–42. Additional comments in the Remarks section (Block 47) can also help explain what the incident is requesting and why it is critical (for example, “Type 2 Incident Management Team is needed in three days to transition command when the current Type 2 Team times out”). Do not use this block for noncritical resources.
40	<p>Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:</p> <p>1) critical resource needs identified above,</p> <p>2) the Incident Action Plan and management objectives and targets,</p> <p>3) anticipated results.</p> <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	<ul style="list-style-type: none"> Wording should be consistent with Block 39 to justify critical resource needs, which should relate to planned actions in the Incident Action Plan. Give a short assessment of the likelihood of meeting the incident management targets, given the current management strategy and currently known constraints. Identify when the chosen management strategy will succeed given the current constraints. Adjust the anticipated incident management completion target in Block 43 as needed based on this discussion. Explain major problems and concerns as indicated.

Block Number	Block Title	Instructions
41	Planned Actions for Next Operational Period	<ul style="list-style-type: none"> • Provide a short summary of actions planned for the next operational period. • Examples: <ul style="list-style-type: none"> ○ “The current Incident Management Team will transition out to a replacement IMT.” ○ “Continue to review operational/ engineering plan to facilitate removal of the partially collapsed west bridge supports.” ○ “Continue refining mapping of the recovery operations and damaged assets using GPS.” ○ “Initiate removal of unauthorized food vendors.”
42	Projected Final Incident Size/Area (use unit label – e.g., “sq mi”)	<ul style="list-style-type: none"> • Enter an estimate of the total area likely to be involved or affected over the course of the incident. • Label the estimate of the total area or population involved, affected, or impacted with the relevant units such as acres, hectares, square miles, etc. • Note that total area involved may not be limited to geographic area (see previous discussions regarding incident definition, scope, operations, and objectives). Projected final size may involve a population rather than a geographic area.
43	Anticipated Incident Management Completion Date	<ul style="list-style-type: none"> • Enter the date (month/day/year) at which time it is expected that incident objectives will be met. This is often explained similar to incident containment or control, or the time at which the incident is expected to be closed or when significant incident support will be discontinued. • Avoid leaving this block blank if possible, as this is important information for managers.
44	Projected Significant Resource Demobilization Start Date	Enter the date (month/day/year) when initiation of significant resource demobilization is anticipated.
45	Estimated Incident Costs to Date	<ul style="list-style-type: none"> • Enter the estimated total incident costs to date for the entire incident based on currently available information. • Incident costs include estimates of all costs for the response, including all management and support activities per discipline, agency, or organizational guidance and policy. • This does not include damage assessment figures, as they are impacts from the incident and not response costs. • If costs decrease, explain in Remarks (Block 47). • If additional space is required, please add as an attachment.
46	Projected Final Incident Cost Estimate	<ul style="list-style-type: none"> • Enter an estimate of the total costs for the incident once all costs have been processed based on current spending and projected incident potential, per discipline, agency, or organizational guidance and policy. This is often an estimate of daily costs combined with incident potential information. • This does not include damage assessment figures, as they are impacts from the incident and not response costs. • If additional space is required, please add as an attachment.

Block Number	Block Title	Instructions
47	Remarks (or continuation of any blocks above – list block number in notation)	<ul style="list-style-type: none"> • Use this block to expand on information that has been entered in previous blocks, or to include other pertinent information that has not been previously addressed. • List the block number for any information continued from a previous block. • Additional information may include more detailed weather information, specifics on injuries or fatalities, threats to critical infrastructure or other resources, more detailed evacuation site locations and number of evacuated, information or details regarding incident cause, etc. • For Complexes that include multiple incidents, list all sub-incidents included in the Complex. • List jurisdictional or ownership breakdowns if needed when an incident is in more than one jurisdiction and/or ownership area. Breakdown may be: <ul style="list-style-type: none"> ○ By size (e.g., 35 acres in City of Gatlinburg, 250 acres in Great Smoky Mountains), and/or ○ By geography (e.g., incident area on the west side of the river is in jurisdiction of City of Minneapolis; area on east side of river is City of St. Paul jurisdiction; river is joint jurisdiction with USACE). • Explain any reasons for incident size reductions or adjustments (e.g., reduction in acreage due to more accurate mapping). • This section can also be used to list any additional information about the incident that may be needed by incident support mechanisms outside the incident itself. This may be basic information needed through multiagency coordination systems or public information systems (e.g., a public information phone number for the incident, or the incident Web site address). • Attach additional pages if it is necessary to include additional comments in the Remarks section.
INCIDENT RESOURCE COMMITMENT SUMMARY (PAGE 4)		
<ul style="list-style-type: none"> • This last/fourth page of the ICS 209 can be copied and used if needed to accommodate additional resources, agencies, or organizations. Write the actual page number on the pages as they are used. • Include only resources that have been assigned to the incident and that have arrived and/or been checked in to the incident. Do not include resources that have been ordered but have <i>not</i> yet arrived. <p><u>For summarizing:</u></p> <ul style="list-style-type: none"> • When there are large numbers of responders, it may be helpful to group agencies or organizations together. Use the approach that works best for the multiagency coordination system applicable to the incident. For example, <ul style="list-style-type: none"> ○ Group State, local, county, city, or Federal responders together under such headings, or ○ Group resources from one jurisdiction together and list only individual jurisdictions (e.g., list the public works, police, and fire department resources for a city under that city's name). • On a large incident, it may also be helpful to group similar categories, kinds, or types of resources together for this summary. 		

Block Number	Block Title	Instructions
48	Agency or Organization	<ul style="list-style-type: none"> List the agencies or organizations contributing resources to the incident as responders, through mutual aid agreements, etc. List agencies or organizations using clear language so readers who may not be from the discipline or host jurisdiction can understand the information. Agencies or organizations may be listed individually or in groups. When resources are grouped together, individual agencies or organizations may be listed below in Block 53. Indicate in the rows under Block 49 how many resources are assigned to the incident under each resource identified. <ul style="list-style-type: none"> These can listed with the number of resources on the top of the box, and the number of personnel associated with the resources on the bottom half of the box. For example: <ul style="list-style-type: none"> <i>Resource:</i> Type 2 Helicopters... 3/8 (indicates 3 aircraft, 8 personnel). <i>Resource:</i> Type 1 Decontamination Unit... 1/3 (indicates 1 unit, 3 personnel). Indicate in the rows under Block 51 the total number of personnel assigned for each agency listed under Block 48, including both individual overhead and those associated with other resources such as fire engines, decontamination units, etc.
49	Resources (summarize resources by category, kind, and/or type; show # of resources on top ½ of box, show # of personnel associated with resource on bottom ½ of box)	<ul style="list-style-type: none"> List resources using clear language when possible – so ICS 209 readers who may not be from the discipline or host jurisdiction can understand the information. <ul style="list-style-type: none"> Examples: Type 1 Fire Engines, Type 4 Helicopters Enter total numbers in columns for each resource by agency, organization, or grouping in the proper blocks. <ul style="list-style-type: none"> These can listed with the number of resources on the top of the box, and the number of personnel associated with the resources on the bottom half of the box. For example: <ul style="list-style-type: none"> <i>Resource:</i> Type 2 Helicopters... 3/8 (indicates 3 aircraft, 8 personnel). <i>Resource:</i> Type 1 Decontamination Unit... 1/3 (indicates 1 unit, 3 personnel). NOTE: One option is to group similar resources together when it is sensible to do so for the summary. <ul style="list-style-type: none"> For example, do not list every type of fire engine – rather, it may be advisable to list two generalized types of engines, such as “structure fire engines” and “wildland fire engines” in separate columns with totals for each. NOTE: It is not advisable to list individual overhead personnel individually in the resource section, especially as this form is intended as a summary. These personnel should be included in the Total Personnel sums in Block 51.
50	Additional Personnel not assigned to a resource	List the number of <i>additional</i> individuals (or overhead) that are not assigned to a specific resource by agency or organization.
51	Total Personnel (includes those associated with resources – e.g., aircraft or engines – <i>and</i> individual overhead)	<ul style="list-style-type: none"> Enter the total personnel for each agency, organization, or grouping in the Total Personnel column. WARNING: Do not simply add the numbers across! The number of Total Personnel for each row should include <u>both</u>: <ul style="list-style-type: none"> The total number of personnel assigned to each of the resources listed in Block 49, and The total number of additional individual overhead personnel from each agency, organization, or group listed in Block 50.

Block Number	Block Title	Instructions
52	Total Resources	Include the sum total of resources for each column, including the total for the column under Blocks 49, 50, and 51. This should include the total number of <i>resources</i> in Block 49, as personnel totals will be counted under Block 51.
53	Additional Cooperating and Assisting Organizations Not Listed Above	<ul style="list-style-type: none"> • List all agencies and organizations that are not directly involved in the incident, but are providing support. • Examples may include ambulance services, Red Cross, DHS, utility companies, etc. • Do not repeat any resources counted in Blocks 48–52, unless explanations are needed for groupings created under Block 48 (Agency or Organization).

1. Incident Name	2. Operational Period (Date / Time) From: To: Time of Report	INCIDENT STATUS SUMMARY ICS 209-CG	
3. Type of Incident			
<input type="checkbox"/> Oil Spill	<input type="checkbox"/> HAZMAT	<input type="checkbox"/> AMIO	
<input type="checkbox"/> SAR/Major SART	<input type="checkbox"/> SI/Terrorism	<input type="checkbox"/> Natural Disaster	
<input type="checkbox"/> Marine Disaster	<input type="checkbox"/> Civil Disturbance	<input type="checkbox"/> Military Outload	
<input type="checkbox"/> Planned Event	<input type="checkbox"/> Maritime HLS/Prevention	<input type="checkbox"/>	
4. Situation Summary as of Time of Report:			
5. Future Outlook/Goals/Needs/Issues:			
6. Safety Status/Personnel Casualty Summary			
	Since Last Report	Adjustments To Previous Op Period	Total
Responder Injury			
Responder Death			
Public Missing (Active Search)			
Public Missing (Presumed Lost)			
Public Uninjured			
Public Injured			
Public Dead			
Total Public Involved			
7. Property Damage Summary			
Vessel		\$	
Cargo		\$	
Facility		\$	
Other		\$	
8. Attachments with clarifying information			
<input type="checkbox"/> Oil/HAZMAT	<input type="checkbox"/> SAR/LE	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Marine Disaster	<input type="checkbox"/> Civil Disturbance	<input type="checkbox"/>	Military Outload

9. Equipment Resources					
Kind	Notes	# Ordered	# Available	# Assigned	# Out of Service
<u>USCG Assets</u>					
Aircraft – Helo					
Aircraft – Fixed Wing					
Vessels – USCG Cutter					
Vessels – Boat					
Vehicles – Car					
Vehicles – Truck					
Pollution Equip – VOSS/SORS					
Pollution Equip – Portable Storage					
Pollution Equip – Boom					
<u>Non-CG/Other Assets</u>					
Aircraft – Helo					
Aircraft – Fixed Wing					
Vessels – SAR/LE Boat					
Vessels – Work/Crew Boat					
Vessels – Tug/Tow Boat					
Vessels – Pilot Boat					
Vessels – Deck Barge					
Vessels –					
Vehicles – Car					
Vehicles – Ambulance					
Vehicles – Truck					
Vehicles – Fire/Rescue/HAZMAT					
Vehicles – Vac/Tank Truck					
Vehicles –					
Pollution Equip – Skimmers					
Pollution Equip – Tank Vsl/ Barge					
Pollution Equip – Portable Storage					
Pollution Equip – OSRV					
Pollution Equip – Boom					
Pollution Equip –					
10. Personnel Resources					
Agency					Total # of People
USCG					
DHS (other than USCG)					
NOAA					
FBI					
DOD (USN Supsalv, CST, etc.)					
DOI (US Fish & Wildlife, Nat Parks, BLM, etc.)					
RP					
State					
Local					
Total Personnel Resources Used From all Organizations:					
11. Prepared by:					Date/Time Prepared:

1. Incident Name	2. Operational Period (Date / Time) From: To: Time of Report	ICS 209-CG OIL/HAZMAT ATTACHMENT				
3. HAZMAT/Oil Spill Status (Estimated, in gallons)						
Common Name(s):						
UN Number:	<input type="checkbox"/> Secured	<input type="checkbox"/> Unsecured				
CAS Number:	Remaining Potential (bbl):					
	Rate of Spillage (bbl/hr):					
	Adjustments To Previous Operational Period	Since Last Report				
Volume Spilled/Released		Total				
Mass Balance - HAZMAT/Oil Budget						
Recovered HAZMAT/Oil						
Evaporation/Airborne						
Natural Dispersion						
Chemical Dispersion						
Burned						
Floating, Contained						
Floating, Uncontained						
Onshore						
Total HAZMAT/Oil accounted for:	N/A	N/A				
Comments:						
4. HAZMAT/Oil Waste Management (Estimated, Since Last Report)						
	Recovered	Disposed				
HAZMAT/Oil (bbl)						
Oily Liquids (bbl)						
Liquids (bbl)						
Oily Solids (tons)						
Solids (tons)						
Comments:						
5. HAZMAT/Oil Shoreline Impacts (Estimated in miles)						
Degree of Impact	Affected	Cleaned				
Light						
Medium						
Heavy						
Total						
Comments:						
6. HAZMAT/Oil Wildlife Impacts (Since Last Report)						
					Died in Facility	
Type of Wildlife	Captured	Cleaned	Released	DOA	Euthanized	Other
Birds						
Mammals						
Reptiles						
Fish						
Total						
Comments:						
7. Prepared by:					Date/Time Prepared:	

1. Incident Name	2. Operational Period (Date / Time) From: To: Time of Report	ICS 209-CG SAR/LE ATTACHMENT
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3. Evacuation Status			
	Since Last Report	Adjustments To Previous Operational Period	Total
Total to be Evacuated			
Number Evacuated			

4. Migrant Interdiction Status			
	Since Last Report	Adjustments To Previous Op Period	Total
Vessels Interdicted			
Migrants Interdicted at Sea			
Migrants Interdicted Ashore			
Injured			
MEDEVAC'd			
Deaths			
Migrants Repatriated			

5. Sorties/Patrols Summary (List of Sorties Since Last Report)		
<u>Air</u>	Since Last Report	Total
Number of Sorties/Patrols		
Area Covered (square miles)		
Total Time On-Scene (In Hours)		
<u>Surface</u>	Since Last Report	Total
Number of Sorties/Patrols		
Area Covered (square miles)		
Total Time On-Scene (In Hours)		

6. Use of Force Summary		
<u>Category</u>	Since Last Report	Total
III - Soft Empty Hand Control		
IV - Hard Empty Hand Control		
V - Intermediate Weapons		
VI - Deadly Force		
VSL - Force to Stop Vessel from Cutter/Boat		
A/C - Force to Stop Vessel From Aircraft		
Arrests		
Seizures		
Deaths		

7. Operational Controls Summary				
<u>Currently In Force</u>				
Type	Initiating Unit	Initiated Date	Activity #	
<u>Removed Since Last Report</u>				
Type	Initiating Unit	Initiated Date	Date Removed	Activity #

18. Prepared by:	Date/Time Prepared:
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INCIDENT STATUS SUMMARY (ICS FORM 209-CG)

Purpose. The Status Summary:

1. Is used by Situation Unit personnel for posting information on Status Boards or attaching as a file to the MISLE Case.
2. Is duplicated and provided to Command Staff members, giving them basic information for planning for the next operational period.
3. Provides information to the Information Officer for preparing news media releases.
4. Summarizes incident information for local and off-site coordination/operations centers.

