



**NATIONAL INCIDENT MANAGEMENT SYSTEM
INCIDENT COMMAND SYSTEM**

**ICS FORMS BOOKLET
NECO REGION 5**

**Version 2
January 2016**

ICS FORMS LIST

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

Notes:

- In the following table, the ICS Forms identified with an asterisk (*) are typically included in an Incident Action Plan.
- The other ICS Forms are used in the ICS process for incident management activities, but are not typically included in the Incident Action Plan.
- All Forms should be documented and recorded during an incident.

ICS Form #:	Form Title:	Typically Prepared by:
ICS 201	Incident Briefing	Initial Incident Commander
*ICS 202	Incident Objectives	Planning Section Chief / Incident Commander
*ICS 203	Organizational Assignment List	Planning Section Chief / Resource Unit Leader
*ICS 204 (A)	Assignment List	Planning Section Chief / Resource Unit Leader / Operations Section Chief
*ICS 205	Incident Radio Communications Plan	Communications Unit Leader
*ICS 205A	Communication List	Communications Unit Leader
*ICS 206	Medical Plan	Safety Officer / Medical Unit Leader
*ICS 207	Incident Organizational Chart	Planning Section Chief / Resource Unit Leader
*ICS 208	Safety Message / Plan	Safety Officer
ICS 209	Incident Status Summary	Planning Section Chief / Situation Unit Leader
ICS 210	Resource Status Change	Resource Unit Leader
ICS 211	Incident Check In / Out	Resource Unit Leader / Check In Recorder
ICS 213	General Message / Mission Assignment	Any Message Originator
ICS 213RR	Resource Request Form	Any Requesting Originator
ICS 214	Activity Log	Any Position / Element Originator
ICS 215	Operational Planning Worksheet	Operations Section Chief
ICS 215A	Operational Safety Analysis	Safety Officer
ICS 221	Demobilization / Check Out / Close Out	Demobilization Unit Leader / Any Demobilized Resource
ICS 225	Incident Personnel Performance Rating	Supervisor at Incident

ICS 230	Daily Meeting Schedule	Planning Section Chief / Situation Unit Leader
ICS 232	Resources At Risk Summary	Incident Commander, Operations Section Chief, Planning Section Chief, Situation Unit Leader
ICS 233	Incident Open Action Tracker	Any Position / Element Originator
ICS 234	Work Analysis Matrix	Any Position / Element Originator
ICS 236	Demobilization Release List	Any Section Chief or Command Staff Officer
ICS 237	Incident Mishap Reporting Record	Supervisor at Incident
ICS 238	Demobilization Tracking Table	Demobilization Unit Leader
ICS 261	Incident Accountable Resource Tracking Worksheet	Logistics Section / Resource Unit

Note: The ICS Form 200 (Blank Sheet of Paper) can substitute any form and be used as needed throughout the incident response.

ICS General Form	1. Incident Name:	2. Operational Period: Date: _____ to _____ Time: _____ to _____	
3. General Information / Instructions:			
4. Special Information / Instructions:			
5. Prepared by: _____ [_____])	6. Approved by: _____ [_____])	7. Date:	8. Time:

INCIDENT BRIEF	1. Incident Name:	2. Date / Time: Date: _____ Time: _____	
3. Map / Sketch / Incident Summary:			
4. Current Situation:			
5. Prepared by:	6. Approved by:	7. Date:	8. Time:
Page ____ of ____			

INCIDENT BRIEF	16. Incident Name:	17. Date / Time: Date: _____ Time: _____
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18. Current Organization (Fill In As Appropriate):

IC / UC

Safety Officer

Liaison Officer

Public Information Officer

Operations Section

Planning Section

Logistics Section

Finance/Admin Section

19. Prepared by:	20. Approved by:	21. Date:	22. Time:
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Page ____ of ____

INCIDENT BRIEF

23. Incident Name:

24. Date / Time:

Date: _____ Time: _____

25. Resources Summary:

<u>Resource</u>	<u>Identifier</u>	<u>Date/Time</u> <u>Ordered</u>	<u>ETA</u>	<u>On-Scene</u> <u>(X)</u>	<u>Notes:</u>

