

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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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):

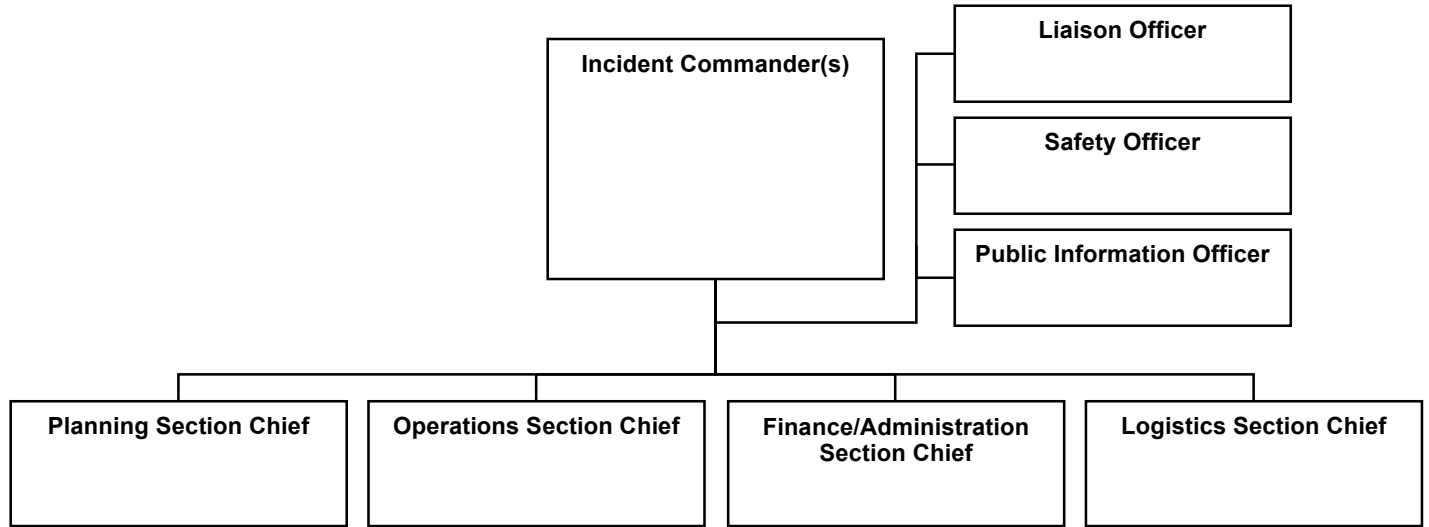
5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

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

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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: _____

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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"/>	
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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: _____

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):	
<input type="checkbox"/> ICS 202 <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
Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____	
8. Approved by Incident Commander: Name: _____ Signature: _____	
ICS 202	IAP Page _____
Date/Time: _____	

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: _____	

ASSIGNMENT LIST (ICS 204)

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

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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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: _____
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ICS 206	IAP Page _____	Date/Time: _____
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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: _____

SITE SAFETY AND CONTROL PLAN ICS 208 HM	1. Incident Name:	2. Date Prepared:	3. Operational Period: Time:									
Section I. Site Information												
4. Incident Location:												
Section II. Organization												
5. Incident Commander:	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference:										
8. Safety Officer:	9. Entry Leader:	10. Site Access Control Leader:										
11. Asst. Safety Officer - HM:	12. Decontamination Leader:	13. Safe Refuge Area Mgr:										
14. Environmental Health:	15.	16.										
17. Entry Team: (Buddy System) Name: PPE Level		18. Decontamination Element: Name: PPE Level										
Entry 1		Decon 1										
Entry 2		Decon 2										
Entry 3		Decon 3										
Entry 4		Decon 4										
Section III. Hazard/Risk Analysis												
19. Material:	Container type	Qty.	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL
Comment:												
Section IV. Hazard Monitoring												
20. LEL Instrument(s):						21. O ₂ Instrument(s):						
22. Toxicity/PPM Instrument(s):						23. Radiological Instrument(s):						
Comment:												
Section V. Decontamination Procedures												
24. Standard Decontamination Procedures:									YES:	NO:		
Comment:												
Section VI. Site Communications												
25. Command Frequency:				26. Tactical Frequency:				27. Entry Frequency:				
Section VII. Medical Assistance												
28. Medical Monitoring:		YES:	NO:	29. Medical Treatment and Transport In-place:					YES:	NO:		
Comment:												

Section VIII. Site Map

30. Site Map:



Weather Command Post Zones Assembly Areas Escape Routes Other

Section IX. Entry Objectives

31. Entry Objectives:

Section X. SOP S and Safe Work Practices

32. Modifications to Documented SOP s or Work Practices: YES: NO:

Comment:

Section XI. Emergency Procedures

33. Emergency Procedures:

Section XII. Safety Briefing

34. Asst. Safety Officer - HM Signature: Safety Briefing Completed (Time):

35. HM Group Supervisor Signature: 36. Incident Commander Signature:

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: _____	

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:																																																																																											
<p>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).</p> <p>LOGISTICS SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Manager</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Supply Unit</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Communications Unit</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Facilities Unit</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Ground Support Unit</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Security Manager</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>FINANCE/ADMINISTRATION SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Leader</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Time Unit</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>OTHER SECTION/STAFF</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Other</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>PLANNING SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Leader</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Documentation Leader</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Demobilization Leader</td><td></td><td></td><td></td></tr> </tbody> </table>					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"/>						Unit/Leader	Remarks	Name	Signature	<input type="checkbox"/>	Time Unit				<input type="checkbox"/>					<input type="checkbox"/>						Unit/Other	Remarks	Name	Signature	<input type="checkbox"/>					<input type="checkbox"/>						Unit/Leader	Remarks	Name	Signature	<input type="checkbox"/>					<input type="checkbox"/>	Documentation Leader				<input type="checkbox"/>	Demobilization Leader			
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<input type="checkbox"/>	Demobilization Leader																																																																																												
7. Remarks: 																																																																																													
8. Travel Information:		Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Estimated Time of Departure: _____		Actual Release Date/Time: _____																																																																																											
Destination: _____		Estimated Time of Arrival: _____																																																																																											
Travel Method: _____		Contact Information While Traveling: _____																																																																																											
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No		Area/Agency/Region Notified: _____																																																																																											
Number: _____																																																																																													
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																													
Incident Name: _____		Incident Number: _____																																																																																											
Location: _____		Order Request Number: _____																																																																																											
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