Preparation. The Situation Unit prepares the Status Summary. Resources information should be obtained from the Resources Unit. It may be scheduled for presentation to the Planning Section Chief and other General Staff members prior to each Planning Meeting and may be required at more frequent intervals by the Unified Command or Planning Section Chief. Suggested sources of information are noted in brackets.

Note: The values on the ICS form 209-CG are the **best available estimates at the Time of Report** (Item # 2 on form). This form is usually in high demand and should be filled out early and often. A suggested source within the ICS organization is noted in brackets [] at the top right of each section of the form. **All fields need not be completed in order to distribute the form.**

Distribution. When completed, the form is duplicated and copies are distributed to the Unified Command and staff, and all Section Chiefs, Planning Section Unit Leaders, and the Joint Information Center. It is also posted on a status board located at the ICP. All completed original forms **MUST** be given to the Documentation Unit.

How to Save and Use the Word Template Form:

The 209 template (.dot file) can be edited to match most incident situations and can be saved into the Word template directory. Open the blank 209 (ICS 209 CG.dot) – do not add any content. Save the blank in the Templates directory. Create a new 209 from File>new picking the 209 template. Type in the file to add any desired content and use “save as” to save the work using a new file name. The file will automatically become a .doc file.

Comments: Please send comments/corrections about this form to the ICS Program Manager, Ms. Kristy Plourde, email: kplourde@tcyorktown.uscg.mil

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Period Covered by Report	Enter the date and time interval for which the report applies. Use 24-hour clock for all times.
	Time of Report	Enter time for which this information applies. Enter the Time (24-hour clock) the form was prepared.
3.	Type of Incident	Indicate (check box) and/or fill-in the type of incident(s).
4.	Situation Summary	Summary of current situation at time of report.
5.	Future Outlook	This section is for the IC/UC to discuss/project their future outlook, goals, requirements, needs and issues.
6.	Safety Status/Personnel Casualty	This information pertains to responders and assisted public personnel. Indicate the number of serious injuries, death, and missing. Values entered in the column labeled since Last Report are from the start of the

- Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
7. Property Damage Enter estimated dollar values for each item, if known.
 8. Attachments Indicate (check box) and/or fill-in the attachment(s) the help further clarify the incident status.
 9. Equipment Resources Indicate the number of each type of resource in each status category. There are blank lines below each general type of resource for additional equipment.
 - Ordered Ordered but not yet arrived/available.
 - Available Arrived on scene, stored in staging, not assigned to any task, available for use.
 - Assigned Assigned to a specific task.
 - Out of Service Not working and not assigned to any task (e.g., skimmer being repaired, boom broken, personnel off-duty for rest).
 10. Personnel Resources Indicate, by agency, the numbers of personnel assigned. There are blank lines for additional personnel, as needed.
 11. Prepared By Enter name and title of the person preparing the form, normally the Situation Unit Leader.

OIL/HAZMAT ATTACHMENT

1. Incident Name Enter the name assigned to the incident.
2. Period Covered by Report Enter the date and time interval for which the report applies. Use 24-hour clock for all times.
 - Time of Report Enter time for which this information applies. Enter the Time (24-hour clock) the form was prepared.
3. Spill Status This information is only tracked if there is spilled HAZMAT or Oil. Enter Common Name(s) of the released substance or spilled oil (i.e. Ethyl Alcohol/Ethanol or No. 2 Fuel Oil/Light Fuel Oil). Enter UN number and CAS Registry number, if known. Indicate whether the spill source is secured or unsecured (check box) and estimate the remaining potential and the rate of spillage discharge or release. Enter the estimated amounts in barrels for each category. Values entered in the column labeled Since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
 - Mass Balance This information is only tracked if there is spilled HAZMAT or Oil whether recovered, evaporated, dispersed, burned, floating, or on shore. The total of these estimates should approximate the total volume spilled, discharged, or released. Values for evaporation, dispersion, etc. can be obtained from the Environmental Unit and/or the Scientific Support Coordinator (SSC).
4. Waste Management This information is only tracked if there is spilled HAZMAT or Oil. Enter the estimated amounts in barrels or tons for each category. Total HAZMAT/ Oil (bbl) is the sum of the estimate of HAZMAT/oil in oily

liquids and HAZAMT/oil in oily solids, and is the value to be entered under "Recovered HAZMAT/Oil" in Item 4.

5. Shoreline Impacts This information is only tracked if there is spilled HAZMAT or Oil. Enter the total miles in each category for each degree of oiling. Definitions for Light, Medium, and Heavy oiling can be obtained from the EUL/SSC and should be consistent throughout the incident.
6. Wildlife Impacts This information is only tracked after an animal is captured. Indicate the actual number of oiled wildlife in each category. Use numbers in parentheses to indicate the subtotal of threatened / endangered species included in the numbers given.
7. Prepared By Enter name and title of the person preparing the form, normally the Situation Unit Leader.

SAR/LE ATTACHMENT

1. Incident Name Enter the name assigned to the incident.
2. Period Covered by Report Enter the date and time interval for which the report applies. Use 24-hour clock for all times.
Time of Report Enter time for which this information applies. Enter the Time (24-hour clock) the form was prepared.
3. Evacuation Status This information is only tracked if the incident involves evacuation of personnel. Values entered in the column labeled Since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
4. Migrant Interdiction Status This information is only tracked if the incident involves Migrant Interdiction. Values entered in the column labeled Since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
5. Sorties/Patrols This information is only tracked if the incident involves sorties tracked in MISLE Incident Management Activity. List Sorties since last report both Air and Surface. Values entered in the column labeled since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
6. Use of Force This information is only tracked if the incident involves Use of Force activities. Values entered in the column labeled since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
7. Operational Controls This information is only tracked if the incident involves Operational Control activities initiated, in force and removed.
8. Prepared By Enter name and title of the person preparing the form, normally the Situation Unit Leader.

RESOURCE STATUS CHANGE (ICS 210)

[illegible]

ICS 210

Resource Status Change

Purpose. The Resource Status Change (ICS 210) is used by the Incident Communications Center Manager to record status change information received on resources assigned to the incident. This information could be transmitted with a General Message (ICS 213). The form could also be used by Operations as a worksheet to track entry, etc.

Preparation. The ICS 210 is completed by radio/telephone operators who receive status change information from individual resources, Task Forces, Strike Teams, and Division/Group Supervisors. Status information could also be reported by Staging Area and Helibase Managers and fixed-wing facilities.

Distribution. The ICS 210 is maintained by the Communications Unit and copied to Resources Unit and filed by Documentation Unit.

Notes:

- The ICS 210 is essentially a message form that can be used to update Resource Status Cards or T-Cards (ICS 219) for incident-level resource management.
- If additional pages are needed, use a blank ICS 210 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	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	Resource Number	Enter the resource identification (ID) number (this may be a letter and number combination) assigned by either the sending unit or the incident.
4	New Status (Available, Assigned, Out of Service)	Indicate the current status of the resource: <ul style="list-style-type: none"> • Available – Indicates resource is available for incident use immediately. • Assigned – Indicates resource is checked in and assigned a work task on the incident. • Out of Service – Indicates resource is assigned to the incident but unable to respond for mechanical, rest, or personnel reasons. If space permits, indicate the estimated time of return (ETR). It may be useful to indicate the reason a resource is out of service (e.g., “O/S – Mech” (for mechanical issues), “O/S – Rest” (for off shift), or “O/S – Pers” (for personnel issues).
5	From (Assignment and Status)	Indicate the current location of the resource (where it came from) and the status. When more than one Division, Staging Area, or Camp is used, identify the specific location (e.g., Division A, Staging Area, Incident Command Post, Western Camp).
6	To (Assignment and Status)	Indicate the assigned incident location of the resource and status. When more than one Division, Staging Area, or Camp is used, identify the specific location.
7	Time and Date of Change	Enter the time and location of the status change (24-hour clock). Enter the date as well if relevant (e.g., out of service).
8	Comments	Enter any special information provided by the resource or dispatch center. This may include details about why a resource is out of service, or individual identifying designators (IDs) of Strike Teams and Task Forces.
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:		2. Incident Number:		3. Check-In Location (complete all that apply): <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other					4. Start Date/Time: Date: _____ Time: _____									
Check-In Information (use reverse of form for remarks or comments)																		
5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:								6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point, Date and Time	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Data Provided to Resources Unit
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF												

ICS 211	17. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____
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ICS 211

Incident Check-In List

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

Preparation. The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Distribution. ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Check-In Location <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other	Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post. Other may include...
4	Start Date/Time <ul style="list-style-type: none">• Date• Time	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.

Block Number	Block Title	Instructions
	Check-In Information	Self explanatory.
5	List single resource personnel (overhead) by agency and name, OR list resources by the following format	Enter the following information for resources: OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.
	• State	Use this section to list the home State for the resource.
	• Agency	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	• Category	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	• Kind	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	• Type	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	• Resource Name or Identifier	Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team.
	• ST or TF	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.
6	Order Request #	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.
7	Date/Time Check-In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
8	Leader's Name	<ul style="list-style-type: none"> • For equipment, enter the operator's name. • Enter the Strike Team or Task Force leader's name. • Leave blank for single resource personnel (overhead).
9	Total Number of Personnel	Enter total number of personnel associated with the resource. Include leaders.
10	Incident Contact Information	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
11	Home Unit or Agency	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
12	Departure Point, Date and Time	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
13	Method of Travel	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).
14	Incident Assignment	Enter the incident assignment at time of dispatch.
15	Other Qualifications	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.

Block Number	Block Title	Instructions
16	Data Provided to Resources Unit	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.
17	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date:	6. Time
7. Message:		
8. Approved by: Name: _____ Signature: _____ Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: _____		
ICS 213	Date/Time: _____	

ICS 213

General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name (Optional)	Enter the name assigned to the incident. This block is optional.
2	To (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (month/day/year) of the message.
6	Time	Enter the time (using the 24-hour clock) of the message.
7	Message	Enter the content of the message. Try to be as concise as possible.
8	Approved by <ul style="list-style-type: none">• Name• Signature• Position/Title	Enter the name, signature, and ICS position/title of the person approving the message.
9	Reply	The intended recipient will enter a reply to the message and return it to the originator.
10	Replied by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

Resource Request Message				Purpose: The 213RR CG is used by all incident personnel to request tactical and non-tactical resources.		ICS-213 RR CG (2/07)	
Requestor	1. Incident Name:			2. Date/Time:		3. Resource Request Number:	
	4. ORDER Note: Use additional forms when requesting different resource sources of supply						
	a. Qty	b. Kind	c. Type	d. Priority U or R	e. Detailed item description (vital characteristics, brand, specs, experience, etc.) and, if applicable, purpose/use, diagrams, and other info.	f. Requested Reporting Location: Date/Time:	g. Order # (LSC)
5. Suggested source(s) of supply - POC phone number if known and suitable substitutes:					6. Requestor Position and Signature: Date/Time:		
					7. Section Chief/Command Staff Approval: Date/Time:		
Plans	8. RESL - check box (a) if request is for tactical or personnel resources. Then note availability in box 8.b or 8.c.			a. <input type="checkbox"/>	b. <input type="checkbox"/> Resources available as noted in block 12		
				c. <input type="checkbox"/>	c. <input type="checkbox"/> Resources not available		
Logistics	10. Requisition/Purchase Order #:			11. Supplier Name/Phone/Fax/Email:		13. Logistics Section Signature: Data/Time:	
	12. Notes:						
14. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC <input type="checkbox"/> OTHER _____							
Finance	15. Reply/Comments from Finance:					16. Finance Section Signature: Date/Time:	

Instructions for filling out the ICS-213RR CG Form

REQUESTOR: The requestor must fill in blocks 1 through 7.

