

NATIONAL INCIDENT MANAGEMENT SYSTEM INCIDENT COMMAND SYSTEM

**ICS FORMS BOOKLET
FEMA 502-2**

July 3, 2008

***Pre-Decisional Material.
For Stakeholder Review Only.***

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 Operating 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 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 forms are designed for use within the Incident Command System, and are not targeted for use in Area Command or in Multi-Agency Coordination Systems.

A general description of each ICS Form's purpose, suggested preparation, and distribution are included immediately after each 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 appendices 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).

ICS FORMS LIST

This table lists all of the ICS Forms included in this publication. Hyperlinks included on each ICS Form number below link directly to the form in the booklet.

Notes:

- In the following table, the ICS Forms identified with an asterisk (*) are typically used to develop 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.

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 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 <i>(wall mount size, optional 8½" x 14")</i>	Resources Unit Leader
**ICS 208	Safety Message/Plan	Safety Officer
ICS 209	Incident Status Summary	Situation Unit Leader
ICS 210	Status Change	Communications Unit Leader
ICS 211	Incident Check-In List <i>(optional 8½" x 14" and 11" x 17")</i>	Resources Unit/Check-in Recorder
ICS 213	General Message <i>(3-part form)</i>	Any Message Originator
ICS 214	Activity Log <i>(optional 2-sided form)</i>	All Sections and Units
ICS 215	Operational Planning Worksheet <i>(optional 8½" x 14" and 11" x 17")</i>	Operations Section Chief
ICS 215A	Hazard Risk Analysis Worksheet	Safety Officer
ICS 218	Support Vehicle Inventory <i>(optional 8½" x 14" and 11" x 17")</i>	Ground Support Unit
ICS 219-1 to ICS 219-8 <i>(Cards)</i>	Resource Status Card (T-Card) <i>(may be printed on cardstock)</i>	Resources Unit
ICS 220	Air Operations Summary Worksheet	Operations Section Chief or Air Branch Director
ICS 221	Demobilization Checkout	Demobilization Unit Leader

ICS FORM ADAPTION, EXTENSION, & APPENDICES

The ICS Forms in this booklet are designed to serve all-hazard, cross-discipline needs for incident management across the country. 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 Form:

- 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.
 - Block 29A (adapted): indicate specific hazardous material code involved.

Creating ICS Form Appendices

Certain ICS Forms may require Appendices 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 Appendices 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.

**ICS 201
INCIDENT BRIEFING**

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INCIDENT BRIEFING (ICS 201)

1. Incident Name: _____	2. Date/Time Initiated: Date: _____ Time: _____
8. Current Organization (fill in additional organization as appropriate):	
<div style="display: flex; justify-content: center; align-items: center;"><div style="border: 1px solid black; padding: 10px; margin: 10px;">Incident Commander(s)</div><div style="margin-left: 20px;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Liaison Officer</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Safety Officer</div><div style="border: 1px solid black; padding: 5px;">Public Information Officer</div></div></div> <div style="display: flex; justify-content: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; margin: 5px;">Planning Section Chief</div><div style="border: 1px solid black; padding: 5px; margin: 5px;">Operations Section Chief</div><div style="border: 1px solid black; padding: 5px; margin: 5px;">Finance/Administration Section Chief</div><div style="border: 1px solid black; padding: 5px; margin: 5px;">Logistics Section Chief</div></div>	
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5. Prepared by: Name: _____	Signature: _____
ICS 201, Page 3	Date/Time: _____

ICS 201 Incident Briefing

Purpose. The Incident Briefing (ICS 201) form provides the Incident Commander (and the Command and General Staff) 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. After the initial briefing of the Incident Commander and General Staff members, the Incident Briefing (ICS 201) is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The “Map/Sketch” and “Current Action/Planned Actions” sections (pages 1-2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resources Summary” sections (pages 3-4) are given to the Resources Unit.

Notes:

- The Incident Briefing (ICS 201) serves as part of the Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and re-paginate as needed.

Block Number	Block Title	Instruction
1	Incident Name	Enter the name assigned to the incident.
2	Date/Time Initiated <ul style="list-style-type: none"> • Date, Time 	Enter date initiated (month/day/year) and time (using the 24-hour clock) initiated.
3	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.
4	Situation Summary (for briefings or transfer of Command)	Self-explanatory.
5	Prepared by <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
6	Initial Response Objectives	Enter the strategy and tactics used on the incident and note any specific problem areas.
7	Current Actions/Planned Actions <ul style="list-style-type: none"> • Time • Actions 	Enter the current actions or planned actions and time the actions may or did occur to obtain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.

Block Number	Block Title	Instruction
8	Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"> • Command • Safety Officer • Public Information Officer • Planning Section • Operations Section • Logistics Section • Finance/Admin Section 	<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. • Indicate Agency for each of the Incident Commanders listed if Unified Command is being used.
9	Resource Summary <ul style="list-style-type: none"> • Resource • Resource Identifier • Date/Time Ordered • ETA • Arrived • Notes (Location/Assignment/Status) 	<p>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.</p> <p>Enter the number and appropriate category, kind, or type of resource ordered.</p> <p>Enter the relevant agency designator and/or resource designator (if any).</p> <p>Enter the date (month/day/year) and time (24-hour clock) resource ordered.</p> <p>Enter the Estimated Time of Arrival (ETA) to the incident (use 24-hour clock).</p> <p>Enter an "X" or a checkmark upon arrival to the incident.</p> <p>Enter notes such as the assigned location of the resource and/or the actual assignment and status</p>

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**ICS 202
INCIDENT OBJECTIVES**

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ICS 202 Incident Objectives

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

Preparation. The Incident Objectives (ICS 202) form 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 Incident Objectives (ICS 202). If additional IC signatures are used, attach a blank page.

Distribution. The Incident Objectives (ICS 202) 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.

Notes:

- The Incident Objectives (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 re-paginate as needed.

Block Number	Block Title	Instruction
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 which the form applies.
3	Objective(s) (in priority order)	In priority order, enter clear, concise statements of the objectives for managing the response. 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.
4	Operational Period Command Emphasis	Enter command emphasis for the operational period which may include a general safety message and may list operational and/or tactical priorities. 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 the Unified Commands' direction. Examples could include to be aware of falling debris, secondary explosions, etc.
5	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.

