# Appendix F

## **Form**

#### ICS Form 201

INCIDENT BRIEFIN	G 1. Incident Name	2. Date Prepared	3. Time Prepared
	4. Map	Sketch	
	•		
ICS 201	epared by (Name and Position)		
Page 1 of 4			

	6. Summary of Current Actions
ICS 201	Page 2

	7. Current Organization
ICS 201	Page 3

8. Resources Summary												
Resources Orde	ered	Resource Identification	ETA	On Scene	Location/Assignment							
ICS 201	Page 4											

#### ICS Form 202

	1. INCIDI	ENT NAME	2. DATE	3. TIME			
INCIDENT OBJECTIVES							
4. OPERATIONAL PERIOD (DATE/TIME)	 			I			
5. GENERAL CONTROL OBJECTIVES FO	OR THE INCIDENT (I	NCLUDE ALTERNATIVI	ES)				
6. WEATHER FORECAST FOR OPERATION	ONAL PERIOD						
7. GENERAL SAFETY MESSAGE							
8. Attachments ( if attached)							
☐ Organization List (ICS 203)	☐ Medical Plan (ICS	5 <b>20</b> 6)	Weather Forecast				
☐ Assignment List (ICS 204)	☐ Incident Map						
☐ Communications Plan (ICS 205)	☐ Traffic Plan	_					
Communications Fran (ICS 205)	□ Trainc rian	ч					
9. PREPARED BY (PLANNING SECTION O	CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)					
2. The map by (Landing Section)	(	10. MIRO (LD DI (II)	CIDENT COMMINICIENT	<del>-</del> )			

### Organization Assignment List, ICS Form 203

ORGANIZ	ATION AS	SSIGMENT LIST	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION		NAME	4. OPERATIONAL PER	RIOD (DATE/TIME)	-
5. INCIDENT COM	MMAND AND ST	AFF	9. OPERATIONS SECT	ΓΙΟΝ	
INCIDENT COMM	IANDER		CHIEF		
DEPUTY			DEPUTY		
SAFETY OFFICE	R		a. BRANCH I- DIVISIOI	N/GROUPS	
INFORMATION O	FFICER		BRANCH DIRECTOR		
LIAISON OFFICE	R		DEPUTY		
			DIVISION/GROUP		
6. AGENCY REP	RESENTATIVES		DIVISION/ GROUP		
AGENCY	NAME		DIVISION/ GROUP		
			DIVISION/GROUP		
			DIVISION /GROUP		
			b. BRANCH II- DIVISIO	NS/GROUPS	
			BRANCH DIRECTOR		
			DEPUTY		
			DIVISION/GROUP		
7. PLANNING SE	CTION		DIVISION/GROUP		
CHIEF			DIVISION/GROUP		
DEPUTY			DIVISION/GROUP		
RESOURCES UN	IIT				
SITUATION UNIT			c. BRANCH III- DIVISIO	NS/GROUPS	
DOCUMENTATIO	N UNIT		BRANCH DIRECTOR		
DEMOBILIZATION	N UNIT		DEPUTY		
TECHNICAL SPE	CIALISTS		DIVISION/GROUP		
			DIVISION/GROUP		
			DIVISION/GROUP		
8. LOGISTICS SE	CTION		d. AIR OPERATIONS E	BRANCH	
CHIEF			AIR OPERATIONS BR.		
DEPUTY			AIR TACTICAL GROUP		
			AIR SUPPORT GROUP	P SUP.	
			HELICOPTER COORD	INATOR	
a. SUPPORT BR	ANCH		AIR TANKER/FIXED W	ING CRD.	
DIRECTOR					
SUPPLY UNIT					
FACILITIES UNIT					
GROUND SUPPO	ORT UNIT		10. FINANCE/ADMINIS	STRATION SECTION	
			CHIEF		
			DEPUTY		
b. SERVICE BRA	NCH		TIME UNIT		
DIRECTOR			PROCUREMENT UNIT		
COMMUNICATIO	NS UNII		COST LINIT	IMS UNII	
MEDICAL UNIT			COST UNIT		
FOOD UNIT					
PREPARED BY (I	RESOURCES UN	IIT)			