Block # 1	Incident name: This is the same as the name stated on the ICS-201 Form and Incident Action Plan (IAP).
Block # 2	Current date and time when submitting request.
Block # 3	Resource Request Number: Specific to the form & enables downstream tracking.
Block # 4a-c	Items requested: Must include quantity; Include Kind and Type if applicable.
Block # 4.d	Priority is either U – Urgent or R – Routine. Requestor: Urgent should ONLY be used if the resource must be checked-in and available within the specified time period or an <u>operational</u> objective will not be met. LSC: An Urgent request takes priority over all other requests. The requestor should be notified ASAP on the status of the request.
Block # 4.e	The detailed description of requirements. BE SPECIFIC AS POSSIBLE.
Block # 4.f	Delivery/Reporting Location and Times: This is self-explanatory and is required to ensure timely and accurate delivery of the resource.
Block #4g-i	Leave blank for SPUL/PROC to fill in. Order number is tied to ICS-211.
Block # 5	Substitutes and/or Suggested Sources: Enter applicable information if known.
Block # 6	Requestor: Print name, position, sign and date.
Block # 7	Approval: This must be approved by the appropriate Section Chief or Command Staff Officer.

PLANNING SECTION: Depending on Resource Request Process, the RESL fills in blocks 8 and 9.

Box # 8.a	RESL: Check box if request for tactical resources
Box #8.b/c	RESL: If a tactical resource, check only one box as appropriate
Block # 9	RESL: Sign and date

LOGISTICS SECTION: Blocks 10 through 13 are filled out by the Supply Unit.

Note: Blocks 4 G and H are to be filled out by the Supply Unit or Procurement Unit upon ordering.

Block # 10	Requisition/Purchase Order Number: To be assigned by Supply Unit.
Block # 11	Supplier Point of Contact, Phone Number and Fax Number.
Block # 12	Notes: additional information on the supplier, when contacted, etc.
Block # 13	Signature: As specified by the Resource Request Process. Usually the signature of the SPUL but may also be the LSC or Deputy LSC.
Block # 14	Orderer (SPUL or PROC). Other block is checked if SPUL/PROC positions not filled. If this block is checked, fill in position.

FINANCE SECTION: Blocks 15 and 16 are filled out by the Procurement Unit.

Block # 15	Comments concerning request from FSC, Deputy FSC, or PROC.
Block # 16	Approval: This must be approved in accordance with Resource Request Process.

Note: Cost associated requests will not be ordered without approval in accordance with the Resource Request Process.

ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____
3. Name:		4. ICS Position:		5. Home Agency (and Unit):
6. Resources Assigned:				
Name	ICS Position		Home Agency (and Unit)	
7. Activity Log:				
Date/Time	Notable Activities			
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 214, Page 1		Date/Time: _____		

ACTIVITY LOG (ICS 214)

[illegible]

ICS 214

Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	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	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> • Name 	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> • ICS Position 	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
7	<ul style="list-style-type: none"> • Home Agency (and Unit) 	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

[illegible]

ICS 215

Operational Planning Worksheet

Purpose. The Operational Planning Worksheet (ICS 215) communicates the decisions made by the Operations Section Chief during the Tactics Meeting concerning resource assignments and needs for the next operational period. The ICS 215 is used by the Resources Unit to complete the Assignment Lists (ICS 204) and by the Logistics Section Chief for ordering resources for the incident.

Preparation. The ICS 215 is initiated by the Operations Section Chief and often involves logistics personnel, the Resources Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staffs during the Planning Meeting. It may be useful in some disciplines or jurisdictions to prefill ICS 215 copies prior to incidents.

Distribution. When the Branch, Division, or Group work assignments and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the ICS 204. The Logistics Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

Notes:

- This worksheet can be made into a wall mount.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.
- If additional pages are needed, use a blank ICS 215 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	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	Branch	Enter the Branch of the work assignment for the resources.
4	Division, Group, or Other	Enter the Division, Group, or other location (e.g., Staging Area) of the work assignment for the resources.
5	Work Assignment & Special Instructions	Enter the specific work assignments given to each of the Divisions/Groups and any special instructions, as required.
6	Resources	Complete resource headings for category, kind, and type as appropriate for the incident. The use of a slash indicates a single resource in the upper portion of the slash and a Strike Team or Task Force in the bottom portion of the slash.
	• Required	Enter, for the appropriate resources, the number of resources by type (engine, squad car, Advanced Life Support ambulance, etc.) required to perform the work assignment.
	• Have	Enter, for the appropriate resources, the number of resources by type (engines, crew, etc.) available to perform the work assignment.
	• Need	Enter the number of resources needed by subtracting the number in the "Have" row from the number in the "Required" row.
7	Overhead Position(s)	List any supervisory and nonsupervisory ICS position(s) not directly assigned to a previously identified resource (e.g., Division/Group Supervisor, Assistant Safety Officer, Technical Specialist, etc.).
8	Special Equipment & Supplies	List special equipment and supplies, including aviation support, used or needed. This may be a useful place to monitor span of control.
9	Reporting Location	Enter the specific location where the resources are to report (Staging Area, location at incident, etc.).
10	Requested Arrival Time	Enter the time (24-hour clock) that resources are requested to arrive at the reporting location.

Block Number	Block Title	Instructions
11	Total Resources Required	Enter the total number of resources required by category/kind/type as preferred (e.g., engine, squad car, ALS ambulance, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/ Task Forces in the bottom portion of the slash.
12	Total Resources Have on Hand	Enter the total number of resources on hand that are assigned to the incident for incident use. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
13	Total Resources Need To Order	Enter the total number of resources needed. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
14	Prepared by <ul style="list-style-type: none"> • 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).

[illegible]

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:		2. Incident Number:	
3. Date/Time Prepared: Date: _____ Time: _____		4. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
8. Prepared by (Safety Officer): Name: _____ Signature: _____			
Prepared by (Operations Section Chief): Name: _____ Signature: _____			
ICS 215A		Date/Time: _____	

ICS 215A

Incident Action Plan Safety Analysis

Purpose. The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

Preparation. The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

Distribution. When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

Notes:

- This worksheet can be made into a wall mount, and can be part of the IAP.
- If additional pages are needed, use a blank ICS 215A and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Prepared	Enter date (month/day/year) and time (using the 24-hour clock) prepared.
4	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies.
5	Incident Area	Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.
6	Hazards/Risks	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.
7	Mitigations	List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment or use of a buddy system or escape routes).
8	Prepared by (Safety Officer and Operations Section Chief) <ul style="list-style-type: none">• Name• Signature• Date/Time	Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation. Enter date (month/day/year) and time (24-hour clock) reviewed.

[illegible]

ICS 215A-CG INCIDENT ACTION PLAN SAFETY ANALYSIS (rev 2/15)
Instructions for filling out the form

Purpose: The purpose of this worksheet is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards and develop appropriate controls. The 2015 change removed the GAR terminology from the form – this is the only change from the 2006 version.

Preparation: During the Incident Action Planning cycle where the Operations Section Chief (OSC) is preparing for the tactics meeting, the Safety Officer works alongside the OSC and completes the Incident Action Plan Safety Analysis. This sheet mirrors the ICS 215 form. Work assignments are listed along with associated hazards. A calculation is made that determines what level of risk each work assignment poses. For those assignments having significant risk, controls are developed for safeguarding responders. The net risk is evaluated against the gain. The Incident Commander should be alerted to all safety hazards that receive high risk rating (e.g. red) after controls have been established.

Distribution: The Operational Hazard Worksheet is attached to the Incident Site Safety Plan and is distributed according to the instruction for Site Safety Plans.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) and time prepared.
3	Division/Group	Enter the Branch, Division or Group title in abbreviated form.
4	Work Assignment	List the work assignment for each Branch, Division or Group.
5	Gain	Check the gain that is achieved when the work assignment is accomplished.
6	Hazards	Using the IAP Safety Analysis Aid (page 2), list the type of hazards likely to be encountered for the work assignment. Place a check mark in the box below the hazard.
7	Controls	Using the IAP Safety Analysis Aid (page 2), list the type of controls likely to be used for addressing the hazards listed. Place a check mark in the box below the control.
8	ORM	Using the "Key", assign a number from 1 to 5 based on the level of severity, probability and exposure. Multiply all numbers together to get a total. Enter this number into the total column. Using the scale on the bottom of the sheet, assign a color, risk level or action phrase in this block.
9	Prepared by	Enter the name of the person who completed this worksheet.

ICS-215A-CG INCIDENT ACTION PLAN SAFETY ANALYSIS AID

HAZARDS:

Physical	Chemical/Biological	Human
• Slipping	• Explosion	• Violence
• Tripping	• Flammable	• Poor Lifting
• Fall	• Air Reactive	• Repetition
• Overhead	• Water Reactive	• Excessive Force
• Heat Stress	• Chem Reactive	• Poor posture
• Cold Stress	• Alpha Rad	• Awkward motion
• Electrical	• Beta Rad	• Fatigue
• Blunt Objects	• Gamma Rad	• Poor hygiene
• Sharp Objects	• X Rad	• Illness
• Noise	• Bio-weapon	• Alcohol/Drugs
• Vehicle	• Chem-weapon	• Over crowding
• Fire	• Irritant	• Poor comms
• Sun/UV Glare	• Asphyxiant	• Noise interference
• Sun Burn	• Oxidizer	• Smoking
• Moving Pinch Points	• Carcinogen	• Driving
• Unguarded Machinery	• Corrosive	Animal/Plant
• Lightning	• Cryogenic	• Bites/Stings
• Drowning	• Toxic	• Poison
• Engulfment	• Biomed/pathogen	• Thorns/burrs
• Limited Egress/Access	• Particulates	• Swarms
	• Fumes (weld etc.)	• Disease
	• O2 Deficiency	• Feces/Coliforms

CONTROLS:

Types of Engineering Controls:

• Barriers	• Shields	• Dams
• Capping	• Covering	• Fencing
• Terminating	• Shutting	• Blocking
• Chocks	• Enclosures	• Diverters
• Flanging	• Guarding	• Substitution
• Scaffolding	• Grounding	• Substitution
• Bonding	• Insulation	• Lighting
• Locks, Tags	• Kill-switches	• Shut-off valves
• Taglines	• Circuit Breakers	• Process change
• Plugging, patching	• Sealing	• Absorbers

Types of Administrative Controls:

• Reduced work duration	• Worker rotation	• Safety plans
• Training	• Safety briefs	• Relief personnel
• Maintenance	• Drinking fluids	• Work/rest periods
• Good housekeeping	• Roving security	• Signs
• Warning lights	• Alarms	• Break areas
• Pre-inspections	• Field checks	• Buddy system
• Line of sight comms	• Comms schedule	• Equipt staging
• Load shifting	• Hazard marking	• Placarding
• Labeling	• Hand signals	• Safety observers
• Fendering	• Work plans	• Replenish fluids
• Handcarts/trolleys	• Fire extinguishers	• Drum bulking
• Eye Wash Station	• Hand washers	• Showers

Types of Personal Protective Equipment Controls:

• Hard hats	• Steel-toed shoes	• Safety glasses
• Safety goggles	• Face shields	• Hearing Protection
• Life jacket	• Fall arrests	• SCBA
• APRs	• Chemical suits	• Flash suits
• Fire resistant suits	• Work gloves	• Chemical gloves
• Sun glasses	• Sun-block	• Life rings
• Eye wash stations	• Night vision	• Thermal protection
• Dry/wet suits	• Hand warmers	• Wind breaker coat
• Knee pads	• Over garments	• Coveralls
• Booties	• Cooling vests	• Chap lip protection
• Hats for warming	• Gloves (warmth)	• Clothing (warmth)

1. Incident Name:	2. Incident Number:	3. Date/Time Prepared: Date: Time:	4. Vehicle/Equipment Category:
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[illegible]

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 218

Support Vehicle/Equipment Inventory

Purpose. The Support Vehicle/Equipment Inventory (ICS 218) provides an inventory of all transportation and support vehicles and equipment assigned to the incident. The information is used by the Ground Support Unit to maintain a record of the types and locations of vehicles and equipment on the incident. The Resources Unit uses the information to initiate and maintain status/resource information.

Preparation. The ICS 218 is prepared by Ground Support Unit personnel at intervals specified by the Ground Support Unit Leader.

Distribution. Initial inventory information recorded on the form should be given to the Resources Unit. Subsequent changes to the status or location of transportation and support vehicles and equipment should be provided to the Resources Unit immediately.

Notes:

- If additional pages are needed, use a blank ICS 218 and repaginate as needed.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Prepared	Enter the date (month/day/year) and time (using the 24-hour clock) the form is prepared.
4	Vehicle/Equipment Category	Enter the specific vehicle or equipment category (e.g., buses, generators, dozers, pickups/sedans, rental cars, etc.). Use a separate sheet for each vehicle or equipment category.
5	Vehicle/Equipment Information	Record the following information:
	Order Request Number	Enter the order request number for the resource as used by the jurisdiction or discipline, or the relevant EMAC order request number.
	Incident Identification Number	Enter any special incident identification numbers or agency radio identifier assigned to the piece of equipment used only during the incident, if this system is used (e.g., "Decontamination Unit 2," or "Water Tender 14").
	Vehicle or Equipment Classification	Enter the specific vehicle or equipment classification (e.g., bus, backhoe, Type 2 engine, etc.) as relevant.
	Vehicle or Equipment Make	Enter the vehicle or equipment manufacturer name (e.g., "GMC," "International").
	Category/Kind/Type, Capacity, or Size	Enter the vehicle or equipment category/kind/type, capacity, or size (e.g., 30-person bus, 3/4-ton truck, 50 kW generator).
	Vehicle or Equipment Features	Indicate any vehicle or equipment features such as 2WD, 4WD, towing capability, number of axles, heavy-duty tires, high clearance, automatic vehicle locator (AVL), etc.
	Agency or Owner	Enter the name of the agency or owner of the vehicle or equipment.
	Operator Name or Contact	Enter the operator name and/or contact information (cell phone, radio frequency, etc.).
	Vehicle License or Identification Number	Enter the license plate number or another identification number (such as a serial or rig number) of the vehicle or equipment.
	Incident Assignment	Enter where the vehicle or equipment will be located at the incident and its function (use abbreviations per discipline or jurisdiction).