Block Number	Block Title	Instruction
6	<p>Incident Action Plan (the items checked below are included in this Incident Action Plan):</p> <ul style="list-style-type: none"> <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 <p><u>Other Attachments:</u></p>	Check appropriate forms and list other relevant documents that are included in the IAP.
7	<p>Prepared by</p> <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	<p>Approved by Incident Commander</p> <ul style="list-style-type: none"> • Name • Signature 	In case of a Unified Command, one Incident Commander (IC) may approve the Incident Objectives (ICS 202). If additional IC signatures are used, attach a blank page.

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**ICS 203
ORGANIZATION ASSIGNMENT LIST**

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(s)		Chief	
Deputy		Deputy	
Safety Officer		Staging Area	
Public Info. Officer		Branch	
Liaison Officer		Branch Director	Deputy
4. Agency/Organization Representatives:		Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
5. Planning Section:		Branch	
		Branch Director	Deputy
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Branch	
		Branch Director	Deputy
		Division/Group	
		Division/Group	
		Division/Group	
Support Branch		Air Operations Branch	
		Air Ops Br. Dir	
Service Branch		8. Finance/Administration Section:	
		Chief	
		Deputy	
		Time Unit	
		Procurement Unit	
		Comp/Claims Unit	
		Cost Unit	
9. Prepared by: Name: _____		Signature: _____	
ICS 203		Date/Time: _____	

ICS 203

Organization Assignment List

Purpose. The Organization Assignment List 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 parenthesis behind the name (i.e. A. Smith (T)).

Distribution. The Organization Assignment List is duplicated and attached to the Incident Objectives form (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 Organization Assignment List (ICS 203) serves as part of the IAP.
- More than one name can be put in each block if needed.
- If additional pages are needed, use a blank ICS 203 and re-paginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instruction
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 which the form applies.
3	Incident Commander(s) and Command Staff <ul style="list-style-type: none">• IC• Deputy• Safety Officer• Public Info. Officer (<i>Public Information Officer</i>)• 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, include agency names.
4	Agency/Organization Representatives <ul style="list-style-type: none">• Agency• 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• Tech. 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	Instruction
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 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 Ops Br. Dir. (<i>Air Operations Branch Director</i>) 	<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 individuals name in the right column.</p> <p>Branches and Divisions/Groups may be functional or geographic. 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 • Comp/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 • Signature • Date/Time 	<p>Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time (24-hour clock) prepared.</p>

**ICS 204
ASSIGNMENT LIST**

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ICS 204 Assignment List

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

Preparation. The Assignment List (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 Assignment List (ICS 204) is duplicated and attached to the Incident Objectives (ICS 202). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The Assignment List (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 re-paginate as needed.

Block Number	Block Title	Instruction
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 which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alpha-numeric abbreviation for the branch, division, group, and staging area (i.e.: "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 (i.e., 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 (i.e., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (i.e., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
	• Reporting Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate status briefing, transportation, or other information.

Block Number	Block Title	Instruction
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, drop off or pick up 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 • Radio (Frequency/System/Channel) • Phone • Cell/Pager 	Enter specific communications information (including emergency numbers) for this branch/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). Phone and pager numbers should include the area code and any satellite phone specifics.
9	Emergency Communications <ul style="list-style-type: none"> • Medical • Evacuation • Other 	Enter any emergency messages disseminated.
10	Prepared by <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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ICS 205
INCIDENT RADIO COMMUNICATIONS PLAN

ICS 205

Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan 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 the incident. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS Form 204).

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

Distribution. The Incident Radio Communications Plan is duplicated and given to all recipients of the Objectives form (ICS Form 202) including the Incident Communications Center. Information from the Plan is placed on Assignment Lists.

Notes:

- The Incident Radio Communications Plan (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 Incident Radio Communications Plan (ICS 205) serves as part of the IAP.

Block Number	Block Title	Instruction
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 which the form applies.
4	Basic Radio Channel Use	Enter the following information about radio channel use:
	Zone Grp. (Group)	
	Ch # (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 as just a reference line number on the ICS Form 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.
	Assignment	Enter the name of the ICS branch/division/group/section to whom this channel/talkgroup will assigned.
	RX Freq (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 a "N" designating narrowband or a "W" designating wideband emissions. The name of the specific trunked radio system from which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for a 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	Instruction
4 (continued)	TX Freq (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 a "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, i.e. using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.
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).

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**ICS 205A
COMMUNICATIONS LIST**

Draft

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) form is used to provide information on all radio frequencies down to the division/group level, the Communications List (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 Communications List (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 Communications List (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 Communications List (ICS 205A) is an optional part of the IAP.
- This optional form is used in conjunction with the Incident Radio Communications Plan (ICS 205).
- If additional pages are needed, use a blank ICS 205A and re-paginate as needed.

Block Number	Block Title	Instruction
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 which the form applies.
3	Basic Local Communications Information	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	• Section/Group/Division	Enter the relevant ICS section or indicate command staff.
	• Position Assigned	Enter the ICS organizational assignment.
	• Name	Enter the name of the assigned person.
	• Method(s) of Contact (radio frequency, 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 incident ID number being driven for the incident (i.e. HAZMAT 1, etc.)
4	Prepared by <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). Be sure to the local time zone when entering the time.

**ICS 206
MEDICAL PLAN**

Draft

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 Medical Plan (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 Medical Plan (ICS 206) may be attached to the Incident Objectives (ICS 202), or 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 Medical Plan (ICS 206) serves as part of the Incident Action Plan.
- This form can include multiple pages.

Block Number	Block Title	Instruction
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 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 (i.e., Staging Area, Camp Ground).
	• Contact Number(s)	Enter the contact number(s) for the medical aid station(s).
4	• Paramedics on Site <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if paramedics are at the site indicated.
	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)	Enter the contact number(s) 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).	