### Assignment List ICS Form 204

1. BRANCH				2. [	DIVISION/GR	OUP		ASSIGNMENT LIST						
3. INCIDENT	NAME						4. OF	PERATIO	NAL P	PERIC	)D			
							DA	TE			TIME			
				5. C	PERATIONA	L PE	RSON	INEL						
OPERATION								UPERVIS		ь				
BRANCH DI	RECTOR	-						OUP SUPE		ĸ				
6. RESOURCES ASSIGNED TO THIS PERIOD  NUMBER TRANS DICKUR DROP														
STRIKE TEA			ЕМТ		LEADER NUMBER TRAIN NEED						PICKUP PT./TIM	-   ∙	OFF PT./TIME	
7. CONTRO	L OPERA	TIONS												
8. SPECIAL	INSTRUC	PIONS												
0. SI LCIAL	IIVO I I I O O	110143												
			9. DIVISIO	N/G	ROUP COM	MUNIC	CATIO	NS SUM	MARY	,				
FUNCTION		FREQ.	SYSTEM		CHAN.		ICTION			EQ.	SYSTEM	1	CHAN.	
	LOCAL							LOCAL						
COMMAND	REPEAT					SUP	PORT	REPEAT						
DIV./GROUP							UND	<u> </u>						
PREPARED B	Y (RESOU	RCE UNIT I	LEADER)	-	APPROVED BY	TO A		SECT. CH	l.)	DA	TE	TIME	1	

### **Incident Communications Plan, ICS Form 205**

INCIDENT RADIO	COMMUNI	CATIONS PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time
		4. Basic Radio	Channel Utilization		
System/Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
5. Prepared by (Communicatio	ns Unit)				

MEDICAL PLAN	1. Incide	ent Name	2. Date	Prepared	;	3. T	ime Prepared	4.	Opera	tional P	eriod
		5.	Incident M	ledical Ai	d Statio	on		•			
Medical Aid Stations			Location							aramedi Yes	ics No
											-1.0
6. Transportation											
			A. Ambul	ance Ser	vices						
Name		Address					Phone		P	aramedi Yes	cs No
			B. Incide	nt Ambula	nces				T 5		,
Name		Location								aramedi Yes	No No
			/. h	Hospitals Travel	Time	1		Llalinga		D. may 4	Center
Name	Address			Air	Ground	Pho	ne	Helipad Yes	No		No
						-					1
						1					-
						1					1
		Q M	edical Em	argency F	Procedu	ures					
		O. IVI	culcal EIII	orgency F	10000	u162					
Prepared by (Medical Unit	Leader)			10 Rev	iewed h	v (Safe	ty Officer)				
				10.116		, (Juie	., •				