Block Number	Block Title	Instructions
5 (continued)	Incident Start Date and Time	Indicate start date (month/day/year) and time (using the 24-hour clock) for driver or for equipment as may be relevant.
	Incident Release Date and Time	Enter the date (month/day/year) and time (using the 24-hour clock) the vehicle or equipment is released from the incident.
6	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature 	Enter the name, ICS position/title, and signature of the person preparing the form.

ICS 219

Resource Status Card (T-Card)

Purpose. Resource Status Cards (ICS 219) are also known as “T-Cards,” and are used by the Resources Unit to record status and location information on resources, transportation, and support vehicles and personnel. These cards provide a visual display of the status and location of resources assigned to the incident.

Preparation. Information to be placed on the cards may be obtained from several sources including, but not limited to:

- Incident Briefing (ICS 201).
- Incident Check-In List (ICS 211).
- General Message (ICS 213).
- Agency-supplied information or electronic resource management systems.

Distribution. ICS 219s are displayed in resource status or “T-Card” racks where they can be easily viewed, retrieved, updated, and rearranged. The Resources Unit typically maintains cards for resources assigned to an incident until demobilization. At demobilization, all cards should be turned in to the Documentation Unit.

Notes. There are eight different status cards (see list below) and a header card, to be printed front-to-back on cardstock. Each card is printed on a different color of cardstock and used for a different resource category/kind/type. The format and content of information on each card varies depending upon the intended use of the card.

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Acronyms. Abbreviations utilized on the cards are listed below:

- AOV: Agency-owned vehicle
- ETA: Estimated time of arrival
- ETD: Estimated time of departure
- ETR: Estimated time of return
- O/S Mech: Out-of-service for mechanical reasons
- O/S Pers: Out-of-service for personnel reasons
- 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
- POV: Privately owned vehicle

ICS 219-1: Header Card

Block Title	Instructions
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).

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
Front				
Date/Time Checked In:				
Leader Name:				
Primary Contact Information:				
Crew/Team ID #(s) or Name(s):				
Manifest:		Total Weight:		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Method of Travel to Incident:				
<input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other				
Home Base:				
Departure Point:				
ETD:		ETA:		
Transportation Needs at Incident:				
<input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other				
Date/Time Ordered:				
Remarks:				
Prepared by:				
Date/Time:				
ICS 219-2 CREW/TEAM (GREEN)				

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
Back				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Prepared by:				
Date/Time:				
ICS 219-2 CREW/TEAM (GREEN)				

ICS 219-2: Crew/Team 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 crew/team. 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	<p>Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p>
Crew/Team ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for this crew/team (e.g., Air Monitoring Team 2, Entry Team 3).
Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Total Weight	Enter the total weight for the crew/team. This information is necessary when the crew/team are transported by charter air.
Method of Travel to Incident <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	Check the box(es) for the appropriate method(s) of travel the individual used to bring himself/herself to the incident. AOV is "agency-owned vehicle." POV is "privately owned vehicle."
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 crew/team's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the crew/team's estimated time of arrival (using the 24-hour clock) at the incident.

Block Title	Instructions
Transportation Needs at Incident <input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	Check the box(es) for the appropriate method(s) of transportation at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the crew/team was ordered to the incident.
Remarks	Enter any additional information pertaining to the crew/team.
BACK OF FORM	
Incident Location	Enter the location of the crew/team.
Time	Enter the time (24-hour clock) the crew/team reported to this location.
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the crew/team's current status: <ul style="list-style-type: none"> 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 crew/team'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).

ICS 219-3: Engine 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	<p>Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p>
Resource ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for the resource(s).
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 <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	<p>Enter the resource's current status:</p> <ul style="list-style-type: none"> 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.

Block Title	Instructions
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).

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
Front				
Date/Time Checked In:				
Pilot Name:				
Home Base:				
Departure Point:				
ETD:		ETA:		
Destination Point:				
Date/Time Ordered:				
Remarks:				
Prepared by:				
Date/Time:				
ICS 219-4 HELICOPTER (BLUE)				

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
Back				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Prepared by:				
Date/Time:				
ICS 219-4 HELICOPTER (BLUE)				

ICS 219-4: Helicopter 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 the pilot.
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.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Pilot Name:	Enter pilot's name (use at least the first initial and last name).
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 destination point.
Destination Point	Use this section to enter the location at the incident where the resource has been requested to report.
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 <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the resource's current status: <ul style="list-style-type: none"> 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).

ST/Unit:	Name:	Position/Title:
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Front	
Date/Time Checked In:	
Name:	
Primary Contact Information:	
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Weight:
Method of Travel to Incident: <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	
Home Base:	
Departure Point:	
ETD:	ETA:
Transportation Needs at Incident: <input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	
Date/Time Ordered:	
Remarks:	
Prepared by:	
Date/Time:	
ICS 219-5 PERSONNEL (WHITE CARD)	

ST/Unit:	Name:	Position/Title:
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Back	
Incident Location:	Time:
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____	
Notes:	
Incident Location:	Time:
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____	
Notes:	
Incident Location:	Time:
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____	
Notes:	
Incident Location:	Time:
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____	
Notes:	
Prepared by:	
Date/Time:	
ICS 219-5 PERSONNEL (WHITE CARD)	

ICS 219-5: Personnel Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
Name	Enter the individual's first initial and last name.
Position/Title	Enter the individual's ICS position/title.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Name	Enter the individual's full name.
Primary Contact Information	<p>Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p>
Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Total Weight	Enter the total weight for the crew. This information is necessary when the crew are transported by charter air.
Method of Travel to Incident <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	Check the box(es) for the appropriate method(s) of travel the individual used to bring himself/herself to the incident. AOV is "agency-owned vehicle." POV is "privately owned vehicle."
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 crew's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the crew's estimated time of arrival (using the 24-hour clock) at the incident.
Transportation Needs at Incident <input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	Check the box(es) for the appropriate method(s) of transportation at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the crew was ordered to the incident.
Remarks	Enter any additional information pertaining to the crew.
BACK OF FORM	
Incident Location	Enter the location of the crew.
Time	Enter the time (24-hour clock) the crew reported to this location.

Block Title	Instructions
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the crew's current status: <ul style="list-style-type: none"> 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 crew'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).

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
Front				
Date/Time Checked-In:				
Pilot Name:				
Home Base:				
Departure Point:				
ETD:		ETA:		
Destination Point:				
Date/Time Ordered:				
Manufacturer:				
Remarks:				
Prepared by:				
Date/Time:				
ICS 219-6 FIXED-WING (ORANGE)				

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
Back				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:			Time:	
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Prepared by:				
Date/Time:				
ICS 219-6 FIXED-WING (ORANGE)				

ICS 219-6: Fixed-Wing 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 the pilot.
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.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Pilot Name:	Enter pilot's name (use at least the first initial and last name).
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 destination point.
Destination Point	Use this section to enter the location at the incident where the resource has been requested to report.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Manufacturer	Enter the manufacturer of the aircraft.
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 <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the resource's current status: <ul style="list-style-type: none"> 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).

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	<p>Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p>
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 <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	<p>Enter the resource's current status:</p> <ul style="list-style-type: none"> 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.

Block Title	Instructions
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).

ICS 219-8: Miscellaneous Equipment/Task Force 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 work day 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	<p>Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p>
Resource ID #(s) or Name(s)	Provide the identifier number or name 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 <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	<p>Enter the resource's current status:</p> <ul style="list-style-type: none"> 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.

Block Title	Instructions
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).

ICS 219-10: Generic 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	<p>Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p>
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 <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	<p>Enter the resource's current status:</p> <ul style="list-style-type: none"> 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.

Block Title	Instructions
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).

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:			2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____			3. Sunrise: _____ Sunset: _____	
4. Remarks (safety notes, hazards, air operations special equipment, etc.):			5. Ready Alert Aircraft: Medivac: _____ New Incident: _____			6. Temporary Flight Restriction Number: Altitude: _____ Center Point: _____	
			Air/Air Fixed-Wing				9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft:
7. Personnel:	Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following			Other Fixed-Wing Aircraft:	
Air Operations Branch Director			Air/Ground				
Air Support Group Supervisor			Command				
Air Tactical Group Supervisor			Deck Coordinator				
Helicopter Coordinator			Take-Off & Landing Coordinator				
Helibase Manager			Air Guard				
10. Helicopters (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
11. Prepared by: Name: _____ Position/Title: _____ Signature: _____							
ICS 220, Page 1			Date/Time: _____				

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:		2. Operational Period: Date From: Date To: Time From: Time To:		3. Sunrise: Sunset:	
12. Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.):					
Category/Kind/Type and Function	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	Mission Start	Fly From	Fly To	
11. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 220, Page 2		Date/Time: _____			

ICS 220

Air Operations Summary

Purpose. The Air Operations Summary (ICS 220) provides the Air Operations Branch with the number, type, location, and specific assignments of helicopters and air resources.

Preparation. The ICS 220 is completed by the Operations Section Chief or the Air Operations Branch Director during each Planning Meeting. General air resources assignment information is obtained from the Operational Planning Worksheet (ICS 215), which also is completed during each Planning Meeting. Specific designators of the air resources assigned to the incident are provided by the Air and Fixed-Wing Support Groups. If aviation assets would be utilized for rescue or are referenced on the Medical Plan (ICS 206), coordinate with the Medical Unit Leader and indicate on the ICS 206.

Distribution. After the ICS 220 is completed by Air Operations personnel, the form is given to the Air Support Group Supervisor and Fixed-Wing Coordinator personnel. These personnel complete the form by indicating the designators of the helicopters and fixed-wing aircraft assigned missions during the specified operational period. This information is provided to Air Operations personnel who, in turn, give the information to the Resources Unit.

Notes:

- If additional pages are needed for any form page, use a blank ICS 220 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> Date and Time From Date and Time To 	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	Sunrise/Sunset	Enter the sunrise and sunset times.
4	Remarks (safety notes, hazards, air operations special equipment, etc.)	Enter special instructions or information, including safety notes, hazards, and priorities for Air Operations personnel.
5	Ready Alert Aircraft <ul style="list-style-type: none"> Medivac New Incident 	Identify ready alert aircraft that will be used as Medivac for incident assigned personnel and indicate on the Medical Plan (ICS 206). Identify aircraft to be used for new incidents within the area or new incident(s) within an incident.
6	Temporary Flight Restriction Number <ul style="list-style-type: none"> Altitude Center Point 	Enter Temporary Flight Restriction Number, altitude (from the center point), and center point (latitude and longitude). This number is provided by the Federal Aviation Administration (FAA) or is the order request number for the Temporary Flight Restriction.
7	Personnel <ul style="list-style-type: none"> Name Phone Number 	Enter the name and phone number of the individuals in Air Operations.
	Air Operations Branch Director	
	Air Support Group Supervisor	
	Air Tactical Group Supervisor	
	Helicopter Coordinator	
	Helibase Manager	

Block Number	Block Title	Instructions
8	Frequencies <ul style="list-style-type: none"> AM FM 	Enter primary air/air, air/ground (if applicable), command, deck coordinator, take-off and landing coordinator, and other radio frequencies to be used during the incident.
	Air/Air Fixed-Wing	
	Air/Air Rotary-Wing – Flight Following	Flight following is typically done by Air Operations.
	Air/Ground	
	Command	
	Deck Coordinator	
	Take-Off & Landing Coordinator	
	Air Guard	
9	Fixed-Wing (category/kind/type, make/model, N#, base)	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance, make/model, N#, and base of air assets allocated to the incident.
	Air Tactical Group Supervisor Aircraft	
	Other Fixed-Wing Aircraft	
10	Helicopters	Enter the following information about the helicopter resources allocated to the incident.
	FAA N#	Enter the FAA N#.
	Category/Kind/Type	Enter the helicopter category/kind/type based on NIMS, discipline, or jurisdiction guidance.
	Make/Model	Enter the make and model of the helicopter.
	Base	Enter the base where the helicopter is located.
	Available	Enter the time the aircraft is available.
	Start	Enter the time the aircraft becomes operational.
	Remarks	
11	Prepared by <ul style="list-style-type: none"> 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).
12	Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.)	Enter the specific assignment (e.g., water or retardant drops, logistical support, or availability status for a specific purpose, support backup, recon, Medivac, etc.). If applicable, enter the primary air/air and air/ground radio frequency to be used. Mission assignments may be listed by priority.
	Category/Kind/Type and Function	
	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	
	Mission Start	
	Fly From	Enter the incident location or air base the aircraft is flying from.
	Fly To	Enter the incident location or air base the aircraft is flying to.