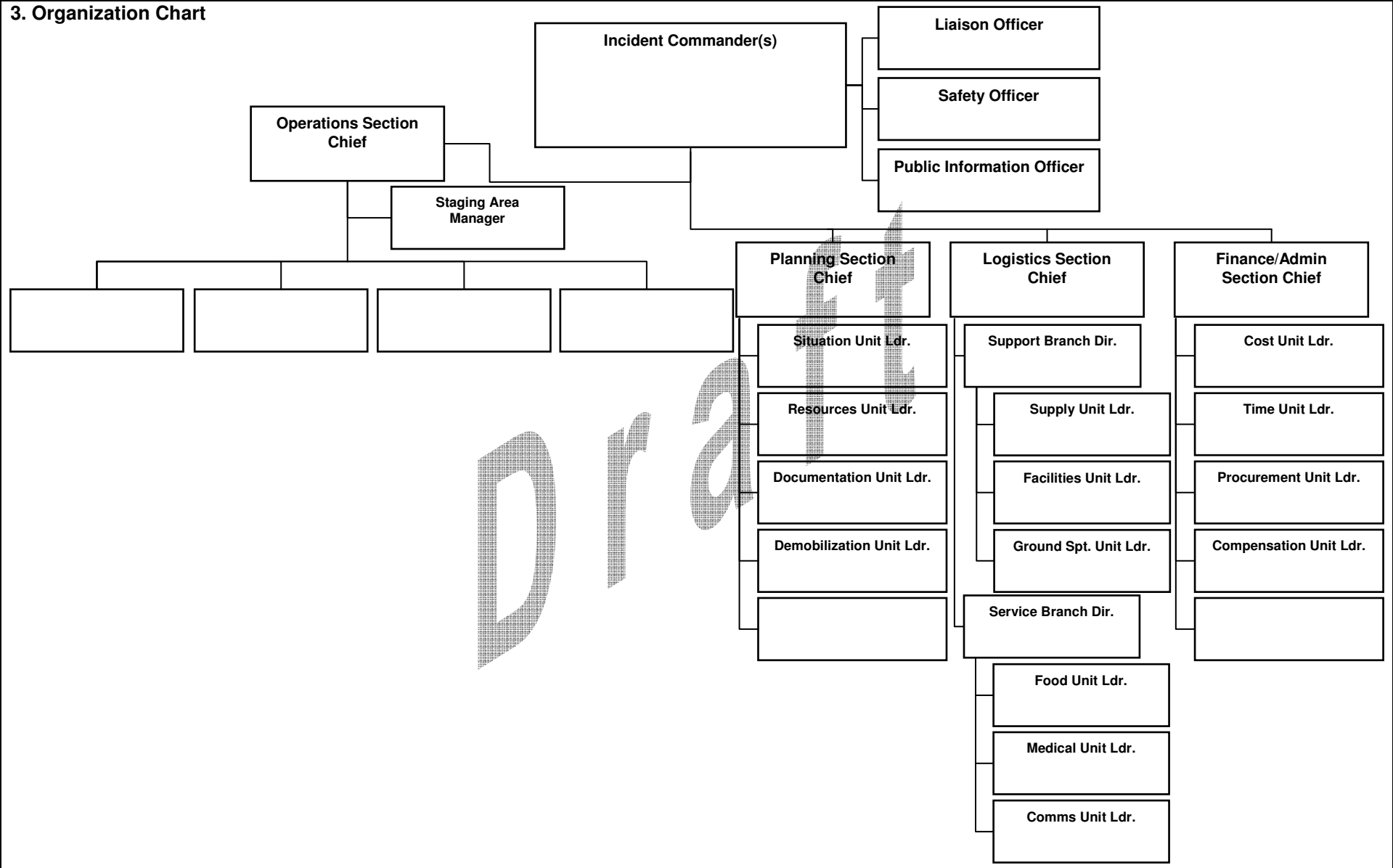
Block Number	Block Title	Instruction
5	Hospitals <ul style="list-style-type: none"> • Hospital Name • Address, Latitude & Longitude if helipad • Contact Number(s)/ Frequency • Travel Time <ul style="list-style-type: none"> • Air • Ground • Trauma Center <input type="checkbox"/> Yes <input type="checkbox"/> No • Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No • Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>Enter the following information for hospital(s) that could serve this incident:</p> <p>Enter hospital name and identify any pre-designated medivac aircraft by name a frequency.</p> <p>Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.</p> <p>Enter the contact number(s) and/or communications frequency(s) for the hospital.</p> <p>Enter the travel time by air and ground from the incident to the hospital.</p> <p>Indicate (yes or no) if the hospital has a trauma center.</p> <p>Indicate (yes or no) if the hospital has a burn center.</p> <p>Indicate (yes or no) if the hospital has a helipad.</p>
6	Special Medical Emergency Procedures <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with air operations.</p>	<p>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.</p> <p>Self explanatory.</p>
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> • Name • Signature 	<p>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).</p>
8	Approved by (Safety Officer) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	<p>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).</p>

**ICS 207
INCIDENT ORGANIZATION CHART**

Draft

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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ICS 207	4. Prepared by: Name: _____ Signature: _____ Date/Time: _____
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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 Incident Organization Chart 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 Incident Organization Chart (ICS 207) is prepared by the Operations Section 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 Incident Organization Chart (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 Incident Organization Chart (ICS 207) is intended to be **wall mounted** (printed on a plotter).
- 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.

Block Number	Block Title	Instruction
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 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 • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

**ICS 208
SAFETY MESSAGE**

Draft

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:

Draft

4. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: _____ Signature: _____

ICS 208 Date/Time: _____

ICS 208
Safety Message/Plan

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

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

Distribution. The Safety Message/Plan (ICS 208), if developed, 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.