26. Prepared by:

27. Approved by:

28. Date:

29. Time:

Page ____ of ____

INCIDENT OBJECTIVES	1. Incident Name:	2. Operational Period: Date: _____ to _____ Time: _____ to _____																
3. Objective(s):																		
4. Operational Period Command Emphasis (Priorities):																		
5. General Situational Awareness:																		
6. Incident Action Plan (items checked below are included in this Incident Action Plan): <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> ICS203 (Organizational Assignment List)</td> <td><input type="checkbox"/> ICS207 (Organizational Chart)</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> ICS204 (Assignment Lists)</td> <td><input type="checkbox"/> ICS208 (Safety Message / Plan)</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> ICS205 (Communications Plan)</td> <td><input type="checkbox"/> Maps/ Charts</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> ICS205A (Communications List)</td> <td><input type="checkbox"/> Forecast</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> ICS206 (Medical Plan)</td> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>				<input type="checkbox"/> ICS203 (Organizational Assignment List)	<input type="checkbox"/> ICS207 (Organizational Chart)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> ICS204 (Assignment Lists)	<input type="checkbox"/> ICS208 (Safety Message / Plan)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> ICS205 (Communications Plan)	<input type="checkbox"/> Maps/ Charts	<input type="checkbox"/> Other: _____	<input type="checkbox"/> ICS205A (Communications List)	<input type="checkbox"/> Forecast	<input type="checkbox"/> Other: _____	<input type="checkbox"/> ICS206 (Medical Plan)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> ICS203 (Organizational Assignment List)	<input type="checkbox"/> ICS207 (Organizational Chart)	<input type="checkbox"/> Other: _____																
<input type="checkbox"/> ICS204 (Assignment Lists)	<input type="checkbox"/> ICS208 (Safety Message / Plan)	<input type="checkbox"/> Other: _____																
<input type="checkbox"/> ICS205 (Communications Plan)	<input type="checkbox"/> Maps/ Charts	<input type="checkbox"/> Other: _____																
<input type="checkbox"/> ICS205A (Communications List)	<input type="checkbox"/> Forecast	<input type="checkbox"/> Other: _____																
<input type="checkbox"/> ICS206 (Medical Plan)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____																
7. Prepared by:	8. Approved by:	9. Date:	10. Time:															

ORGANIZATIONAL ASSIGNMENT LIST		1. Incident Name:		2. Operational Period:		
				Date: _____ to _____ Time: _____ to _____		
3. Incident Commander(s) and Command Staff:			7. Operations Section:			
IC/UC's:				Chief:		
				Deputy:		
Deputy:				Staging Area Manager:		
Safety Officer:				Branch		
Public Info. Officer:				Branch Director:		
Liaison Officer:				Deputy:		
4. Agency/ Organizational Representatives:			Division/ Group:			
Agency/Organization		Name		Division/ Group:		
				Division/ Group:		
				Division/ Group:		
				Division/ Group:		
				Branch		
				Branch Director:		
5. Planning Section:			Deputy:			
Chief:				Division/ Group:		
Deputy:				Division/ Group:		
Resources Unit:				Division/ Group:		
Situation Unit:				Division/ Group:		
Documentation Unit:				Division/ Group:		
Demobilization Unit:				Branch		
Technical Specialist:				Branch Director:		
				Deputy:		
				Division/ Group:		
6. Logistics Section:			Division/ Group:			
Chief:				Division/ Group:		
Deputy:				Division/ Group:		
Support Branch				Division/ Group:		
Director:				8. Finance/ Administrations Section:		
Supply Unit:				Chief:		
Facilities Unit:				Deputy:		
Ground Support Unit:				Time Unit:		
Services Branch				Procurement Unit:		
Director:				Com/ Claims Unit:		
Communication Unit:				Cost Unit:		
Medical Unit:						
Food Unit:						
9. Prepared by:		10. Approved by:		11. Date:		
				12. Time:		

