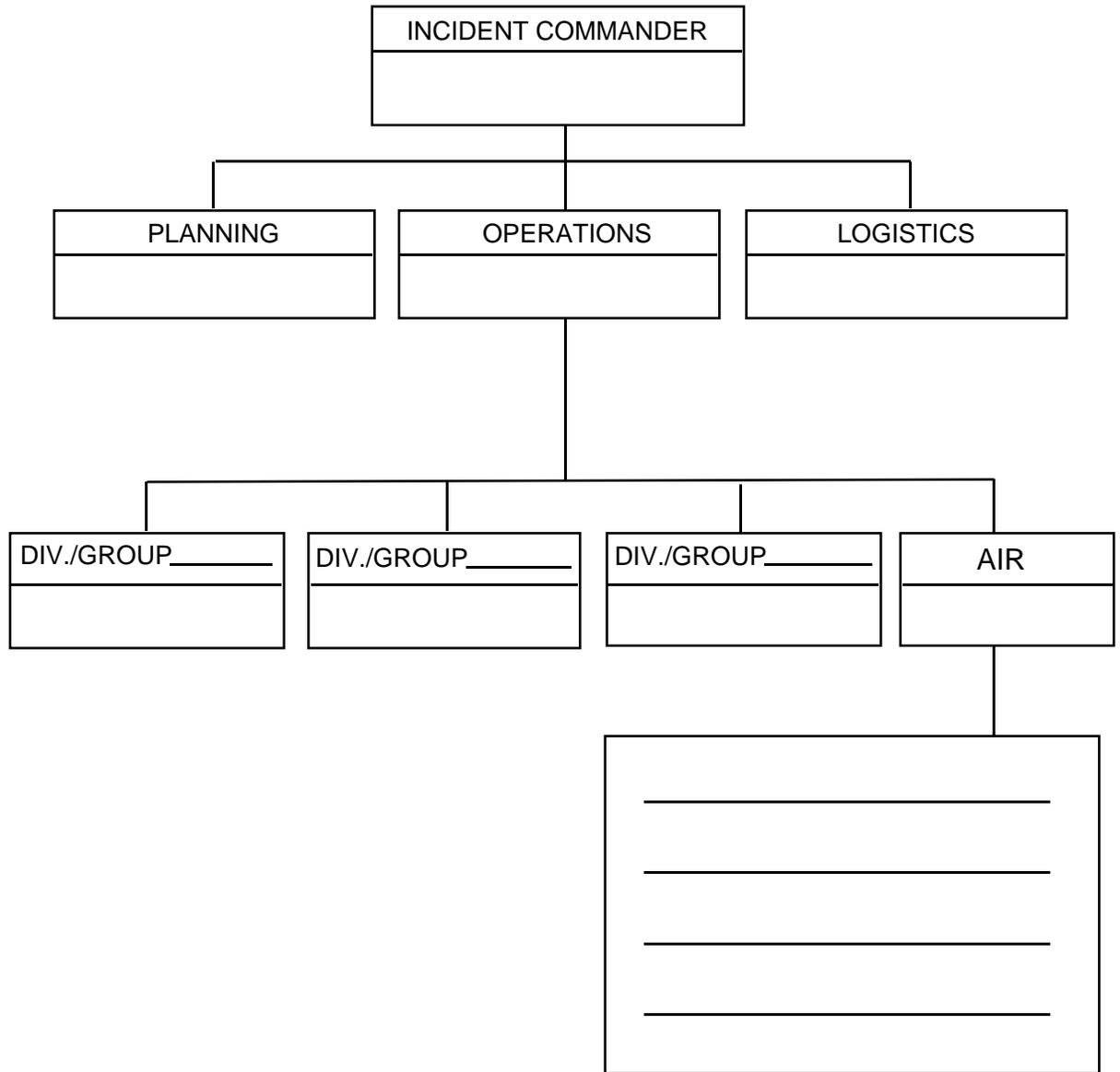


<b>INCIDENT BRIEFING</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			
<b>ICS 201 (12/93) NFES 1325</b>	PAGE 1	5. PREPARED BY (NAME AND POSITION)	