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name:		2. Incident Number:	
3. Planned Release Date/Time: Date: _____ Time: _____		4. Resource or Personnel Released:	
5. Order Request Number:			
6. Resource or Personnel: You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).			
LOGISTICS SECTION			
	Unit/Manager	Remarks	Name Signature
<input type="checkbox"/>	Supply Unit		
<input type="checkbox"/>	Communications Unit		
<input type="checkbox"/>	Facilities Unit		
<input type="checkbox"/>	Ground Support Unit		
<input type="checkbox"/>	Security Manager		
<input type="checkbox"/>			
FINANCE/ADMINISTRATION SECTION			
	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>	Time Unit		
<input type="checkbox"/>			
<input type="checkbox"/>			
OTHER SECTION/STAFF			
	Unit/Other	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>			
PLANNING SECTION			
	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>	Documentation Leader		
<input type="checkbox"/>	Demobilization Leader		
7. Remarks: 			
8. Travel Information: Estimated Time of Departure: _____ Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No Destination: _____ Actual Release Date/Time: _____ Travel Method: _____ Estimated Time of Arrival: _____ Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Information While Traveling: _____ Number: _____ Area/Agency/Region Notified: _____			
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No Incident Name: _____ Incident Number: _____ Location: _____ Order Request Number: _____			
10. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 221		Date/Time: _____	

ICS 221

Demobilization Check-Out

Purpose. The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation. The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Planned Release Date/Time	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	Resource or Personnel Released	Enter name of the individual or resource being released.
5	Order Request Number	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	Resource or Personnel You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative). <ul style="list-style-type: none"> • Unit/Leader/Manager/Other • Remarks • Name • Signature 	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).
	Logistics Section <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Ground Support Unit <input type="checkbox"/> Security Manager	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.

Block Number	Block Title	Instructions
6 (continued)	Finance/Administration Section <input type="checkbox"/> Time Unit	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Other Section/Staff <input type="checkbox"/>	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Planning Section <input type="checkbox"/> Documentation Leader <input type="checkbox"/> Demobilization Leader	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
7	Remarks	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.
8	Travel Information	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
	Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.
9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.

Block Number	Block Title	Instructions
10	Prepared by <ul style="list-style-type: none">• 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 (using the 24-hour clock).

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED <u>ONLY</u> FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT						
1. Name:		2. Incident Name:			3. Incident Number:	
4. Home Unit Name and Address:				5. Incident Agency and Address:		
6. Position Held on Incident:		7. Date(s) of Assignment: From: To:		8. Incident Complexity Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		9. Incident Definition:
10. Evaluation						
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
11. Knowledge of the Job/ Professional Competence: Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)	<input type="checkbox"/>	Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs.	<input type="checkbox"/>	Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs.	<input type="checkbox"/>	Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work.
12. Ability To Obtain Performance/Results: Quality, quantity, timeliness, and impact of work.	<input type="checkbox"/>	Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve.	<input type="checkbox"/>	Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness.	<input type="checkbox"/>	Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement.
13. Planning/ Preparedness: Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).	<input type="checkbox"/>	Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information.	<input type="checkbox"/>	Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed.	<input type="checkbox"/>	Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact.
14. Using Resources: Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).	<input type="checkbox"/>	Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods.	<input type="checkbox"/>	Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste.	<input type="checkbox"/>	Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency.
15. Adaptability/Attitude: Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.	<input type="checkbox"/>	Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations.	<input type="checkbox"/>	Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities.	<input type="checkbox"/>	Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change.
16. Communication Skills: Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.	<input type="checkbox"/>	Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread.	<input type="checkbox"/>	Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously.	<input type="checkbox"/>	Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives.

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

1. Name:		2. Incident Name:			3. Incident Number:	
10. Evaluation						
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
17. Ability To Work on a Team: Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.	<input type="checkbox"/>	Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness. Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals.	<input type="checkbox"/>	Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals.	<input type="checkbox"/>	Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult situations. Major contributor to team effort. Established relationships and networks across a broad range of people and groups, raising accomplishments of mutual goals to a remarkable level.
18. Consideration for Personnel/Team Welfare: Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.	<input type="checkbox"/>	Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>	Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate. Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>	Always accessible. Enhanced overall quality of life. Actively contributed to achieving balance among IMT requirements and professional and personal responsibilities. Strong advocate for subordinates; ensured appropriate and timely recognition, both formal and informal.
19. Directing Others: Ability to influence or direct others in accomplishing tasks or missions.	<input type="checkbox"/>	Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment.	<input type="checkbox"/>	A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task.	<input type="checkbox"/>	An inspirational leader who motivated others to achieve results not normally attainable. Won people over rather than imposing will. Clearly articulated vision; empowered subordinates to set goals and objectives to accomplish tasks. Modified leadership style to best meet challenging situations.
20. Judgment/Decisions Under Stress: Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.	<input type="checkbox"/>	Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization.	<input type="checkbox"/>	Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information.	<input type="checkbox"/>	Combined keen analytical thought, an understanding of political processes, and insight to make appropriate decisions. Focused on the key issues and the most relevant information. Did the right thing at the right time. Actions indicated awareness of impact of decisions on others. Not afraid to take reasonable risks to achieve positive results.
21. Initiative Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.	<input type="checkbox"/>	Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements in methods, services, or products went unexplored.	<input type="checkbox"/>	Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods.	<input type="checkbox"/>	Aggressively sought out additional responsibility. A self-learner. Made worthwhile ideas and practices work when others might have given up. Extremely innovative. Optimized use of new ideas and methods to improve work processes and decisionmaking.
22. Physical Ability for the Job: Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.	<input type="checkbox"/>	Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need.	<input type="checkbox"/>	Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional well-being. Recognized and managed stress effectively.	<input type="checkbox"/>	Remarkable vitality, enthusiasm, alertness, and energy. Consistently contributed at high levels of activity. Optimized personal performance through involvement in activities that supported physical and emotional well-being. Monitored and helped others deal with stress and enhance health and well-being.
23. Adherence to Safety: Ability to invest in the IMT's future by caring for the safety of self and others.	<input type="checkbox"/>	Failed to adequately identify and protect personnel from safety hazards.	<input type="checkbox"/>	Ensured that safe operating procedures were followed.	<input type="checkbox"/>	Demonstrated a significant commitment toward safety of personnel.
24. Remarks:						
25. Rated Individual (This rating has been discussed with me):						
Signature: _____ Date/Time: _____						
26. Rated by: Name: _____ Signature: _____						
Home Unit: _____ Position Held on This Incident: _____						
ICS 225			Date/Time: _____			

ICS 225

Incident Personnel Performance Rating

Purpose. The Incident Personnel Performance Rating (ICS 225) gives supervisors the opportunity to evaluate subordinates on incident assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.

Preparation. The ICS 225 is normally prepared by the supervisor for each subordinate, using the evaluation standard given in the form. The ICS 225 will be reviewed with the subordinate, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

Distribution. The ICS 225 is provided to the Planning Section Chief before the rater leaves the incident.

Notes:

- Use a blank ICS 225 for each individual.
- Additional pages can be added based on individual need.

Block Number	Block Title	Instructions
1	Name	Enter the name of the individual being rated.
2	Incident Name	Enter the name assigned to the incident.
3	Incident Number	Enter the number assigned to the incident.
4	Home Unit Address	Enter the physical address of the home unit for the individual being rated.
5	Incident Agency and Address	Enter the name and address of the authority having jurisdiction for the incident.
6	Position Held on Incident	Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated.
7	Date(s) of Assignment <ul style="list-style-type: none"> • From • To 	Enter the date(s) (month/day/year) the individual was assigned to the incident.
8	Incident Complexity Level <ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 	Indicate the level of complexity for the incident.
9	Incident Definition	Enter a general definition of the incident in this block. This may be a general incident category or kind description, such as "tornado," "wildfire," "bridge collapse," "civil unrest," "parade," "vehicle fire," "mass casualty," etc.
10	Evaluation	Enter "X" under the appropriate column indicating the individual's level of performance for each duty listed.
	N/A	The duty did not apply to this incident.
	1 – Unacceptable	Does not meet minimum requirements of the individual element. Deficiencies/Improvements needed must be identified in Remarks.
	2 – Needs Improvement	Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.
	3 – Met Standards	Satisfactory. Employee meets all requirements of the individual element.

Block Number	Block Title	Instructions
	4 – Fully Successful	Employee meets all requirements and exceeds one or several of the requirements of the individual element.
10	5 – Exceeded Expectations	Superior. Employee consistently exceeds the performance requirements.
11	Knowledge of the Job/ Professional Competence:	Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)
12	Ability To Obtain Performance/Results:	Quality, quantity, timeliness, and impact of work.
13	Planning/Preparedness:	Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).
14	Using Resources:	Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).
15	Adaptability/Attitude:	Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.
16	Communication Skills:	Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.
17	Ability To Work on a Team:	Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.
18	Consideration for Personnel/Team Welfare:	Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.
19	Directing Others:	Ability to influence or direct others in accomplishing tasks or missions.
20	Judgment/Decisions Under Stress:	Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.
21	Initiative	Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.
22	Physical Ability for the Job:	Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.
23	Adherence to Safety:	Ability to invest in the IMT's future by caring for the safety of self and others.
24	Remarks	Enter specific information on why the individual received performance levels.
25	Rated Individual (This rating has been discussed with me) <ul style="list-style-type: none"> • Signature • Date/Time 	Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed.
26	Rated by <ul style="list-style-type: none"> • Name • Signature • Home Unit • Position Held on This Incident • Date/Time 	Enter the name, signature, home unit, and position held on the incident of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared.

INCIDENT PERSONNEL PERFORMANCE RATING ICS 225-CG		INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the incident. Rating will be reviewed with the subordinate who will sign at the bottom. To electronically fill form, double-click on first word of each section, then enter information.			
THIS RATING IS TO BE USED <u>ONLY</u> FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT					
1. Name: Rank Last, First			2. Incident Name: Enter Incident Name		
3. Home Unit and Phone Number: Enter Unit or Home Office here			4. Location of Incident: City, State		
5. Position Assigned: ICS Position		6. Date of Assignment: From: dd/mm/yyyy To: dd/mm/yyyy		7. Date Incident Started: dd/mm/yyyy	8. Incident Type: Type I, II, III
9. Incident Kind: (Oil/Hazmat Spill/SAR/Fire/Etc)					
10. Evaluation					
Rating Factors	N/A	1 - Unacceptable	2	3 – Met Standards	4
		5 – Exceeded Expectations			
A. Knowledge of the job/ Professional Competence & Using ICS:	<input type="checkbox"/>	Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. <input type="checkbox"/>	<input type="checkbox"/>	Competent and credible authority on specialty or operational issues. <input type="checkbox"/>	<input type="checkbox"/>
B. Planning/Preparedness & ability to obtain performance/results:	<input type="checkbox"/>	Got caught by the unexpected; appeared to be controlled by events; routine tasks accomplished with difficulty. <input type="checkbox"/>	<input type="checkbox"/>	Consistently prepared. Set high but realistic goals. Work was timely and of high quality; required same of subordinates. <input type="checkbox"/>	<input type="checkbox"/>
C. Adaptability/Attitude:	<input type="checkbox"/>	Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. <input type="checkbox"/>	<input type="checkbox"/>	Receptive to change, new information, and technology. <input type="checkbox"/>	<input type="checkbox"/>
D. Communication Skills:	<input type="checkbox"/>	Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. <input type="checkbox"/>	<input type="checkbox"/>	Effectively expressed ideas and facts in individual and group situations; non-verbal actions consistent with spoken message. <input type="checkbox"/>	<input type="checkbox"/>
E. Directing Others:	<input type="checkbox"/>	Shown difficulty in directing or influencing others. Unwilling to delegate authority to increase efficiency of task accomplishment. <input type="checkbox"/>	<input type="checkbox"/>	Set high work standards; clearly articulated job requirements, expectations and measurement criteria; held subordinates accountable. <input type="checkbox"/>	<input type="checkbox"/>
F. Ability to work on/ Consideration for team:	<input type="checkbox"/>	Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or others. Used teams ineffectively or at wrong times. <input type="checkbox"/>	<input type="checkbox"/>	Skillfully used teams to increase unit effectiveness, quality, and service. Cared for people. Recognized and responded to their needs <input type="checkbox"/>	<input type="checkbox"/>
G. Judgment/Decisions under stress:	<input type="checkbox"/>	Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts. <input type="checkbox"/>	<input type="checkbox"/>	Skillfully used teams to increase unit effectiveness, quality, and service. <input type="checkbox"/>	<input type="checkbox"/>
H. Initiative	<input type="checkbox"/>	Postponed needed action. Implemented or supported improvements only when directed. <input type="checkbox"/>	<input type="checkbox"/>	Championed improvement through new ideas, methods, and practices; self-starter. <input type="checkbox"/>	<input type="checkbox"/>
I. Adherence to safety:	<input type="checkbox"/>	Failed to adequately identify and protect personnel from safety hazards. <input type="checkbox"/>	<input type="checkbox"/>	Ensured that safe operating procedures were followed. <input type="checkbox"/>	<input type="checkbox"/>
11. Remarks/Potential: Type remarks here; Describe ability to assume greater leadership roles and responsibilities (e.g., rate performance, recommend incident management positions and/or ICS or other training).					
12. Rated Person (signature) This rating has been discussed with me. Rank Last, First					13 Date: mm/dd/yyyy
14. Rated By (signature/print name): Rank Last, First		15. Supervisor Home Unit (address/phone): Rank Last, First		16. Supervisor Position: ICS Position	
				17. Date: mm/dd/yyyy	

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225-CG) – Rev 9/06

Purpose. The Incident Personnel Performance Rating gives supervisors the opportunity to evaluate subordinates on incident assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.

Preparation. The Incident Personnel Performance Rating is normally prepared by the supervisor for each subordinate, using the evaluation standard given in the form. It will be delivered to the planning section before the rater leaves the incident. Rating will be reviewed with the subordinate who will sign at the bottom.