INCIDENT ASSIGNMENT LIST	1. Incident Name:		2. Operational Period: Date: _____ to _____ Time: _____ to _____		
	3. Location:		Operations Command Personnel		
	4.	5.	6.		
Resources Assigned this Period					
Strike Team/Task Force/Resource Designator	Leader	Staffing Level	Shift Time	Break / Meal Time	
7.			_____ to _____	Break: One 10 minute break every 2 hours Meal (8 hour shift): One 30 minute meal break Meal (12 hour shift): One 30 minute meal break every four to six hours	
8.			_____ to _____		
9.			_____ to _____		
10.			_____ to _____		
11. Operational Overview/Assignment:					
12. Special Instructions:					
Communication Summary					
Function	System	Zone/Channel	Function	System	Zone/Channel
13.			14.		
15.			16.		
17.			18.		
19.			20.		
21. Prepared by:		22. Approved by:		23. Date:	24. Time:

INCIDENT ASSIGNMENT LIST	25. Incident Name:		26. Operational Period: Date: _____ to _____ Time: _____ to _____	
	27. Location:	Operations Command Personnel		
	28. Branch / Division / Group	29. Team / Force / Identifier	30. Leader	
Work Assignment (continued), Special Instructions, Special Equipment, Supplies Needed, Environmental Considerations, Special Site Specific Safety and Security Considerations				
31.				
32. Other Attachments				
<input type="checkbox"/> Map / Chart		<input type="checkbox"/> Weather Forecast / Tides / Currents		<input type="checkbox"/> _____
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____
Approved Site Safety Plan Located At: _____				
33. Prepared by:		34. Approved by:		35. Date:
				36. Time:

Radio Communications Plan	1. Incident Name:	2. Operational Period:	3. Date/Time Prepared:
		Date: _____ to _____ Time: _____ to _____	Date: _____ Time: _____

4. Basic Radio Information/ Use:

Assignment	Device Type	Zone	Talk Groups	Channels	Notes

5. Special Instructions:

6. Prepared by:	7. Approved by:	8. Date:	9. Time:
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MEDICAL PLAN	1. Incident Name:	2. Operational Period: Date: _____ to _____ Time: _____ to _____						
3. Medical Aid Stations								
Name	Location	Contact Number(s) / Frequency	Paramedic On Site:					
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO					
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO					
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO					
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO					
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO					
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO					
4. Transportation (Indicate Air / Ground)								
Ambulance Service	Location	Contact Number(s) / Frequency	Level of Service					
			<input type="checkbox"/> ALS/ <input type="checkbox"/> BLS					
			<input type="checkbox"/> ALS/ <input type="checkbox"/> BLS					
			<input type="checkbox"/> ALS/ <input type="checkbox"/> BLS					
			<input type="checkbox"/> ALS/ <input type="checkbox"/> BLS					
5. Transportation (Indicate Air / Ground)								
Hospital Name	Address (Lat/Long of Helipad)	Contact Number(s) / Frequency	Travel Time:		Trauma Center:	Burn Center:	Helipad	
			Air:	Ground:				
					<input type="checkbox"/> YES Level:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES Level:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES Level:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES Level:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES Level:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES Level:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Special Medical Information:								
7. Prepared by:			8. Approved by:			9. Date:		10. Time:

<p align="center">Incident Organizational Chart</p>	<p>1. Incident Name:</p>	<p>2. Operational Period:</p> <p>Date: to</p> <p>Time: to</p>		<p>3. Date/Time Prepared:</p> <p>Date:</p> <p>Time:</p>
	<p>4. Organizational Chart:</p>			
Empty space for the organizational chart				
<p>5. Prepared by:</p>	<p>6. Approved by:</p>	<p>7. Date:</p>	<p>8. Time:</p>	

SAFETY PLAN / MESSAGE	1. Incident Name:	2. Operational Period: Date: _____ to _____ Time: _____ to _____	
3. Safety Message, Safety Plan, Site Safety Plan:			
4. Special Instructions:			
5. Prepared by:	6. Approved by:	7. Date:	8. Time:

INCIDENT STATUS SUMMARY		1. Incident Name:		2. Incident Number:	
3. Prepared by:		4. Approved by:		5. Date/Time:	
				6. IAP Attached: <input type="checkbox"/> YES / <input type="checkbox"/> NO IAP #: _____	
7. Report Version: <input type="checkbox"/> Initial Report #: _____ <input type="checkbox"/> Update _____ <input type="checkbox"/> Final		8. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____		9. Incident Type (i.e., mass prophylaxis – anthrax):	
10. Incident Complexity Level / Organization (i.e., Type 3 – Unified):		11. Incident Scope (city, county, region, state):		12. Incident Commander(s) & Agency/Organizations:	
				13. For Time Period: From Date/Time: _____ To Date/Time: _____	
14. Incident Location/Environment (Descriptive Overview):					
15. Incident Overview/Background:					
16. Current Situation/Significant Events (for current time/operational period – see 13):					
17. Strategic Objectives/Discussions (defined planned end-state for incident; explain major problems and concerns to accomplish objectives such as social, political, economic, environmental concerns or impacts):					
Page ____ of ____					

18. Damage/Impact Assessment Information (summarize damage, impact to structure/property future threats/risks, etc.):

19. Public Health Status Summary:

Incident Summary

Summary	# This Report (Public)	Total # (Public)	# This Report (Responder)	Total # (Responder)
A. Fatalities				
B. With Injuries				
C. Will Illness				
D. Missing				
E. Evacuated Population				
F. Sheltering In Place				
G. In Temporary Shelter				
H. Require Immunizations (if known)				
I. Have Received Mass Immunizations/ Prophylaxis				
J. In Mandatory Quarantine				
K. In Voluntary Quarantine				
L. Under Active Monitoring				
M. Under Self Monitoring				
N. Population Screened (Radiation)				
O. Decontaminated (Radiation/HazMat)				
P. Other:				
Q. Other:				
R. Other:				
S. Other:				
Total # (Population) Affected:				

Structural/Property Summary

Summary	Impacted Property #	Threatened Property #	Damaged Property #	Destroyed Property #	Notes
Single Residence/Property					
Commercial Property					
Critical Infrastructure					
Other:					
Total # Affected:					

20. Life, Safety, and Health Status/Threat Remarks:

21. Weather Concerns:

Page ____ of ____

22. Lead and Supporting Agency Listing (indicate if lead or support):

23. Staff/Section Remarks (indicate notable events, current or planned actions, issues for current time/operational period – see 13):

Staff/Section	Notable Events/ Current or Planned Actions/ Issues
Command - IC/UC(s)	
Safety	
Public Information	
Liaison(s)	
Operations Section	
Planning Section	
Logistics Section	
Finance/Admin Section	

24. Anticipated Incident Completion Date:

25. Projected Significant Resource Demobilization Start Date:

26. Estimated Incident Costs To Date (Combined Expenses):

27. Projected Final Incident Cost Estimates:

28. Additional Remarks:

Page ____ of ____

Next Situation Report Date/Time (estimated): ____

Incident Check In/Out List		1. Incident Name:		2. Operational Period: Date: _____ to _____ Time: _____ to _____		3. Date/Time Prepared: Date: _____ Time: _____	
4. Check In/Out List (please identify the following information):							
Name	Assigned Position	LeadersName	Time In	Time Out	Contact Information (Best Method)		
5. Prepared by:		6. Approved by:		7. Date:		8. Time:	

GENERAL MESSAGE / MISSION ASSIGNMENT

1. To (Name / Position / Contact Information):

2. From (Name / Position / Contact Information):

3. Subject:

4. Date:

5. Time:

6. Message (Be Specific, Measurable, Action Oriented, Realistic, and Time Sensitive):

7. Approved By (Name):

8. Signature:

9. Position/Title:

10. Reply:

11. Replied By (Name):

12. Signature:

13. Position/Title:

14. Date/Time:

1. Incident Name:				2. Date/Time				3. Resource Request Number:			
Requestor	4. Order:										
	Req.	Have	Need	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Cost	5. Resource Status					
						Received by	Date/Time	Assigned to	Released to	Date/Time	
6. Requested Delivery/Reporting Location:											
7. Suitable Substitutes and/or Suggested Sources:											
8. Requesting Entity:				9. Requested by Name/Position:				10. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low			
Logistics	11. Logistics Order Number:					12. Supplier Phone/Fax/Email:					
	13. Name of Supplier/POC:										
	14. Notes:										
	15. Approval Signature of Auth Logistics Rep:					16. Date/Time:					
Finance	17. Reply/Comments from Finance:										
	18. Finance Section Signature:					19. Date/Time:					
ICS 213 RR (Form 1)											