7. CURRENT ORGANIZATION







<b>ORGANIZATION ASSIGNMENT LIST</b>		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED																																																																					
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1. BRANCH	2. DIVISION/GROUP	<h1 style="margin: 0;">ASSIGNMENT LIST</h1>
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3. INCIDENT NAME	4. OPERATIONAL PERIOD DATE _____ TIME _____
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5. OPERATIONAL PERSONNEL

OPERATIONS CHIEF \_\_\_\_\_ DIVISION/GROUP SUPERVISOR \_\_\_\_\_

BRANCH DIRECTOR \_\_\_\_\_ AIR TACTICAL GROUP SUPERVISOR \_\_\_\_\_

6. RESOURCES ASSIGNED THIS PERIOD

STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME

7. CONTROL OPERATIONS

8. SPECIAL INSTRUCTIONS

9. DIVISION/GROUP COMMUNICATIONS SUMMARY

FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL			SUPPORT	LOCAL		
	REPEAT				REPEAT		
DIV./GROUP TACTICAL				GROUND TO AIR			

PREPARED BY (RESOURCE UNIT LEADER)	APPROVED BY (PLANNING SECT. CH.)	DATE	TIME
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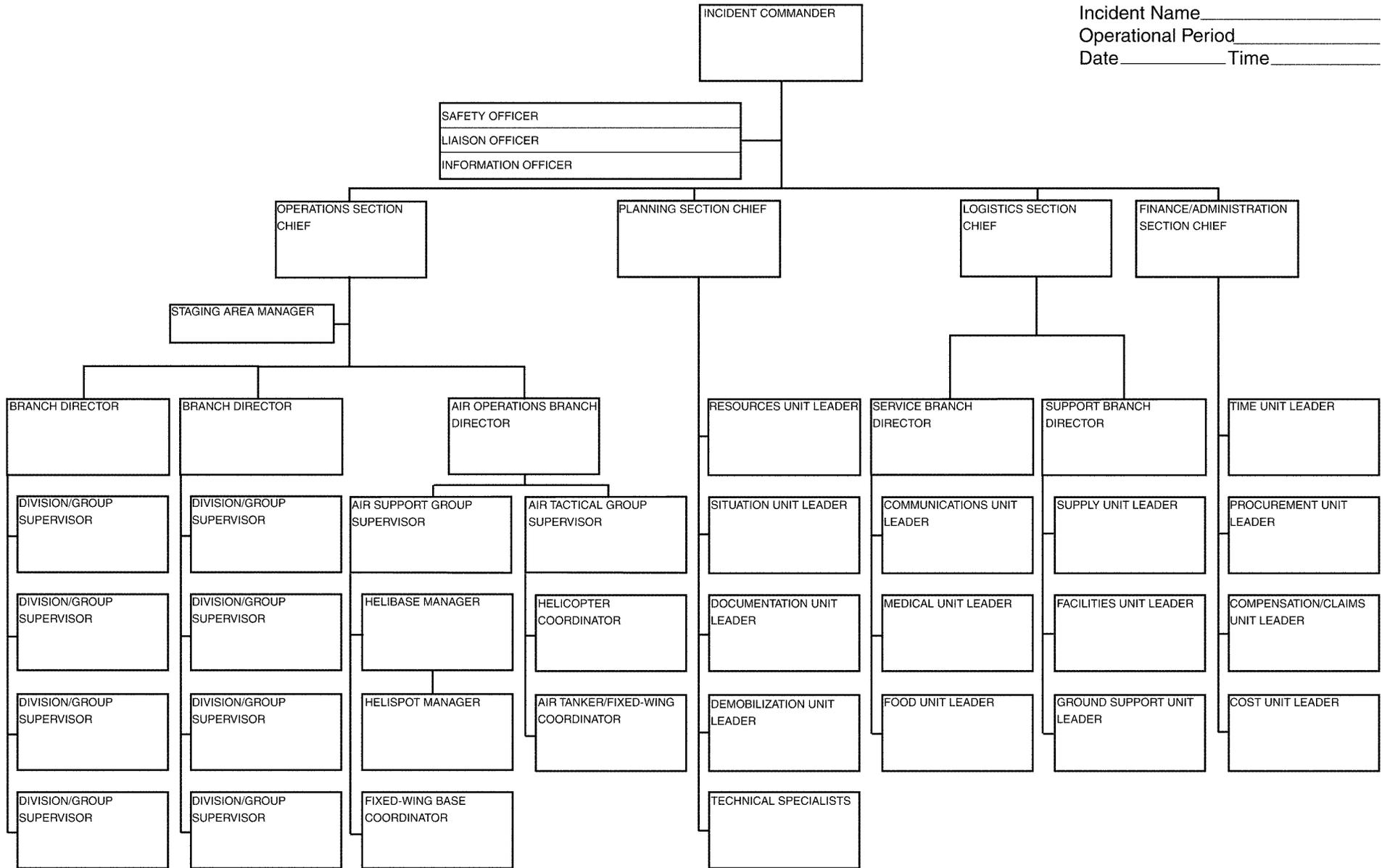
<b>INCIDENT RADIO COMMUNICATIONS PLAN</b>	1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
	4. BASE RADIO CHANNEL UTILIZATION		

SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY/TONE	ASSIGNMENT	REMARKS

5. PREPARED BY (COMMUNICATIONS UNIT)
--------------------------------------

<b>MEDICAL PLAN</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD					
5. INCIDENT MEDICAL AID STATIONS									
MEDICAL AID STATIONS	LOCATION			PARAMEDICS					
				YES	NO				
6. TRANSPORTATION									
A. AMBULANCE SERVICES									
NAME	ADDRESS		PHONE	PARAMEDICS					
				YES	NO				
B. INCIDENT AMBULANCES									
NAME	LOCATION			PARAMEDICS					
				YES	NO				
7. HOSPITALS									
NAME	ADDRESS		TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
			AIR	GRND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES									
206 ICS 8/78			9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			

Incident Name \_\_\_\_\_  
 Operational Period \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_



## Incident Status Summary (ICS-209)

1: Date	2: Time	3: Initial	Update	Final	4: Incident Number	5: Incident Name
6: Incident Kind	7: Start Date Time	8: Cause	9: Incident Commander	10: IMT Type	11: State-Unit	
12: County	13: Latitude and Longitude Lat: Long:	14: Short Location Description (in reference to nearest town):				
<b>Current Situation</b>						
15: Size/Area Involved	16: % Contained or MMA	17: Expected Containment Date: Time:	18: Line to Build	19: Costs to Date	20: Declared Controlled Date: Time:	
21: Injuries this Reporting Period:	22: Injuries to Date:	23: Fatalities	24: Structure Information			
			Type of Structure	# Threatened	# Damaged	# Destroyed
25: Threat to Human Life/Safety: Evacuation(s) in progress ---- No evacuation(s) imminent -- Potential future threat ----- No likely threat -----			Residence			
			Commercial Property			
			Outbuilding/Other			
26: Communities/Critical Infrastructure Threatened (in 12, 24, 48 and 72 hour time frames):						
12 hours:						
24 hours:						
48 hours:						
72 hours:						
27: Critical Resource Needs (kind & amount, in priority order):						
1.						
2.						
3.						
28: Major problems and concerns (control problems, social/political/economic concerns or impacts, etc.) Relate critical resources needs identified above to the Incident Action Plan.						
29: Resources threatened (kind(s) and value/significance):						





DESIGNATOR

NAME/ ID. NO. \_\_\_\_\_

\_\_\_\_\_

STATUS

ASSIGNED       AVAILABLE       O/S REST

O/S MECHANICAL       O/S MANNING

\_\_\_\_\_ ETR (O/S= Out of Service)