Notes:

- The Safety Message/Plan (ICS 208) may serve (optional) 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 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 • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

**ICS 209
INCIDENT STATUS SUMMARY**

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, i.e.: "sq mi", "city block"):	8. Percent (%) Contained or Completed (circle one):	*9. Incident Definition:	10. Incident Type, Severity, or Complexity Level:	*11. For Time Period: From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

*12. Prepared By: ICS Position: Date/Time Prepared: Print Name:		*13. Date/Time Submitted: Time Zone:	
*14. Approved By: ICS Position: Signature: Print Name:		*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. Non-Residential Commercial Property			
	G. Other Minor Structures			

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:			2. Incident Number:		
Additional Incident Definition & 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 <i>(note if estimated)</i>				G. Missing	
H. Evacuated <i>(note if estimated)</i>				H.	
I. Sheltering In Place <i>(note if estimated)</i>				I. Sheltering In Place	
J. In Temporary Shelters <i>(note if est.)</i>				J.	
K. Have Received Mass Immunizations				K. Have Received Immunizations	
L. Require Immunizations <i>(note if est.)</i>				L. Require Immunizations	
M. In Quarantine				M. In Quarantine	
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		
33. Life, Safety, & Health Status/Threat Remarks:				*34. Life, Safety, & Health Threat Management:	
				A. Check If Active:	
				B. Notes	
				C. No Likely Threat	
				D. Potential Future Threat	
				E. Mass Notifications In Progress	
				F. Mass Notifications Completed	
				G. No Evacuation(s) Imminent	
				H. Planning For Evacuation	
				I. Planning For Shelter-In-Place	
				J. Evacuation(s) In Progress	
				K. Shelter-In-Place In Progress	
				L. Repopulation In Progress	
				M. Mass Immunization In Progress	
				N. Mass Immunization Complete	
O. Quarantine In Progress					
P. Area Restriction In Effect					
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 time frames:					
12 hours:					
24 hours:					
48 hours:					
72 hours:					
Anticipated after 72 hours:					
37. Strategic Objectives (define planned end state for incident):					

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
Additional Incident Decision Support Information <i>(continued)</i>	
<p>38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour time frames 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.</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p>39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour time frames 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>	
<p>40. STRATEGIC DISCUSSION: Explain the relation of overall strategy, constraints, and current available information to:</p> <ul style="list-style-type: none"> 1) critical resource needs identified above, 2) the Incident Action Plan and management objectives and targets, 3) anticipated results. <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	
<p>41. Planned actions for next operational period:</p>	
<p>42. Projected Final Incident Size/Area (use unit label, i.e.: "sq mi"):</p>	
<p>43. Anticipated Incident Management Completion Date:</p>	
<p>44. Projected Significant Resource Demobilization Start Date:</p>	
<p>45. Estimated Incident Costs to Date:</p>	
<p>46. Projected Final Incident Cost Estimate:</p>	
<p>47. REMARKS (or continuation of any blocks above – list block number in notation):</p>	
ICS 209, Page 3 of ____	* Required when applicable.

INCIDENT STATUS SUMMARY (ICS 209)

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

48. Agency or Organization:	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top 1/2 of box, show # of personnel associated with resource on bottom 1/2 of box):	50. # of Personnel not assigned to a resource:	51. Total Personnel (includes those associated with resources, i.e., aircraft or engines, and individual overhead):
52. Total Resources			

53. Additional Cooperating & Assisting Organizations Not Listed Above:

ICS 209 Incident Status Summary

Purpose. To support the needs of the incident, the Incident Status Summary Form (ICS 209) collects basic incident decision support information at the incident level. It is the primary mechanism for reporting incident decision support information above the incident level to incident coordination and support organizations, including agency/organizational managers and executives. As such, the ICS 209 contains basic information elements needed to support decision making at all levels above the incident to support the incident. Decision-makers may include the agency having jurisdiction, but also all multi-agency coordinating 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, decision-makers 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 to 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 Incident Status Summary (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 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 multi agency coordination systems (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 (multi-agency coordination) Group may require the submission of an initial ICS 209 when a new incident has reached a certain pre-designated 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 time frame, 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 (i.e.: 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 Incident Status Summary form (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 which impact 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 state-wide 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 support and coordination entities based on the support needs and the decisions made within the multi-agency coordination system 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 multi-agency coordination system(s).

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 for 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 the NIMS. This may include critical infrastructure owners and operators, non-governmental and non-profit 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 Remarks Section (Block 44), 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	Instruction
*1	Incident Name	<p>REQUIRED BLOCK.</p> <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 46. • Do not use the same incident name for different incidents in the same calendar year.

Block Number	Block Title	Instruction
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 46.
*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 46).
	Rpt # (if used)	Use this <i>optional</i> 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 in Unified Command, list all Incident Commanders by first initial and last name separated by a comma, including their organization. For example: <ul style="list-style-type: none"> L. Burnett – Minneapolis FD, R. Domanski – Minneapolis PD, C. Taylor – St. Paul PD, Y. Martin – St. Paul FD, S. McIntyre – US 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.
*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 in MM/DD/YYYY format.
	Time	Enter the start time per a 24-hour clock in TTTT hrs format.
	Time Zone	Enter the Time Zone of the incident (i.e.: EDT, PST).

Block Number	Block Title	Instruction
7	Current Incident Size or Area Involved (use unit label, i.e.: "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 46). Indicate if 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 46). 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 (i.e., 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 Type, Severity, or Complexity Level	<ul style="list-style-type: none"> Identify the incident complexity or type as determined by Unified/Incident Commanders, if available or used.
*11	For Time Period	REQUIRED BLOCK.
	From Date/Time	<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. Enter the start date in MM/DD/YYYY format (i.e.: 02/22/2007). Enter the start time per a 24-hour clock in TTTT hrs format (i.e.: 0537 hrs).
	To Date/Time	<ul style="list-style-type: none"> Enter the end date in MM/DD/YYYY format. Enter the end time per a 24-hour clock in TTTT hrs format.
	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 (i.e., "Situation Unit Leader").
	Date/Time Prepared	Enter the preparation date (MM/DD/YYYY format) and time (34-hour clock TTTT format) the form was prepared. Enter the Time Zone if appropriate.
*13	Date Submitted	REQUIRED. Enter the submission date in MM/DD/YYYY format.
	Time Submitted	Enter the submission time per a 24-hour clock in TTTT hrs format.
	Time Zone	Enter the Time Zone from where the ICS 209 was submitted (i.e.: EDT, PST).