Distribution. The Incident Personnel Performance Rating is duplicated a copy is given to the subordinate and supervisor. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Name	Enter the name of the person being evaluated.
2.	Incident Name	Enter the name assigned to the incident.
3.	Home Unit	Enter the address and phone number of the home unit of the person being evaluated.
4.	Location of Incident	Enter the address/location of the incident.
5.	Position Assigned	Enter the position assigned for the purpose of this evaluation.
6.	Date of Assignment	Enter the date of assignment.
7.	Date Incident Started	Enter the date the incident started.
8.	Type of Incident	Enter the Type (size) of the incident: Type 1, 2, 3, 4 or 5.
9.	Kind of Incident	Enter the kind of incident: Oil/Hazmat Spill, SAR, Fire, etc.
10.	Evaluation	Enter X under the appropriate rating for each category listed using the definitions given.
	Not Applicable	not observed.
	1 - Unacceptable	Deficient. Does not meet minimum requirements of the individual element. DEFICIENCIES/IMPROVEMENTS NEEDED MUST BE IDENTIFIED IN REMARKS.
	2 - Needs to improve	Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.
	3 - Met Standards	Satisfactory. Employee meets all requirements of the individual element.
	4 - Fully successful	Employee meets all requirements and exceeds one or several of the requirements of the individual element.
	5 - Exceeded Expectations	Superior. Employee consistently exceeds the performance requirements.
11.	Remarks	Provide remarks/comments for ratings given. Comments required for <i>unsatisfactory</i> and <i>needs to improve</i> ratings.
12.	Rated Person Signature	Rated Person's signature.
13.	Date	Enter date (month, day, year) rated person signed performance rating.
14.	Rated By	Signature and printed name of supervisor/person giving the performance rating.
15.	Supervisor Home Unit	Enter address/phone of supervisor.
16.	Supervisor Position	Enter the position the supervisor held.
17.	Date	Enter date (month, day, year) supervisor signed the performance rating.

1. Incident Name		2. Operational Period (Date/Time) From: _____ To: _____		DAILY MEETING SCHEDULE ICS 230-CG	
3. Meeting Schedule (Commonly-held meetings are included)					
Date/ Time	Meeting Name	Purpose	Attendees	Location	
	Unified Command Objectives Meeting	Review/ identify objectives for the next operational period.	Unified Command members		
	Command & General Staff Meeting	IC/UC gives direction to Command & General staff including incident objectives and priorities	IC/UC, Command & General Staff		
	Tactics Meeting	Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period.	PSC, OSC, LSC, RESL & SITL		
	Planning Meeting	Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period.	Determined by the IC/UC		
	Operations Briefing	Present IAP and assignments to the Supervisors / Leaders for the next Operational Period.	IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups., Task Force/Strike Team Leaders and Unit Leaders		
4. Prepared by: (Situation Unit Leader)			Date/Time		
<div></div>					
DAILY MEETING SCHEDULE				ICS 230-CG (Rev.07/04)	

DAILY MEETING SCHEDULE (ICS 230-CG)

Purpose. The Daily Meeting Schedule records information about the daily scheduled meeting activities.

Preparation. This form is prepared by the Situation Unit Leader and coordinated through the Unified Command for each operational period or as needed. Commonly-held meetings are already included in the form. Additional meetings, as needed, can be entered onto the form in the spaces provided. Time and location for each meeting must be entered. If any of these standard meetings are not scheduled, they should be crossed out on the form.

Distribution. After coordination with the Unified Command, the Situation Unit Leader will duplicate the schedule and post a copy at the Situation Status Board and distribute to the Command Staff, Section Chiefs, and appropriate Unit Leaders. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Meeting Schedule	For each scheduled meeting, enter the date/time, meeting name, purpose, attendees, and location. Note: Commonly-held meetings are included in the form. Additional meetings, as needed, can be entered onto the form in the spaces provided. Time and location for each meeting must be entered. If any of the standard meetings are not scheduled, they should be deleted from the form (normally the Situation Unit Leader).
4.	Prepared By	Enter name and title of the person preparing the form, normally the Situation Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name		2. Operational Period (Date/Time) From: To:		RESOURCES AT RISK SUMMARY ICS 232-CG	
3. Environmentally-Sensitive Areas and Wildlife Issues					
Site #	Priority	Site Name and/or Physical Location	Site Issues		
Narrative					
4. Archaeo-cultural and Socio-economic Issues					
Site #	Priority	Site Name and/or Physical Location	Site Issues		
Narrative					
5. Prepared by: (Environmental Unit Leader)			Date/Time		
RESOURCES AT RISK SUMMARY			ICS 232-CG (Rev.07/04)		

RESOURCES AT RISK SUMMARY (ICS 232-CG)

Purpose. The Resources at Risk Summary provides information about sites in the incident area which are sensitive due to environmental, archaeo-cultural, or socio-economic resources at risk, and identifies incident-specific priorities and issues. The information recorded here may be transferred to ICS 232a-CG, which acts as a key to the Area Contingency Plan (ACP) or Geographic Response Plan (GRP) site numbers shown on the Situation Map.

Preparation. The Environmental Unit Leader, with input from resource trustees, will complete this form for each operational period. It should be updated prior to the Planning Meeting.

Distribution. This form must be forwarded to the Planning Section Chief for possible inclusion in the IAP. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Env- Sensitive Area & Wildlife Issues	
	Site Number	Enter site number. Can come from Area Contingency Plan (ACP) or Geographic Response Plan (GRP) or can be created during an incident.
	Priority	Priority specific to this incident. Can come from an ACP/GRP or can be created during an incident.
	Site Name and/or Physical Location	Name of the site (e.g., Marsh Pt., Glacier Creek, etc.) and/or physical location (e.g., address, lat/long, landmarks, etc.).
	Site Issues	Environmental concerns associated with this site and season.
	Narrative	Use the Narrative section to clarify any issues.
4.	Archaeo-cultural and Socio-economic Issues	
	Site Number	Enter site number. Can come from an ACP/GRP or can be created during an incident.
	Priority	Priority specific to this incident. Can come from an ACP/GRP or can be created during an incident.
	Site Name and/or Physical Location	Name of the site (e.g., Marsh Pt., Glacier Creek, etc.) and/or physical location (e.g., address, lat/long, landmarks, etc.).
	Site Issues	Archaeo-cultural or socio-economic concerns associated with this site and season.
	Narrative	Use the Narrative section to clarify any issues.
5.	Prepared By	Enter name and title of the person preparing the form (normally the Environmental Unit Leader).
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name					INCIDENT OPEN ACTION TRACKER ICS 233-CG		
2. No.	3. Item	4. For/POC	5. POC Briefed	6. Start Date	7. Status	8. Target Date	9. Actual Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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35							

Open Actions Tracker (ICS 233-CG - revision 07-12)

Purpose. Open Actions Tracker

1. Is used by the Incident Commander/Unified Command (IC/UC) to assign and track tasks/actions to IMT personnel that do not rise to the level of being an Incident Objective.
2. Is duplicated and provided to Command and General Staff members, giving them the open tasks/actions needing to be completed and a means to track the open tasks/actions they have been assigned.

Note: This form may also be used by Command and General Staff for tracking tasks/actions within a Section/Staff element.

Preparation. The Planning Section Chief (PSC) is responsible for maintaining the Open Actions Tracker for the IC/UC and typically utilizes the Documentation Unit Leader (DOCL) to assist in this forms development and updating. The PSC should ensure all Command and General Staff are prepared to discuss their assigned tasks/actions during the Command and General Staff and Planning Meetings.

Distribution. When completed, the form is duplicated and copies are distributed to the Unified Command and Command and General Staff. It is also posted on a status board located at the ICP. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	No.	Enter number of task in sequential order (1, 2, 3, ...).
3.	Item	Enter short descriptive of the task/action to be completed. Tasks/Actions are important to be completed but are not an Incident Objective which are documented on the ICS-202 form.
4.	For/POC	Enter the Point of Contact (POC), the responsible person/section.
5.	Briefed to POC	Enter "X", when the task/action has been briefed to the POC/responsible person. This is to ensure that tasks/actions identified outside of the POC's presence (during Unified Command Meeting for example) are briefed to and acknowledged by the identified POC.
6.	Start Date	Enter the date the task/action was initially assigned under "Start Date."
7.	Status	Enter status of item. For example; "Awaiting LE Gear", "Update needed", "Awaiting Feedback". When the item is completed, the word "completed" is entered and if working in MS Excel, the task is cut and pasted into the worksheet labeled "COMPLETED."
8.	Target Date	Enter deadline task/action should be completed. In the Excel Worksheet, there is a hidden formula that shows green, yellow and red blocks. When the target date is one day away, the block turns yellow. When it is overdue it turns red. When the block is yellow, it serves as a reminder to the UC/POC that the target date is nearing and the POC needs to complete the task or the target date needs to be updated.
9.	Actual Date	Enter actual date task/action completed.

NOTE: In order to ensure the red and yellow reminders work for new tasks, the user simply copies a task line, inserts it into the worksheet and overtypes the new task information.

		WORK ANALYSIS MATRIX ICS 234-CG	
1. Incident Name		2. Operational Period From: To:	
3. Operation's Objectives DESIRED OUTCOME	4. Strategies HOW	5. Tactics/Work Assignments WHO, WHAT, WHERE, WHEN	
6. Prepared by: (Operations Section Chief)		7. Date/Time:	

WORK ANALYSIS MATRIX FORM INSTRUCTIONS (ICS FORM 234-CG) Rev. 8/05

Purpose. The Work Analysis Matrix is designed to help select the best strategies and tactics to achieve the operational objectives. This optional form assists staff in carrying out incident objectives by outlining the who, what, where, when, and how of the response. The tactics from this form carry forward to the "Work Assignment" on the ICS-215. Another purpose of the ICS-234 is that it presents alternative (or what-if) strategies and tactics to respond to bad weather, sudden changes in operational conditions, etc. This form is simply a formalized version of how most OSCs tend to think in order to turn objectives into tactical field work.

Preparation. The Work Analysis Matrix, if used, is usually completed by the Operations Section Chief and Planning Section Chief prior to the Tactics Meeting.

Distribution. All completed original forms must be submitted to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name of the incident
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Operational Objectives	Enter the relevant Operational Objectives from the ICS 202, with numbers
4.	Strategies	Enter all strategies that could be used to meet the objective ("how")
5.	Tactics/Work Assignments	Enter details, including as much as possible, who, what, where, and when, of work assignments to carry out Operational Strategies
6.	Prepared By	Enter the name and position of the person preparing the form
7.	Date/Time	Enter the date and time (24-hour format) the form was prepared

FACILITY NEEDS ASSESSMENT WORKSHEET ICS-235-CG (Rev 12/11)		4. R e q u i r e m e n t s	# Expected Personnel	Internal/Building Workspace Sq Ft (80 sq ft/pers)	Wall Space Linear Sq Ft	Multi-Purpose Mtg Rm Sq Ft (20 sq ft/pers + display space)	External/Outside Laydown Sq Ft	Parking Space Sq Ft (120 sq ft/vehicle x 1.4 circulation factor)	Climate Control (HVAC) needed - yes/no	Toilet Rooms	Work Tables	Conf Table	Chairs	Telephones	Speaker Phone	Fax Machines	Power Outlets	Comp Workstations	Printers	Chart Printer/ChartPro	Video Projectors	Copy Machines	Paper Shredders				
2. LOCATION	3. FACILITIES																										
ICP	Unified Command	REQ																									
	Liaison Officer & Agency Reps	REQ																									
	Safety Officer	REQ																									
	Public Information Officer	REQ																									
	Planning Section	REQ																									
	Operations Section	REQ																									
	Logistics Section	REQ																									
	Finance/Admin Section	REQ																									
	Common Areas	REQ																									
Base	Base	REQ																									
		REQ																									
JIC	JIC	REQ																									
		REQ																									
Staging		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
5. Prepared By:		6. Total																									
7. Date/Time Prepared:		8. Comments:																									

FACILITY NEEDS ASSESSMENT WORKSHEET (ICS-235-CG (rev 12/11))

Instructions for filling out the form

Purpose. The ICS-235 USCG Facility Needs Assessment Worksheet is a planning tool used to develop the Incident Command Post (ICP) Plan in a structured and disciplined manner.

Preparation. The Facility Needs Assessment Worksheet is completed by the Logistics Section Chief but may also be completed by Command and General Staff to help them determine their ICP or other space needs.

Distribution. The Facility Needs Assessment Worksheet is found as page-sized form.

<u>Item # & Title</u>	<u>Instructions</u>
1. Incident Name	Enter the name assigned to the incident.
2. Location	Location (ICP, JIC, etc).
3. Facilities	Enter the specific entity being supported (e.g. Unified Command). This is already filled in for the ICP. There is space to fill in for other facilities or entities that may need to be supported (e.g. Volunteer processing center). For Staging Area – note specific staging area supported (as there may be more than one).
4. Requirements	Fill in the information requested as best as possible. Use open space beyond Paper Shredders to add additional support requirements, if needed.
Expected Personnel	Expected Number of personnel in the location.
Internal/Building Workspace	Enter workspace square feet requirement. Multiply expected number of personnel by 50 to 80 to get this number.
Wall Space	Enter linear wall space requirement in square feet.
Multi-Purpose Meeting Rm	If needed, enter Multi-Purpose Meeting Rm square feet requirement.
External/Outside Lay down	If needed, enter External/Outside Lay down square feet requirement.
Parking Space	If needed, enter Parking Space square feet requirement. This would be multiplication of number of parking spaces needed times 120 sq ft per vehicle times 1.4 circulation factor.
Climate Control	Enter Yes or No if Climate Control is needed in the building.
Toilet Rooms	Enter number of Toilet Rooms/Water Closets required. This is based on the OSHA requirement for the number of personnel expected to be supported at that facility (see 29CFR1910.141) – 1 to 15 personnel = 1 fixture, 16 to 35 = 2, 36 to 55 = 3, 56 to 80 = 4, 81 to 110 = 5, 111 to 150 = 6, and over 140 personnel one fixture for each additional 40 personnel. See CFR for more specific information.
Work Tables	Enter the number of work tables required. Note dimensions in work table name block or note dimensions in comments.
Conf Table	Enter the number of conference tables, if needed. Note dimensions in work table name block or note dimensions in comments.
Chairs	Enter the number of chairs, if needed.
Telephones	Enter the number of telephones required.
Speaker Phone	Enter the number of speaker phones, if needed.
Fax Machines	Enter the number of fax machines, if needed.
Power Outlets	Enter the number of power outlets required.
Comp Workstations	Enter the number of computer workstations required.
Printers	Enter the number of printers required. Note color or black and white.
Chart Printer/ChartPro	Enter the number of Chart Printer/ChartPro, if needed.
Video Projectors	Enter the number of Video Projectors, if needed.
Copy Machines	Enter the number of copy machines, if needed.
5.. Prepared by	Enter the name of the person completing the form, normally the Logistics Section Chief.
6. Total	Enter totals for each support item (if desired).
7.. Date/Time Prepared	Enter the date/time prepared.
8. Comments	Enter comments as desired.