1. Incident Name:				2. Date/Time				3. Resource Request Number:			
Requestor	4. Order:										
	Req.	Have	Need	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Cost	5. Resource Status					
						Received by	Date/Time	Assigned to	Released to	Date/Time	
6. Requested Delivery/Reporting Location:											
7. Suitable Substitutes and/or Suggested Sources:											
8. Requesting Entity:				9. Requested by Name/Position:				10. Priority:			
								<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low			
Logistics	11. Logistics Order Number:					12. Supplier Phone/Fax/Email:					
	13. Name of Supplier/POC:										
	14. Notes:										
	15. Approval Signature of Auth Logistics Rep:					16. Date/Time:					
Finance	17. Reply/Comments from Finance:										
	18. Finance Section Signature:					19. Date/Time:					
ICS 213 RR (Form 2)											

ACTIVITY LOG	1. Incident Name:	2. Date / Time:
		Date: _____ Time: _____

3. Unit / Element / Position Name (Designator):	4. Leader (Name and ICS Position):
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5. Personnel / Elements Assigned (Leave Blank if Not Applicable):

Name / Element Name	ICS Position / Element Identifier	Home Base / Agency

6. Activity Log (Continued on Reverse):

Date / Time	Activity / Major Events

7. Prepared by:	8. Approved by:	9. Date:	10. Time:
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Page ____ of ____

OPERATIONAL PLANNING WORKSHEET		6. Work Assignment:											2. Operational Period:		3. Date/Time Prepared:		
1. Incident Name:													Date:	to	Date:		
4. Organizational Element:	5. Work Assignment:												Time:	to	Time:		
		6. Work Assignment:											7. Overhead:	8. Special Equipment and Supplies:	9. Reporting Location:	10. Requested Time of Arrival:	
		REQ															
		HAVE															
		NEED															
		REQ															
		HAVE															
		NEED															
		REQ															
		HAVE															
		NEED															
		REQ															
		HAVE															
		NEED															
		REQ															
		HAVE															
		NEED															
		REQ															
		HAVE															
		NEED															
ICS215A (See Reverse)		11. Total Resources REQ:													1. Prepared By (Name and Position):		
		12. Total Resource HAVE:															
		13. Total Resource NEED:															

OPERATIONAL SAFETY ANALYSIS				6. H A Z A R D S						7. L O R R O O C						8. Operational Risk Management					
																SEVERITY	PROBABILITY	EXPOSURE	GAR (RISK) TOTAL		
1. Incident Name:		2. Date/Time Prepared:																			
3. Organization Element:	4. Work Assignment:	5. Concern:																			
		Life / Safety		CHECK						CHECK											
		Property / Economy																			
		Environment																			
		Life / Safety		CHECK						CHECK											
		Property / Economy																			
		Environment																			
		Life / Safety		CHECK						CHECK											
		Property / Economy																			
		Environment																			
		Life / Safety		CHECK						CHECK											
		Property / Economy																			
		Environment																			
		Life / Safety		CHECK						CHECK											
		Property / Economy																			
		Environment																			
		Life / Safety		CHECK						CHECK											
		Property / Economy																			
		Environment																			
9. Prepared By (Name and Position):		ORM Key	Scale	1	2	3	4	5	GAR Scale	Color	1-3	4-6	7-9	10-12	12-15	GREEN – LOW RIKS AMBER – MEDIUM RISK RED – HIGH RISK					
			Severity	Slight ----- Catastrophic						Green											
			Probability	Remote ----- Very Likely						Amber											
			Exposure	Below Average ----- Severe						Action											