Block Number	Block Title	Instruction
*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 (i.e., "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 may be a dispatch center or a multi-agency coordination system 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.
*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 44.
*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 44.
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 (i.e., police, fire, public works, etc.) or another type of organization. Enter specifics in Block 25.
*20	Incident Jurisdiction	REQUIRED BLOCK WHEN APPLICABLE. 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, US Coast Guard, Panama City, NYPD).
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.

Block Number	Block Title	Instruction
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 (i.e.: 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)	<p>REQUIRED BLOCK.</p> <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 (i.e.: "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 (i.e.: base meridian)..
26	UTM Coordinates	Indicate Universal Transverse Mercator reference coordinates if used by the discipline or jurisdiction.
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 (i.e.: .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.

Block Number	Block Title	Instruction
*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 (for example, “details on evacuations may be found in Block 30-31”), or in Remarks, Block 46. Be specific & detailed in reference to events. For example, references to road closures should include road number and duration of closure (or include further detail in 30-O or 31. 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.
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. Non-Residential Commercial Properties G. Other Minor Structures	<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 any critical/key infrastructure 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. <p>Complete this table as needed based on the definitions for 29B-H below. Note in table or in text block if numbers entered are estimates or are confirmed.</p> <p>Enter the number of structures potentially threatened by the incident within the next 72 hours, based on currently available information.</p> <p>Enter the number of structures damaged by the incident.</p> <p>Enter the number of structures destroyed beyond repair by the incident.</p> <p>Enter the number of single dwellings/homes/units impacted in Columns 29B-D. Note any specifics in the text block if needed, such as type of residence (apartments, condominiums, single-family homes, etc.).</p> <p>Enter the number of buildings or units impacted in Columns 29B-D. This includes any primary structure used for non-residential purposes, excluding Other Minor Structures (Block 29G). Note any specifics regarding building or unit types in the text block.</p> <p>Enter any miscellaneous structures impacted in Columns 29B-D not covered in 29E-F above, including any minor structures such as booths, sheds, or outbuildings.</p>

Block Number	Block Title	Instruction
Page 2	Additional Incident Definition and Decision Support	
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, & 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. <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, as information may be. 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.
	<u>C. Indicate Number of Civilians (Public) Below</u>	<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.
	E. With Injuries/Illness	Enter the number of civilian/public injuries or illnesses directly related to the incident.

Block Number	Block Title	Instruction
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 (<i>note if estimated</i>)	Enter the number of civilians who are missing due to the incident; indicate if an estimate is used.
	H. Evacuated (<i>note if estimated</i>)	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 (<i>note if estimated</i>)	Enter the number of civilians who are sheltering in place due to the incident, indicated if estimates are used.
	J. In Temporary Shelters (<i>note if est.</i>)	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 (<i>note if est.</i>)	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: Do not estimate any fatality information or responder status information. • 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, as information may be. 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 responders impacted in each category for this reporting period (since the previous ICS 209 was submitted).

Block Number	Block Title	Instruction
32 (continued)	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.
	<u>C. Indicate Number of Responders Below</u>	<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 those in which the person is unable to continue to perform in their incident assignment.</i> The Authority Having Jurisdiction, discipline, or other jurisdiction may have additional guidelines on reporting requirements in this area.
	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.	<i>(BLANK; use however is appropriate).</i>
	I. Sheltering In Place	Enter the number of responders who are sheltering in place due to the incident.
	J.	<i>(BLANK; use however is appropriate).</i>
	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 & 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 31, 32, and 34 that may be caused by the incident, but which 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).
34	Life, Safety, & Health Threat Management	<ul style="list-style-type: none"> Note any details Life, Safety & 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).
	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.

Block Number	Block Title	Instruction
34 (continued)	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 relating 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 (i.e.: “mass notifications to area 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 this block if evacuations are not anticipated in the near future based on current information.
	H. Planning For Evacuation	Check here 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 relating to this incident.
	M. Mass Immunization In Progress	Check if there is an active mass immunization in progress relating 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 P. Area Restriction in Effect	Check if there is an active quarantine in progress related to this incident. Check if there are any restrictions in effect, such as road or area closures, especially those notes in Block 28.
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 time frame 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 <i>from</i> and going <i>to</i> in plain language, i.e.: “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.

Block Number	Block Title	Instruction
36	<p>Projected incident activity, potential, movement, escalation, or spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour time frames</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"> • 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 periods, 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 time frames, and any activity anticipated after 72-hours.
37	<p>Strategic Objectives (define planned end state for incident)</p>	<p>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).</p>
Page 3	<p>Additional Incident Decision Support Information (continued)</p>	
38	<p>Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour time frames 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 time frames.</p>

Block Number	Block Title	Instruction
<p>39</p>	<p>Critical Resource Needs in 12-, 24-, 48-, and 72-hour time frames 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 time frame if needs have been identified for each time frame. 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 time frame. • 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 multi-agency 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 27, 28, 30-36, 39-41. ○ Additional comments in the Remarks section (Block 46) 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 non-critical resources.
<p>40</p>	<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	Instruction
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"> ○ Transition Incident Command, or a team transition, ○ “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, i.e.: “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 (in MM/DD/YYYY format) 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 time 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 (in MM/DD/YYYY format) 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).
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.

Block Number	Block Title	Instruction
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 (i.e.: 35 acres in City of Gatlinburg, 250 acres in Great Smoky Mountains), ○ By geography (i.e.: 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 US ACE). • Explain any reasons for incident size reductions or adjustments (i.e.: 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 multi-agency coordination systems or public information systems (i.e.: a public information phone number for the incident or incident Web Site address). • Attach additional pages if it is necessary to include additional comments in the Remarks section.
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 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 multi-agency coordination system the incident is in. 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 (i.e., 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	Instruction
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"> ○ I.e.; 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	# of Personnel not assigned to a resource	<ul style="list-style-type: none"> • 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 individual overhead <i>and</i> those associated with resources, i.e., aircraft or engines)	<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, ○ the total number of additional individual overhead personnel from each agency, organization, or group listed in Block 50.

Block Number	Block Title	Instruction
52	Total Resources	Include the sum total of resources for each column, including the total for the column under Block 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 Agencies 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).