ICS 236-CG TENTATIVE RELEASE LIST (Rev 1/15)

1. Incident
Name:

2. From:

(Section Chief or Command Staff Officer)

To: Demobilization Unit Leader

3. The following resources are surplus as of _____ (hours) on _____ (date). At that time, these resources are available for release processing.

4. Resource	Name of Individual, Crew or Resource/Equipment in excess	Position on Incident
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

5. Signature of Section Chief or Command Staff Officer:

6. Date/Time Prepared:

TENTATIVE RELEASE LIST (ICS 236-CG)

Purpose. The Tentative Release List is a optional form used by Command and General Staff to identify excess or surplus resources on the incident for the Demobilization Unit Leader.

Preparation. The Tentative Release List is prepared by the Command and General Staff after receiving input from their staff on any surplus resources at least 24 hours in advance of their anticipated demobilization time. The Resources Unit Leader will work with the Operations Section Chief to identify Operations resources. The list of identified surplus resources is given to the Section Chief/Command Staff Officer who will sign and forward to the Demobilization unit. The Demobilization Unit will compile a tentative list of surplus resources from these lists from all Command and General Staff and submit a consolidated release list to the Incident Commander/Unified Command for approval (via the Planning Section Chief).

Distribution. The Tentative Release List is given to the Demobilization Unit Leader. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Hours/Date	Enter the date and time the resources will be considered excess. This is usually at the start of an operational period.
3.	Name	Enter the name on the incident of the individual, crew or resource equipment.
	Position	Enter position information for overhead position. Position not needed for resources/crews.
4.	Prepared By	Enter the name of the Section Chief or Command Staff Officer preparing the form.
5.	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

INCIDENT MISHAP REPORTING RECORD (ICS 237-CG rev 07/13) 1. Incident: _____

2. Date/Time: _____ 3. Location: _____ 4. CG Unit: _____

5. OPFAC: _____ 6. Name of Injured: _____ 7. Age: _____ 8. M / F _____ 9. Rank/Rate/Grade: _____
(If known) (If Applicable – Print Last, First, MI) (If Applicable) (circle) (If Applicable)10. Narrative of Mishap: _____

11. Part(s) of Body Injured (if applicable):		<input type="checkbox"/> Abdomen	<input type="checkbox"/> Chest	<input type="checkbox"/> Back	<input type="checkbox"/> Lungs	<input type="checkbox"/> Int. Organs	<input type="checkbox"/> Head
<input type="checkbox"/> Neck	<input type="checkbox"/> Eyes	<input type="checkbox"/> Ear	<input type="checkbox"/> Hip/Pelvis	<input type="checkbox"/> Leg	<input type="checkbox"/> Knee	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot
<input type="checkbox"/> Toes	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Arm	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hand	<input type="checkbox"/> Wrist	<input type="checkbox"/> Finger	<input type="checkbox"/> Other _____
Nature of Injury:		Days Hospitalized: _____		Lost Work Days (NFFD/SIQ): _____		Days Restricted (FFLD): _____	
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Concussion	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Bruise	<input type="checkbox"/> Cut	<input type="checkbox"/> Puncture	<input type="checkbox"/> Sprain	
<input type="checkbox"/> Absorption	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Burn	<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Inhalation	
<input type="checkbox"/> Gunshot Wound	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Occupational Illness				
Personal Protective Equipment (PPE): Circle R = PPE Required and/or U = PPE Utilized							
R / U - Hearing	R / U - Seat Belt	R / U - Head	R / U - PFD	R / U - Hand	R / U - Eye		
R / U - Foot	R / U - Respirator	R / U - Fall/Harness	R / U - Other: _____				
12. Damaged Property/Estimated Cost		<input type="checkbox"/> CG Property	<input type="checkbox"/> Non-CG Property	Op Days Lost: _____		Cost Est \$ _____	
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Aton	<input type="checkbox"/> Boats	<input type="checkbox"/> Buildings	<input type="checkbox"/> Cutter	<input type="checkbox"/> Equipment	<input type="checkbox"/> Piers	<input type="checkbox"/> Vehicles
List Damaged Property: _____							

13. Signature: _____ 14. Name: _____ 15. Rank/Rate/Grade: _____
(Person completing form) (Person completing form – Print)16. ICS Position: _____ 17. Email: _____ 18. Report #: _____
(Person completing form – Print) (Person completing form – Print)

Original - Safety Officer

Copy 1 - HSWL Service Center (se)

Copy 2 - Retained by member

FOR OFFICIAL USE ONLY (FOUO) - <https://hswl.uscg.mil/> SEE PRIVACY ACT NOTICE

INCIDENT MISHAP REPORTING RECORD (ICS 237-CG Rev 7/13)

Purpose. This record is designed to record incident MISHAPs. This is used only when directed by the incident Safety Officer. This is a Coast Guard specific form to comply with COMDTINST M5100.47 during incident response. This is not a replacement for the MISHAP system used by parent commands.

Preparation. The "*Incident MISHAP Reporting Record*" is initiated when documenting any of the following: injury, illness, property damage, or high potential (HIPO) accident occurrence. Use additional records for multiple members injured or suffering illness from one occurrence. Information contained in this form is considered For Official Use Only (FOUO).

Distribution. The Person filling out the record submits this form as MISHAPS occur (as required). The original and first copy goes to the incident Safety Officer, the second copy is kept by the person completing the record (member). The incident Safety Officer or assistant (CG member) will enter appropriate information in CG e-MISHAP reporting system and send the first copy to Health Safety Work-Life Service Center, Safety & Environmental Health (HSWL SC-SE).

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident	Enter the name assigned to the incident.
2.	Date/Time	Enter the date and time of the MISHAP
3.	Location	Enter location on the incident MISHAP occurred (e.g. ICP, DIV A, LAT/LONG, etc.)
4.	Local CG Command	Enter the CG command/unit where the injured person or damaged property assigned/working.
5.	OPFAC	Enter the OPFAC of the local command (if known).
6.	Name of Injured	Enter last name (PRINT), first name and middle initial of injured person (if applicable)
7.	Age	Enter age of injured person (if applicable).
8.	M/F	Circle appropriate sex of injured person (if applicable)
9.	Rank/Rate/Grade	Enter Rank/Rate (military), Grade (CG civ) or Auxiliarist of injured person (if applicable).
10.	Narrative of MISHAP	Describe circumstances surrounding the injury/illness or property damage and describe operations being conducted.
11.	Body part injured /Nature of injury	If applicable/known: Check box and/or describe the part(s) of body injured or illness suffered; Check box and/or describe nature of injury or illness; Enter days hospitalized, lost work days, and/or days restricted duty; Circle and/or describe the Personal Protective Equipment (PPE) Required (R) and/or utilized (U) at time of MISHAP.
12.	List of Damaged Property/Est Cost	If applicable/known: Check Box for CG property or non-CG property; Enter Operational Days Lost; estimated cost; Check box for kind of property and/or describe damage to property.
13.	Signature	Signature of person completing the record.
14.	Name	Name of person completing form.
15.	Rank/Rate/Grade	Enter Rank/Rate (military)/Grade (CG civ) or Auxiliarist of person completing the record.
16.	ICS Position	Enter ICS Position held by the person completing the record.
17.	Email	Email of person completing the record.
18.	Report Number	Locally generated number to assist in tracking MISHAP reports.

Privacy Act Notice

Authority: 5 U.S.C. 301, 29 CFR, and COMDTINST M5100.47 authorizes the collection of this information.

Purpose: The Coast Guard will use this information to conduct an assessment of the safety and environmental health risk management process for the incident and unit.

Routine Uses: The information will be used by and disclosed to Coast Guard personnel and contractors or other agents who need the information to assist in activities related to safety and environmental health for the incident and unit.

Disclosure: Furnishing this information is mandatory for Coast Guard Active, Reserve, Auxiliary and Civilian personnel as well as Coast Guard contracted personnel and is voluntary for all others; however, failure to furnish the requested information may increase safety and environmental health risks.

DEMOBILIZATION TRACKING TABLE (ICS 238-CG)

Purpose. The Demobilization Tracking Table is an optional form used the Demobilization Unit Leader to track resources from start to finish of the incident (including demobilization and return to home unit).

Preparation. The Demobilization Tracking Table is prepared by the Demobilization Unit Leader to track resources from start to finish of the incident using the information from the ICS-211 Check-In form. Block's 1 through 15 are taken directly from the ICS-211's on the incident and block's 16-20 are completed when resources are identified for demobilization from the approved release list. If the ICS-211's were completed in Excel, then the information can be directly copied onto the ICS-238 form in Excel. Any column's not used in the demobilization process can be hidden in Excel (e.g. Block's 14 and 15). Also, after a resource has checked in at the home unit and is no longer tracked, that row can be hidden in Excel. The information can be sorted based on a particular column (e.g. Excess block is checked) to help sort and utilize information. In addition, additional columns can be added to track other information if needed (e.g. Reserve last duty day).

Distribution. The Demobilization Tracking Table is prepared by and used by the Demobilization Unit Leader. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
3.	Page	Indicate page no. and no. of pages being used.
4.	Agency Resource Identifier	Enter agency name or agency designator (USCG for U.S. Coast Guard) Enter individual names for all overhead personnel. When listing equipment, use name or designator, indicate if resource is a single resource, task force or strike team;
	Kind	Enter kind of resource using format listed for followed by sub-kind (e.g. workboat would be VL-WB) and enters type of resource (1-4).
5.	Order Number	Order number will be assigned by Agency dispatching the resources or personnel to the incident.
6.	Date/Time Check-In	Enter date (month, day, year) and time (24-hour clock) of check-in.
7.	Leader's Name	Self-explanatory.
8.	Total # Personnel	Enter total number of personnel in strike teams, task forces or manning single resources. Include leaders.
9.	Contact Information	Enter contact information while at the incident (e.g. cell phone, pager, radio, etc.)
10.	Lodging/Contact Info	Enter lodging location and phone number/contact info while at the incident.
11.	Home Unit	Location from which resource / individual departed for this incident.
12.	Method of Travel	Means of travel to incident (bus, truck, engine, personal vehicle, etc.)
13.	Incident Assignment	Location at which the resource / individual is normally assigned.
14.	Other Qualification	Other ICS Qualifications (if any).
15.	Sent to Restat	Enter initials and time that the info. Pertaining to that entry was sent to the Resources Unit.
16.	Excess	Check when resource from the tentative release list is approved by the Incident Commander/Unified Command. This can be used as sorting method when using Excel.
17.	Date Last Shift	Enter date of last shift only after checked in block 16.
18.	ETA to Home (hrs)	Enter number of hours required to travel to home unit.
19.	Date Sent Home	Enter Date when demobilization process is complete and resource is sent home.
20.	Date Arrived Home	Enter date resource checked in at Home Unit (or another incident). Remember a resource is tracked until it reaches its home unit!

ICS 239-CG Incident Complexity Analysis (Type 1 and 2)		
1. Incident Name:		
2. From:	(Incident Commander or Agency Executive)	
To:		
3. The following is my analysis of the complexity for this incident. This analysis is accurate as of _____ (time) on _____ (date).		
A. Incident Behavior (Observed or Predicted)	Yes	No
Incident predicted to increase in magnitude, duration, or in the total affected area.		
Weather forecast indicating worsening conditions or no significant relief.		
Public impact is increasing in magnitude and complexity (number of people affected and duration is increasing).		
Potential exists for extreme public impact.		
Total		
B. Resources Committed		
200 or more personnel are assigned.		
More than five divisions and/or groups.		
Wide variety of special support personnel (highly specialized functions).		
Substantial air operation which is not properly staffed.		
Majority of available initial responder resources committed.		
Total		
C. Resources Threatened		
Marine Transportation System		
Developments and infrastructure facilities - CIKR? NIPP?		
Restricted, threatened, or endangered species habitat		
Cultural or historical sites		
Unique natural resources, special-designation areas, wilderness		
Other special resources		
Total		
D. Safety		
Unusually hazardous incident conditions		
Serious accidents or fatalities		
Threat to public safety from the incident and related operations		
Restrictions and/or closures of area surrounding the incident in effect or being considered		
No night operations inplace for safety reasons		

[illegible]

ICS 239-CG Incident Complexity Analysis (Type 1 and 2) Instructions

1. Analyze each element and check the response, Yes or No
2. Total the responses in each section (A through G), these are the primary factors. If total number of "yes" responses is greater than or equal to the number of "no" responses in the section then the section is considered positive.
3. If any three (3) of the primary factors (A through G) are positive, this indicates the incident situation is or is predicted to be of Type 1 complexity.
4. Factor H should be considered after elements 1-3 are completed. If more than two of the elements in factor H are answered yes, and three or more of the other primary factors are positive, a Type 1 organization should be considered.
5. If the composites of H are negative, and there are fewer than three positive responses in the primary factors (A-G), a Type 2 organization should be considered. If the answers to all questions in H are negative, it may be advisable to allow the existing overhead to continue action on the incident.