						INC	IDE				TUS 00-		JMI	MAF	RY									
1. Date/Time				2.		Initial		3.	Incide	ent Na	ame					4	I. Incid	lent N	umbe	r				
					1.1	pdate																		
					U		_																	
		1				Final																		
5. Incident Con	nmander	6. Jurisc	diction	n		7. 0	County	,			8. Ty	pe inc	ciden	t		9. Loc	ation			10	o. Sta	rted D	ate/Time	
44.0	40.4		Τ.	0.07.4	<u> </u>		14	4. Exp	ected	Cont	ainme	ent		15. Est	timate	d Cor	ntrolle	d	16.	Decla	red Co	ontrol	ed	
11. Cause	12. Area	Involved	1	3. % (	Contro	ollea		ate/Ti						Date/T	ime				Date	e/Time	Э			
17. Current T	hreat										18.	Cont	rol F	roble	ms									
19. Est. Loss		20. E	ot C	ovina	0	2	I. Inju	ırioo			Dea	otho				22 I	ine B	:14		2.	3. Lin	0 to 1	Duild	
19. ESt. LOSS		20. E	SI. 3	aviriy	5	2	ı. ırıjc	iiies			Dea	11115				22. L	iiie d	uni		۷,	). LIII	e 10 E	Dullu	
24. Current V	Veather			25.	Pred	icted	Wea	ther			26.	Cost	to D	ate	- 1			27.	Est.	Total	Cost			
WS	Te	emp		WS				emp																
WD	RH	1		WD	)		R	RH																
_									28	. Age	encies	S												
Resources																							Totals	
Kind of Reso ENGINES	urce		SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST		
DOZERS																				-				
	Number of	Crowe:																		+	-	+		
	of Crew Pe																			+	-	-		
HELICOPTERS		i soririer.				l .		l .													1			
AIR TANKERS																					1			
TRUCK COS.																								
RESCUE/MED	١.																							
WATER TEND	ERS																							
OVERHEAD P	ERSONNE	L																						
TOTAL PERSO	ONNEL																							
30. Cooperat	ing Agen	cies																						
04.5																								
31. Remarks																								
32. Prepared	by					33	B. Apr	orove	ed by							34. S	Sent to	o:						
	•								,							Date			Time	Э		Bv		

#### **ICS 213**

GENERAL MESSAGE											
TO:		POS	ITION:								
FROM:		POS	ITION:								
SUBJECT:		DAT	E:	TIME:							
MESSAGE:											
			L								
SIGNATURE:			POSITION:								
REPLY:											
		<b>I</b>									
DATE:	TIME:	SIGNATURE/PO	SITION:								

UNIT LOG		1. Incident Name	Prepared	3. Time Prepared				
4. Unit Name/Designators	S	5. Unit Leader (Name and Posit		6. Operational Period				
7. Personnel	Roster Assigned	I						
Nar		ICS Position	F	Home Base				
8. Activity Log								
Time			Major Events					
9. Prepared by (Name an	l d Position)							

## **Local Situation Report**

Submit as soon as possible after t	the initial emergency. Update daily and/or when signi	ficant changes occui
<b>Community:</b>	County:	
Initial Report Status Up	odate Final Report Follow-up Required	
	Community Contact Information:	
Reported by:	Title:	
Call back #:	Fax:	
Email:		
Emergency Type:		
(Flood, Haz-Mat, Tornado, Earthquak	ke, Other)	
Boundaries of Affected Area:		
(Use roads, streams, major landmarks	, jurisdictional boundaries, ect.)	
	<b>Local Emergency Declared?</b>	
	Yes No	
	Status of Local EOC?	
	Open Closed Partial	
Estin	nated # of households affected:	
Are loc	eal mutual aid agreements being utilized?	
	Yes No	
$\mathbf{E}_{i}$	stimated # of people affected:	

### **Public Roadway Status**

<b>Community:</b>	County:
Roadway: Closed Partial Emergency Re-o	pened
(Include numerical or Vehicles	
Geographical reference) Only	

## **Mass Care/Sheltering Information:**

<b>Community:</b>	County:		
If residents are utilizing a she	lter in another community:		
Name of Facility:			
Host Community:			
# of Residents Sent:			
If your community has establ	ished a shelter:		
<b>Shelter Type: Local Red Cros</b>			
Site Name:			
Site Address:	Site Phone:		
Space Description:			
(i.e. Gymnasium, Cafeteria, e			
Site Capacity:			
Kitchen Facilities? Yes No			
The following information is	up to date as of:		
Current Occupancy:			
Communities this shelter is se	erving:		
	Facility is being used for:		
	(Check all that apply)		
	<b>Temporary Shelter</b>		
	Warming/Cooling Station		
	Food Service		
	Sleeping		
	Other:		
	<b>Shelter Point of Contact:</b>		
N	ame:		
7	Title:	_	
Cor	tact #:	_	