Draft

**ICS 210
STATUS CHANGE**

Draft

ICS 210 Status Change

Purpose. The 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 form 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 Status Change (ICS 210) is maintained by the Resources Unit, and a second copy is retained by the Communications Unit.

Notes.

- The Status Change (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 re-paginate as needed.

Block Number	Block Title	Instruction
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 which the form applies.
3	Resource Number	Enter the resource identification (ID) number for the resource.
4	New Status	Indicate the current status of the resource: <ul style="list-style-type: none"> • Available/Staged - Resources should be available for incident use immediately. • Assigned - Resources should include information here about the incident assignment. • Out of Service - Resources should include information here indicating the estimated time of return (ETR). It may be useful to indicate the reason a resource is out of service (here or in Comments in Block #8).
5	From (Location 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 (i.e., Division A, Staging Area, Incident Command Post, Western Camp).
6	To (Location 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 Location and Status Change	Enter the time and location of the status change (24-hour clock). Enter the date as well if relevant (i.e. 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 • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time (24-hour clock) prepared.

**ICS 211
INCIDENT CHECK-IN LIST**

Draft

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 Check-In List (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 Check-In List (ICS 211) is initiated at a number of incident locations including: staging areas, base, and the 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.

Distribution. Check-In Lists (ICS 211), which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization, and the Finance 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 re-paginate as needed.

Block Number	Block Title	Instruction
1	Incident Name	Enter the name assigned to the incident.
1	Incident Number	Enter the number assigned to the incident.
2	Check-In Location <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <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.
3	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.
4	CHECK-IN INFORMATION	Self explanatory.
5	List single resource personnel (overhead) by agency & 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.
	<ul style="list-style-type: none"> • State 	Use this section to list the home state for the resource.
	<ul style="list-style-type: none"> • Agency 	Use this section to list agency name (or designator), and individual names for all single resource personnel (i.e. ORC, ARL, NYPD).
	<ul style="list-style-type: none"> • Category 	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> • Kind 	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> • Type 	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> • Resource Name or Identifier 	Use this section to enter the resource name or unique identifier.

Block Number	Block Title	Instruction
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 (i.e. radio frequency, cell phone number, etc.) for the incident.
11	Home Base	Enter the location at which the resource or individual is normally assigned (may not be departure location).
12	Departure Point	Enter the location from which resource or individual departed for this incident.
13	Method of Travel	Enter the means of travel the individual used to bring him/her to the incident (i.e. 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) the resource/individual is qualified to perform.
16	Data Provided to Resources Unit	Enter the initials, date, and time that the information pertaining to that entry was sent to the Resources Unit.
17	Prepared by <ul style="list-style-type: none"> Name Signature Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

**ICS 213
GENERAL MESSAGE**

Draft

GENERAL MESSAGE (ICS 213)

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

Draft

ICS 213 General Message

Purpose. The General Message (ICS 213) form is a three-part form. It is used by the incident dispatchers to record incoming messages which cannot be orally transmitted to the intended recipients. The General Message (ICS 213) form is also used by the Incident Command Post and other incident personnel to transmit messages (i.e. 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 which requires hard-copy delivery.

Preparation. The General Message (ICS 213) form may be initiated by incident dispatchers and any other personnel on an incident.

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

Notes:

The General Message (ICS 213) form is a three-part form. 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.

Block Number	Block Title	Instruction
1	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.
2	From (Name and Position)	Enter the name and position of the individual sending 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	Subject	Enter the subject of the General Message.
4	Date	Enter the date (month/day/year) of the message.
5	Time	Enter the time (using the 24-hour clock) of the message.
6	Message	Enter the content of the message. Try to be as concise as possible.
7	Approved by	Enter the name of the person who approved the message.
8	Reply	The intended recipient will enter a reply to the message and return it to the originator.
9	Prepared by <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

**ICS 214
ACTIVITY LOG**

Draft

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 Activity Log (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 Activity Logs (ICS 214) 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 Activity Log (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	Instruction
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 which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (i.e., 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.
	<ul style="list-style-type: none"> • ICS Position 	Use this section to enter the resource's ICS position (i.e. Finance Section Chief).
	<ul style="list-style-type: none"> • Home Agency (and Unit) 	Use this section to enter the resource's home agency and/or unit (i.e. Des Moines Public Works Department, Water Management Unit).
7	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. • For example, these may include a notable occurrence or event including task assignments, task completions, injuries, difficulties encountered, etc.
8	Prepared by <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

ICS 215
OPERATIONAL PLANNING WORKSHEET

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:						2. Operational Period: Date From: _____ Time From: _____ Date To: _____ Time To: _____												
3. Branch, Division, Group, or Other	4. Work Assignment & Special Instructions	5. Resources													6. Overhead Position	7. Special Equipment & Supplies	8. Reporting Location	9. Requested Arrival Time
		Req. Have Need																
		Req. Have Need																
		Req. Have Need																
		Req. Have Need																
		Req. Have Need																
		Req. Have Need																
ICS 215	10. Total Resources Required														13. Prepared by: Name: _____ Signature: _____ Date/Time: _____			
	11. Total Resources Have on Hand																	
	12. Total Resources Need To Order																	

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 Operational Planning Worksheet (ICS 215) is initiated by the Operations Section Chief and often involves logistics personnel, the Resource Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staff members during the planning meeting. It may be useful in some disciplines or jurisdictions to pre-fill ICS 215 copies prior to incidents.

Distribution. When the Branch, Division or Group work assignments and accompanying resource allocations are agreed to, the form is distributed to the Resources Unit to assist in the preparation of the Assignment Lists (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 re-paginate as needed.