Information Management Matrix (ICS 240-CG - revision 11-19)

Purpose.

1. The ICS 240-CG Information Management Matrix is an optional/draft form developed by the Planning Section Chief (PSC) or Situation Unit Leader (SITL) and helps the SITL manage/track repetitive RFIs and information flow within the IMT.
2. The form is duplicated and provided to Command and General Staff members, giving them the RFIs needing to be completed.
3. This is not a duplication of the ICS 202B Critical Information Requirements / Immediate Reporting Thresholds. This is not standard items tracked on the ICS 209.
4. As an excel spreadsheet, the form can be sorted or modified to meet incident needs. For example, sort by information source.
5. This should be used in conjunction with an overall Information Management Plan (if used) to implement/track implementation of the plan.
6. A best practice is to use the ICS 240-CG for repetitive tasks and track one time requests on a Unit ICS 233-CG Open Actions Tracker until complete.

Preparation. The PSC or SITL is responsible for maintaining the Information Management Matrix. The PSC should ensure all Command and General Staff are prepared to discuss their assigned RFIs.

Distribution. When completed, the form is duplicated and copies are distributed to the Unified Command and Command and General Staff. It is also posted on a status board located at the ICP. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Information Source	Enter the position assigned to provide the information.
3.	Information Requirement	Enter short description of the information to be reported.
4.	IRT	Immediate Reporting Threshold. Enter "X", If the report is an IRT.
5.	Recipient	Enter "X", to whom the report/information will be given. If "other" is checked, ensure recipient is noted in block 6 "notes."
6.	Notes	Enter notes as to Date/Time required, additional recipients, etc.
7.	Last Updated By:	Enter name and position of person last updating the form.
8.	Date/Time	Enter actual date/time form last updated.

[illegible]

INCIDENT ACCOUNTABLE RESOURCE TRACKING WORKSHEET (ICS 261-CG REV 5/07)

Purpose. This workbook is designed to be an electronic Incident Accountable Property Management Form. The workbook allows an FOSC's designated Incident Property Officer to track and report all accountable property during the incident as well as summarize the final disposition of property at the completion of the incident.

Preparation. The Incident Accountable Resource Tracking Worksheet is initiated in the Supply Unit/Finance Section in the ICP.

Distribution. A copy must go with the financial files to show disposition of the accountable item/resource/property. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the name of the location using this form (City, State).
3.	Fund Source	Enter funding source (pull down menu).
4.	Project Number	Enter Project Number for funding source.
5.	In Service Date	Enter date resource arrived on incident.
6.	Acquisition Method	Enter method resource was acquired (pull down menu).
7.	Item/Resource Name &Model Number	Self-explanatory.
8.	Serial Number	Self-explanatory.
9.	Actual Cost	Enter Item Cost
10.	ICS-213RR Request Number	Enter Request Number from ICS-213RR form.
11.	Issued to Location	Enter Location from to which Item/resource is issued on this incident (pull down menu).
12.	Issued To	Enter Name of person item/resource is issued.
13.	Issued Date	Enter Date item was issued.
14.	Date Returned to Supply Unit	Date Item/Resource returned to Supply Unit.
15.	Current Disposition	Enter Current Disposition of Item/Resource (pull down menu).
16.	Final Disposition Date	Enter Date of final disposition (leave blank until final disposition).

Note: This workbook is "protected", so it will tab to next open cell. If you need to modify the workbook, go under "tools", "protection", "unprotect worksheet". There is no password associated with the protection. It is recommended as each workbook is finalized that it be protected to avoid corruption. Use "Tools" from the drop down menu then select "Protection," then "Protect Sheet." Accept the default checks, a password is not recommended.

There are currently 3 pages on the worksheet that can be used to list items/resources. If more rows are needed, there are several ways to do this. It is recommended that you always insert from the last data line of a section or a page. Then "copy and paste" the Drop Down cell formulas from existing rows in that section, repeat as necessary. Remember to unprotect the worksheet before doing this (see #2 above). The drop down menu's are listed on what is currently the 4th page of the worksheet (line 126 to 141). These cannot be deleted or the pull down menus will not work.

Appendix A

BAYVIEW TORNADO ICS-209

*1. Incident Name: Bayview Tornado		2. Incident Number: 0502 (from F and A)	
*3. Report Version (check one box on left): <input checked="" type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final	*4. Incident Commander(s) & Agency or Organization: N. Kempfer-Needland Fire, D. Roberts-Needland EMS, K. Anthony-Granger Co. Sheriff's Office, J. Davila-Needland PD, D. Doan-Granger		5. Incident Management Organization: Unified Command
*6. Incident Start Date/Time: Date: <u>5-2-2009</u> Time: <u>1719 hours</u> Time Zone: <u>Central</u>			
7. Current Incident Size or Area Involved (use unit label – e.g., "sq mi," "city block"): 9 Block area	8. Percent (%) Contained Completed 20%	*9. Incident Definition: Tornado	10. Incident Complexity Level: Type 3
*11. For Time Period: From Date/Time: <u>5-2-2009/2029hrs</u> To Date/Time: <u>5-3-2009/0600hrs</u>			

Approval & Routing Information

*12. Prepared By: Print Name: <u>SL Gaithe</u> ICS Position: <u>Planning Deputy</u> Date/Time Prepared: <u>May 09, 2009 / 2249 hours</u>	*13. Date/Time Submitted: 5-3-2009 0600 hrs Time Zone: Central
*14. Approved By: Print Name: <u>A. Archer</u> ICS Position: <u>Planning Chief</u> Signature: _____	*15. Primary Location, Organization, or Agency Sent To: EOC

Incident Location Information

*16. State: Columbia	*17. County/Parish/Borough: Granger County	*18. City: Needland
19. Unit or Other: Needland EMS, Needland Police, Needland Fire	*20. Incident Jurisdiction: City of Needland	21. Incident Location Ownership (if different than jurisdiction): N/A
22. Longitude (indicate format): -97 23' 38.30 Latitude (indicate format): 27 47' 38.99	23. US National Grid Reference: N/A	24. Legal Description (township, section, range): Bayview area encompassing Bayview Convention Cntr
*25. Short Location or Area Description (list all affected areas or a reference point): City of Needland in Granger County, State of Columbia. The tornado struck the downtown area new the Bayview Convention Center.		26. UTM Coordinates: N/A
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels): N/A		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.): Responders call to the scene of a tornado touchdown that damaged many building in a 9 block area of Baytown, Evacuation as well as search and rescue efforts are underway. As of 23:50 42 victims have been confirmed deceased and 983 injuries.				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.): None known at this time. Mostly Structural Damage and poor weather is hampering rescue/recovery efforts.				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property	50	12	5
	Other Minor			

	Structures			
	Other			
ICS 209, Page 1 of ____	* Required when applicable.			

BAYVIEW TORNADO ICS-209

*1. Incident Name: Bayview Tornado			2. Incident Number: 0502		
Additional Incident Decision Support Information					
*31. Public Status Summary:		A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary:	
<i>C. Indicate Number of Civilians (Public) Below:</i>				<i>C. Indicate Number of Responders Below:</i>	
D. Fatalities	102			D. Fatalities	0
E. With Injuries/Illness	1837			E. With Injuries/Illness	4
F. Trapped/In Need of Rescue				F. Trapped/In Need of Rescue	0
G. Missing (note if estimated)				G. Missing	0
H. Evacuated (note if estimated)				H.	
I. Sheltering in Place (note if estimated)				I. Sheltering in Place	0
J. In Temporary Shelters (note if est.)	700			J.	
K. Have Received Mass Immunizations	0			K. Have Received Immunizations	0
L. Require Immunizations (note if est.)	0			L. Require Immunizations	0
M. In Quarantine	0			M. In Quarantine	0
<i>N. Total # Civilians (Public) Affected:</i>				<i>N. Total # Responders Affected:</i>	
33. Life, Safety, and Health Status/Threat Remarks: May trapped and missing victims			*34. Life, Safety, and Health Threat Management:		
			A. Check if Active		
			A. No Likely Threat <input type="checkbox"/>		
			B. Potential Future Threat <input checked="" type="checkbox"/>		
			C. Mass Notifications in Progress <input type="checkbox"/>		
			D. Mass Notifications Completed <input type="checkbox"/>		
			E. No Evacuation(s) Imminent <input type="checkbox"/>		
			F. Planning for Evacuation <input type="checkbox"/>		
			G. Planning for Shelter-in-Place <input type="checkbox"/>		
			H. Evacuation(s) in Progress <input checked="" type="checkbox"/>		
			I. Shelter-in-Place in Progress <input checked="" type="checkbox"/>		
			J. Repopulation in Progress <input checked="" type="checkbox"/>		
			K. Mass Immunization in Progress <input type="checkbox"/>		
			L. Mass Immunization Complete <input type="checkbox"/>		
			M. Quarantine in Progress <input type="checkbox"/>		
			N. Area Restriction in Effect <input checked="" type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern): Heavy rain and severe weather					
36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes: 12 hours: Search and rescue, looting, shelter for 1 st responders, demobilization 24 hours: Treatment and transport of victims, restore utilities 48 hours: Area clean up 72 hours: Restore business Anticipated after 72 hours: Rebuild					
37. Strategic Objectives (define planned end-state for incident): The desired outcome is to restore life and property to normal operation as soon as possible.					

BAYVIEW TORNADO ICS-209

***1. Incident Name:** Bayview Tornado incident

2. Incident Number: 0502

Additional Incident Decision Support Information (continued)

38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours: Heavy casualties taxing the EMS system. Severe weather, need for additional Engines

24 hours: N/A

48 hours: Need for relief teams, supplies and equipment

72 hours: Need for supplies, food and drink

Anticipated after 72 hours: Same

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours: Loss of 6 Engines that are needed by to their community

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

Continue with search, rescue and safety operations

42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”): 9 Sq blocks

43. Anticipated Incident Management Completion Date: Unknown

44. Projected Significant Resource Demobilization Start Date: 4 May 2009

45. Estimated Incident Costs to Date: 277,578

46. Projected Final Incident Cost Estimate: Unknown

47. Remarks (or continuation of any blocks above – list block number in notation):

BAYVIEW TORNADO ICS-209

1. Incident Name: Bayview Tornado

2. Incident Number: 0502

Incident Resource Commitment Summary

48. Agency or Organization:	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top ½ of box, show # of personnel associated with resource on bottom ½ of box):																				50. Additional Personnel not assigned to a resource:	51. Total Personnel (includes those associated with resources – e.g., aircraft or engines – and individual overhead):	
	Police Motor units	ALS Ambulance	BLS Ambulance	Engine	Ladder Truck	Bus - 45 Pass	Medic	Animal Cont. Off	Backhoe	EMS Res. Team	Rescue	DPW Sedan	Dump Truck	DPW Light Plant	Structural Eng.	Street Sweeper	Heavy Rescue	Police Officer	Medical Examiner	Buses – 20 Pass			Portable Morgue
City of Needland	3 3	1 6	4	2 2	7		1 2	5	7	3		4	5	1 1	3	4	3	4 0	2		1	19	302
	3 3	3 2	8	8 8	2 8		2 4	5	7	4 5		4	5	1 1	3	4	1 5	4 0	1		9		
Granger County Fire Department				1 5	7																	8	96
				6 0	2 8																		
Arkansas Pass Fire Department	3	3		3	2		8				3							5				6	54
	3	6		1 2	8		8				6							5					
Boise Fire Department			2	2	2		6				2											4	38
			4	8	8		6				8												
Calvinton Fire Department		2		3	2		4															2	30
		4		1 2	8		4																
Columbia State Police	6																	7				1	14
	6																	7					
Granger Area Transit Enterprise						1 8														1 2		3	33
						1 8														1 2			
Granger County EMS		2 1	9				1 6															4	80
		4 2	1 8				1 6																
Granger County Sherriff	1 2																	2 3				15	50
	1 2																	2 3					
City of Pleasant Grove	1 7			5	2		6				1		2	2				1 1				9	83
	1 7			2 0	8		6				4		4	4				1 1					
MED STAT										3 2 0													30
Port Arkansas	5																						5
	5																						
Taft Police Department	3																4						7
	3																4						
Granger County DPW									4				6	7		8						14	39
									4				6	7		8							
52. Total Resources	7 9	4 2	1 5	5 0	2 2	1 8	5 2	5	1 1	5	6	4	1 3	2 0	3	1 2	3	9 0	2	1 2	1	85	861

53. Additional Cooperating and Assisting Organizations Not Listed Above:

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:				2. Date/Time		3. Resource Request Number:	
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):						
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost
					Requested	Estimated	
5. Requested Delivery/Reporting Location:							
6. Suitable Substitutes and/or Suggested Sources:							
7. Requested by Name/Position:				8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:	
Logistics	10. Logistics Order Number:				11. Supplier Phone/Fax/Email:		
	12. Name of Supplier/POC:						
	13. Notes:						
	14. Approval Signature of Auth Logistics Rep:				15. Date/Time:		
	16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC						
Finance	17. Reply/Comments from Finance:						
	18. Finance Section Signature:				19. Date/Time:		
ICS 213 RR, Page 1							