FROM	LOCATION	TO
	DIVISION/GROUP	
	STAGING AREA	
	BASE/ICP	
	CAMP	
	ENROUTE	ETA
	HOME AGENCY	

MESSAGES

RESTAT

TIME \_\_\_\_\_

PROCESS

ICS  
FORM

STATUS CHANGE CARD

210      6/83

NFES 1334









OPERATIONAL PLANNING WORKSHEET				1. INCIDENT NAME		2. DATE PREPARED		3. OPERATIONAL PERIOD (DATE/TIME)												
4. DIVISION OR OTHER LOCATION		5. WORK ASSIGNMENTS		6. RESOURCES BY TYPE (SHOW STRIKE TEAM AS ST)						7. REPORTING LOCATION		8. REQUESTED ARRIVAL TIME								
				RESOURCE																
				TYPE																
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		9. TOTAL RESOURCES REQUIRED		SINGLE RESOURCES															10. PREPARED BY (NAME AND POSITION)	
		TOTAL RESOURCES ON HAND		STRIKE TEAMS																
215 ICS 9-86		TOTAL RESOURCES NEEDED																		



RADIO REQUIREMENTS WORKSHEET						1. INCIDENT NAME			2. DATE		3. TIME	
4. BRANCH			5. AGENCY			6. OPERATIONAL PERIOD			7. TACTICAL FREQUENCY			
8. DIVISION/GROUP			DIVISION/GROUP _____			DIVISION/GROUP _____			DIVISION/GROUP _____			
AGENCY _____			AGENCY _____			AGENCY _____			AGENCY _____			
9. AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO.	RADIO RQMTS	
216 ICS 3-82			PAGE			5. PREPARED BY (COMMUNICATIONS UNIT)						









# DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT NAME/NUMBER	2. DATE/TIME	3. DEMOB NO.
4. UNIT/PERSONNEL RELEASED		
5. TRANSPORTATION TYPE/NO.		
6. ACTUAL RELEASE DATE/TIME	7. MANIFEST YES NO NUMBER _____	
8. DESTINATION _____	9. AREA/AGENCY/REGION NOTIFIED NAME _____ DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
11. UNIT/PERSONNEL      YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER CHECK <input checked="" type="checkbox"/> APPROPRIATE BOX)		
<u>LOGISTICS SECTION</u>		
<input type="checkbox"/> SUPPLY UNIT _____		
<input type="checkbox"/> COMMUNICATIONS UNIT _____		
<input type="checkbox"/> FACILITIES UNIT _____		
<input type="checkbox"/> GROUND SUPPORT UNIT LEADER _____		
<u>PLANNING SECTION</u>		
<input type="checkbox"/> DOCUMENTATION UNIT _____		
<u>FINANCE/ADMINISTRATION SECTION</u>		
<input type="checkbox"/> TIME UNIT _____		
<u>OTHER</u>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
12. REMARKS _____ _____		
221 ICS 1/83		

INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECKOUT  
(ICS FORM 221)

Prior to actual demobilization, Planning Section (Demobilization Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demobilization and release. If any, add to line Number 11.

Item Number	Item Title	Instructions
1.	Incident Name/No.	Print Name and/or Number of incident.
2.	Date/Time	Enter Date and Time prepared.
3.	Demob No.	Enter Agency Request Number, Order Number, or Agency Demobilization Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force I.D. Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation Type/No.	Method and vehicle I.D. Number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in Remarks, block #12.
6.	Actual Release Date/time	To be completed at conclusion of demobilization at time of actual release from incident. Would normally be last item of form to be completed.
7.	Manifest	Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8.	Destination	Location to which Unit or personnel have been released, i.e., Area, Region, Home base, Airport, Mobilization Center, etc.
9.	Area/Agency/Region Notified	Identify Area, Agency, or Region notified and enter date & time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, not all agencies require these ratings.
11.	Unit/Personnel	Demobilization Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release.  Blank boxes are provided for any additional check (unit requirements as needed), i.e., Safety Officer, Agency Representative, etc.
12.	Remarks	Any additional information pertaining to demobilization or release.