DEMOBILIZATION CHECKLIST	1. Incident Name: _____	2. Date / Time: Date: _____ Time: _____	
3. Individual, Crew, Resource, Equipment Released: _____		4. Scheduled Release Date / Time: _____	
<p>6. Release Procedure / Approval:</p> <p>You and/or 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 (highlighted only) and the Demobilization Unit Leader:</p>			
<p>1) <input type="checkbox"/> Operations Section (Assigned ICS Supervisor) [Name: _____ / Signature: _____]</p> <p>2) <input type="checkbox"/> Logistics Section - Supply Unit [Name: _____ / Signature: _____]</p> <p>3) <input type="checkbox"/> Logistics Section - Communications Unit [Name: _____ / Signature: _____]</p> <p>4) <input type="checkbox"/> Logistics Section - Facilities Unit [Name: _____ / Signature: _____]</p> <p>5) <input type="checkbox"/> Logistics Section - Ground Unit [Name: _____ / Signature: _____]</p> <p>6) <input type="checkbox"/> Finance / Admin. Section - Time Unit [Name: _____ / Signature: _____]</p> <p>7) <input type="checkbox"/> Planning Section - Documentation Unit [Name: _____ / Signature: _____]</p> <p>8) <input type="checkbox"/> Planning Section - Demobilization Unit [Name: _____ / Signature: _____]</p> <p>9) <input type="checkbox"/> Other: _____ [Name: _____ / Signature: _____]</p> <p>10) <input type="checkbox"/> Other: _____ [Name: _____ / Signature: _____]</p> <p>11) <input type="checkbox"/> Close Out Briefing Conducted - Received/ Complete Incident Personnel Performance Ratings (if applicable)</p> <p>Remarks: _____</p>			
<p>7. Reconditioning / Repair (Equipment Only)</p> <p><input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> NA Resource Owner: _____</p> <p>Reconditioning / Repair Scheduled: <input type="checkbox"/> Yes / <input type="checkbox"/> No Service Date / Time: _____</p> <p>Vendor: _____ Complete Date / Time: _____</p> <p>Service Cost: _____ Funding Source: _____</p> <p>Remarks: _____</p>			
<p>7. Travel Information:</p> <p>Estimated Time of Departure: _____ Actual Release Date/Time: _____</p> <p>Destination: _____ Estimated Time of Arrival: _____</p> <p>Travel Method: _____ Travel Contact Information: _____</p> <p>Overnight Accommodations: <input type="checkbox"/> Yes / <input type="checkbox"/> No Nights: _____</p> <p>Remarks: _____</p>			
<p>8. Reassignment Information (if applicable):</p> <p>Reassignment: <input type="checkbox"/> Yes / <input type="checkbox"/> No Incident Name / Number: _____</p> <p>Location: _____ Order Request Number: _____</p> <p>Remarks: _____</p>			
9. Prepared by: _____	10. Approved by: _____	11. Date: _____	12. Time: _____