Block Number	Block Title	Instruction
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 which the form applies.
3	Branch, Division, Group, or Other	Enter the branch, division leader, group or other location (i.e., staging areas) of the work assignment for the resources. It may be helpful to use a slash or line to delineate the branch at the left of the column from the division(s) or group(s) listed.
4	Work Assignment & Special Instructions	Enter the specific work assignments given to each of the divisions/groups and any special instructions, as required.
5	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 in the bottom portion of the slash.
	• Req. (Required)	Enter, for the appropriate resources, the number of resources by type (engines, crew, 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 "Req." row.
6	Overhead Position	Supervisory and non-supervisory ICS positions not directly assigned to a previously identified resource (i.e. Division/Group Supervisor, Assistant Safety Officer, Technical Specialist, etc.).
7	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.
8	Reporting Location	Enter the specific location where the "needed" resources are to report (staging area, location at incident, etc.).

Block Number	Block Title	Instruction
9	Requested Arrival Time	Enter the time (24-hour clock) which resources are requested to arrive at the reporting location.
10	Total Resources Required	Enter the total number of resources required by category/kind/type as preferred (i.e., engines, crews, dozers, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total strike teams in the bottom portion of the slash.
11	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 in the bottom portion of the slash.
12	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 in the bottom portion of the slash.
13	Prepared by <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

Draft

ICS 215A
INCIDENT ACTION PLAN SAFETY ANALYSIS

Draft

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 Incident Action Plan Safety Analysis (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 works alongside the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the ICS 215 form. 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 re-paginate as needed.

Block Number	Block Title	Instruction
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 (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 (using the 24-hour clock) and end date and time for the operational period 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 type of hazards and/or risks likely to be encountered by personnel or resources by the incident area relevant to the work assignment.
7	Mitigations	List actions taken to reduce risk for each hazard indicated (i.e., specify personal protective equipment or use of a buddy system or escape routes).
8	Prepared by (Operations Chief) <ul style="list-style-type: none"> • Name • Signature 	Enter the name and signature of the person preparing the form, typically the Operations Chief. Enter date (month/day/year) and time (24-hour clock) prepared.
9	Reviewed by (Safety Officer) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name of the person who reviewed the plan, typically the Safety Officer. Enter date (month/day/year) and time (24-hour clock) reviewed.

ICS 218
SUPPORT VEHICLE INVENTORY

ICS 218

Support Vehicle Inventory

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

Preparation. The Support Vehicle Inventory (ICS 218) form 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 should be provided to the Resources Unit immediately.

Notes:

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

Block Number	Block Title	Instruction
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
2	Date/Time Prepared	Enter the date (month/day/year) and time (using the 24-hour clock) the form is prepared.
3	Vehicle Category	Enter the specific vehicle category (i.e., buses, generators, dozers, pickups/sedans, rental cars, etc.). Use a spate sheet for each vehicle category.
4	Vehicle/Equipment Information	Record the following vehicle information:
	Request Number	Enter the request number for the resource as used by the jurisdiction or discipline, or the relevant EMAC request number.
	Incident ID No. (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 (i.e., "Decontamination Unit 2", or "Water Tender 14").
	Vehicle or Equipment Category/Kind/Type	Enter the specific vehicle or equipment category, kind, or type (i.e., bus, backhoe, Type 2 engine, etc.) as relevant.
	Vehicle or Equipment Make	Enter the vehicle or equipment manufacturer name (i.e., "GMC", "International").
	Category/Kind/Type, Capacity, or Size	Enter the vehicle or equipment category/kind/type, capacity, or size (i.e., 30-person bus, 3/4-ton truck, 50 KW generator).
	Vehicle Features	Indicate any vehicle 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 ID No. (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	Instruction
4 (continued)	Incident Start Date & Time	Indicate start date (month/day/year) and time (using the 24-hour clock) for drive or for equipment as may be relevant.
	Incident Release Date & Time	Enter the date (month/day/year) and time (using the 24-hour clock) the vehicle or equipment is released from the incident.
5	Prepared by <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name and ICS position (optional) of the person preparing the form. Enter date (month/day/year) and time (24-hour clock) the form is prepared.

Draft

**ICS 219
RESOURCE STATUS CARD**

Draft

Agency:	Cat/Kind/Type:	Name/ID#:
Order Request #:	Date/Time Checked-In:	
Home Base:		
Departure Point:		
Crew ID# or Name:		
# Personnel:	Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
Method of Travel: <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air		
Other:		
Departure Point:	ETA:	
Transportation Needs: <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air		
Other:		
Date/Time Ordered:	Confirmed Departure:	
Remarks:		
Prepared by:		
Date/Time:		
ICS 219-2 CREW (GREEN)		

Agency:	Cat/Kind/Type:	Name/ID#:
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 (GREEN)		

Agency:	Cat/Kind/Type:	Name/ID#:

Order Request #:	Date/Time Checked-In:
Home Base:	
Departure Point:	
Leader Name:	
Resource ID#s or Name(s):	
Destination Point:	ETA:
Remarks:	
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 219-3 ENGINE (PINK)	

Agency:	Cat/Kind/Type:	Name/ID#:

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 219-3 ENGINE (PINK)	

DRAFT

Agency: Cat/Kind/Type: Name/ID#:		
Order Request #:	Date/Time Checked-In:	
Home Base:		
Departure Point:		
Pilot Name:		
Destination Point:	ETA:	
Remarks:		
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)		

Agency: Cat/Kind/Type: Name/ID#:		
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)		

Agency:	Name:	Incident Assignment:

Order Request #:	Date/Time Checked-In:
-------------------------	------------------------------

Home Base:

Departure Point:

Method of Travel: <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air

Other:

On Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
---	----------------

Transportation Needs: <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air

Other:

Date/Time Ordered:	Confirmed Departure:
---------------------------	-----------------------------

Destination Point:	ETA:
---------------------------	-------------

Remarks:

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)

Agency:	Name:	Incident Assignment:

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)

DRAFT

Agency:	Cat/Kind/Type:	Manufact:	ID#:

Order Request #:	Date/Time Checked-In:
-------------------------	------------------------------

Home Base:

Date/Time Released:

Incident Location:	Time:
---------------------------	--------------

Status:

Assigned
 O/S Rest
 O/S Pers
 Available
 O/S Mech
 ETR: ____

Notes:

Incident Location:	Time:
---------------------------	--------------

Status:

Assigned
 O/S Rest
 O/S Pers
 Available
 O/S Mech
 ETR: ____

Notes:

Incident Location:	Time:
---------------------------	--------------

Status:

Assigned
 O/S Rest
 O/S Pers
 Available
 O/S Mech
 ETR: ____

Notes:

Prepared by:

Date/Time:

ICS 219-6 FIXED WING (ORANGE)

Agency:	Name:	Incident Assignment:

Incident Location:	Time:
---------------------------	--------------

Status:

Assigned
 O/S Rest
 O/S Pers
 Available
 O/S Mech
 ETR: ____

Notes:

Incident Location:	Time:
---------------------------	--------------

Status:

Assigned
 O/S Rest
 O/S Pers
 Available
 O/S Mech
 ETR: ____

Notes:

Incident Location:	Time:
---------------------------	--------------

Status:

Assigned
 O/S Rest
 O/S Pers
 Available
 O/S Mech
 ETR: ____

Notes:

Incident Location:	Time:
---------------------------	--------------

Status:

Assigned
 O/S Rest
 O/S Pers
 Available
 O/S Mech
 ETR: ____

Notes:

Prepared by:

Date/Time:

ICS 219-6 FIXED WING (ORANGE)

Agency:	Cat/Kind/Type:	Name/ID#:
Order Request #:	Date/Time Checked-In:	
Home Base:		
Departure Point:		
Leader Name:		
Resource ID#s or Name(s):		
Destination Point:		ETA:
Remarks:		
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 219-7 HEAVY EQUIPMENT (YELLOW)		

Agency:	Cat/Kind/Type:	Name/ID#:
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 219-7 HEAVY EQUIPMENT (YELLOW)		

DRAFT

Agency:	Cat/Kind/Type:	Name/ID#:

Order Request #:	Date/Time Checked-In:
Home Base:	
Departure Point:	
Leader Name:	
Resource ID#s or Name(s):	
Destination Point:	ETA:
Remarks:	
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 219-8 MISC. EQUIP/TASK FORCE (TAN)	

Agency:	Cat/Kind/Type:	Name/ID#:

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 219-8 MISC. EQUIP/TASK FORCE (TAN)	

Draft

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. As with most ICS Forms, Resource Status Cards (ICS 219) are designed for use in ICS and may not be useful in Area Command or Multi-Agency Coordination applications.

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

- ICS Briefing (ICS 201).
- Status Change (ICS 210).
- Check-In List (ICS 211).
- General Message (ICS 213).
- Agency-supplied information or electronic resource management systems.

Distribution. Resource Status Cards (ICS 219) are displayed in resource status or “T-Card” racks where they can be easily viewed, retrieved, updated, and statused. 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) to be printed front-to-back on card stock. Each card is printed in a different color of card stock 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 Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Aircraft Card – Orange
- 219-7: Heavy Equipment Card – Yellow
- 219-8: Misc. Equipment/Task Force Card – Tan

Acronyms. Abbreviations utilized on the cards are listed below:

- AOV: Agency-owned vehicle.
- ETA: Estimated time of arrival.
- 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.

ICS 220
AIR OPERATIONS SUMMARY WORKSHEET

Draft

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: _____	
7. Personnel:	Name:	Phone Number:	8. Frequencies:	AM	FM	9. Fixed Wing (category/kind/type, make-model, N#, base):
Air Operations Branch Director			Air/Air Fixed Wing			Air Tactical Group Supervisor Aircraft:
Air Support Group Supervisor			Air/Air Rotary Wing-Flight Following			
Air Tactical Group Supervisor			Air/Ground			
Helicopter Coordinator			Command			Other Fixed Wing Aircraft:
Helibase Manager			Deck Coordinator			
Helibase Manager Trainee			Take-Off & Landing Coordinator			
			Air Guard			
10. Helicopters (use additional sheets as necessary):						
FAA N#	Category/Kind/Type	Make/Model	Base	Avail.	Start	Remarks
11. Prepared by: Name: _____				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: _____
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12. Task/Mission/Assignment (category/kind/type & function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.):				
Category/kind/type & Function	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	Mission Start	Fly From	Fly To

11. Prepared by: Name: _____	Signature: _____
-------------------------------------	------------------

ICS 220, Page 2	Date/Time: _____
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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 tankers.

Preparation. The Air Operations Summary (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 Medical Plan (ICS 206).

Distribution. After the Air Operations Summary (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 air tankers 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 re-paginate as needed.

Block Number	Block Title	Instruction
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 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	-----
Helibase Manager Trainee	-----	

Block Number	Block Title	Instruction
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.
	Avail.	Enter the time the aircraft is available.
	Start Remarks	Enter the time the aircraft becomes operational.
11	Prepared by <ul style="list-style-type: none"> • Name/Position • Signature • Date/Time 	Enter the name, ICS position (optional), 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 & function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.):	Enter the specific assignment (i.e., 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 & Function	
	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	
	Mission Start	
	Fly From Fly To	Enter the incident location or air base the aircraft is flying from. Enter the incident location or air base the aircraft is flying to.

**ICS 221
DEMOBILIZATION CHECKOUT**

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				
	Section	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			
<input type="checkbox"/>				
FINANCE/ADMINISTRATION SECTION				
	Section	Remarks	Name	Signature
<input type="checkbox"/>	Time Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				
OTHER SECTION/STAFF				
	Section	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>				
PLANNING SECTION				
	Section	Remarks	Name	Signature
<input type="checkbox"/>				
<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: _____		Signature: _____		
ICS 221		Date/Time: _____		

ICS 221

Demobilization Checkout

Purpose. This form 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 Planning Section initiates this form, 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 form 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 maintain 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 re-paginate as needed.

Block Number	Block Title	Instruction
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 date/time 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"> • Section • 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 (i.e., 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	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	Instruction
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 (i.e., 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 or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource or personnel's travel method (i.e. POV, air, etc.)
	Contact Information While Traveling	Use this section to enter the resource or personnel's contact information while traveling (i.e. 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 who was notified of the resources travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) they were notified.	
9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel were reassigned to another incident. If the resource or personnel were 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	Instruction
10	Prepared by <ul style="list-style-type: none">• Name• Signature• Date/Time	Enter the name, ICS position (optional), and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).

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