INCIDENT PERSONNEL PERFORMANCE RATING		<i>Instructions</i> The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the Planning Section before the rater leaves the incident. Rating will be reviewed with the subordinate who will comment and sign at the bottom.				
1. Name:		2. Incident Name:		3. Location of Incident:		
4. Personal / Work Phone Number:			5. Home Unit and Phone Number:			
6. Position Assigned:	7. Date of Assignment: From: _____ To: _____		8. Incident Start Date:	9. Incident Type:	10. Incident Kind:	
11. Evaluation:						
Rating Factor	1 - Unacceptable		2 - Met Standards		3 - Exceeded Expectations	
A. Knowledge of the job, professional competence, and ICS competence:	Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas.	<input type="checkbox"/>	Competent and credible authority on specialty or operational issues.	<input type="checkbox"/>	Superior expertise; advice and actions showed great breadth and depth of knowledge.	<input type="checkbox"/>
B. Planning, Preparedness, and ability to obtain performance / results:	Caught by the unexpected, appeared to be controlled by events, routine tasks accomplished with difficulty.	<input type="checkbox"/>	Consistently prepared. Set high but realistic goals. Work was timely and of high quality; required same of subordinates.	<input type="checkbox"/>	Exceptional preparation looked beyond events/ problems. Maintained optional balance among quality and timeliness.	<input type="checkbox"/>
C. Adaptability and Attitude:	Unable to gauge effectiveness of work, recognized political realities, or make adjustments when needed. Poor outlook.	<input type="checkbox"/>	Receptive to change, new information, and technology.	<input type="checkbox"/>	Rapidly assessed and confidently adjusted to changing conditions, political realities, new information and technology.	<input type="checkbox"/>
D. Communications Skill:	Unable to articulate ideas and facts; lacked preparation, confidence, logic.	<input type="checkbox"/>	Effectively expressed ideas and facts, good in individual/group situations. Consistent messages.	<input type="checkbox"/>	Clearly articulated and promoted ideas. Adept at presenting complex or sensitive issues.	<input type="checkbox"/>
E. Directing Others:	Showed difficulty in directing or influencing others. Unwilling to delegate authority.	<input type="checkbox"/>	Set high work standards, clearly articulated job requirements and expectations. Held subordinates accountable.	<input type="checkbox"/>	An inspirational leader who motivated others to achieve results. Modified leadership style to meet situation. Won people over rather than imposing will.	<input type="checkbox"/>
F. Ability to work on / Consideration for team:	Ignorance of individual's capabilities. Seldom recognized or rewarded subordinates or others. Used teams ineffectively.	<input type="checkbox"/>	Skillfully used teams to increase unit effectiveness, quality, and service. Cared for people. Recognized and responded to their needs.	<input type="checkbox"/>	Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult times. Recognition of others.	<input type="checkbox"/>
G. Judgment/Decisions under stress:	Decisions often displayed poor analysis. Failed to make necessary decisions or jump to conclusion without fact.	<input type="checkbox"/>	Decisions met incident requirements and demands.	<input type="checkbox"/>	Combined keen analytical thought and insight to make appropriate decisions. Focus on the key issues and the most relevant information.	<input type="checkbox"/>
H. Initiative:	Postponed needed actions. Implemented / supported improvements only when directed.	<input type="checkbox"/>	Championed improvements through new ideas, methods, and practices; self starter.	<input type="checkbox"/>	Aggressively sought out additional responsibility. A self learner. Optimized use of new ideas.	<input type="checkbox"/>
I. Adherence to safety	Failed to adequately identify and protect personal	<input type="checkbox"/>	Ensured that safe operating procedures were followed.	<input type="checkbox"/>	Demonstrated a significant commitment towards safety of personnel.	<input type="checkbox"/>
J. Confidentiality	Failed to protect confidential or sensitive information.	<input type="checkbox"/>	Protected confidential and sensitive information.	<input type="checkbox"/>	Protected confidential and sensitive information. Enforced confidentiality procedures.	<input type="checkbox"/>
12. Evaluator Remarks (use back if applicable):						
13. Rated Persons Remarks (use back if applicable):						
14. Rated Persons (signature). This rating has been discussed with me:					15. Date:	
16. Rated By (signature/print name):		17. Supervisor Home Unit (address/phone):		18. Supervisor Position:	19. Date:	

DAILY MEETING SCHEDULE	1. Incident Name:	2. Date:	3. Operational Period (Date/Time): From: _____ To: _____
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4. Mandatory Meeting Schedule:

<u>Time</u>	<u>Meeting Name</u>	<u>Purpose</u>	<u>Attendees</u>	<u>Location</u>
	Initial Briefing	Brief incident personnel on IAP, operations, safety, situation updates, etc.	IC/UC, Command and General Staff, Directors, Supervisors, Leaders	
	Unified Command / Objectives Meeting	IC/UC identifies Incident Objectives and Priorities.	IC/UC Command and General Staff if applicable	
	Tactics Meeting	Develop/Review primary and alternate strategies to meeting Objectives for next operational period.	PSC, OSC, LSC, RESL, & STL	
	Planning Meeting	Review status and finalize strategies and assignments to meet Objective for next operational period.	Determined by the IC/UC	
	Operations Briefing	Present IAP and assignments to Supervisors/Leaders for the next operational period.	IC/UC, Command and General Staff, Directors, Supervisors, Leaders	
Within 1 hour prior to end of shift	Situational De-Brief	Discuss significant actions, issues, etc. for inclusion in the Situation Report	STL - (IC/UC, Command and General Staff, Directors) (optional - Supervisors and Leaders)	

5. General Meeting Schedule (continued on reverse):

<u>Time</u>	<u>Meeting Name</u>	<u>Purpose</u>	<u>Attendees</u>	<u>Location</u>

6. Prepared by:	7. Approved by:	8. Date:	9. Time:
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Page ____ of ____

RESOURCES AT RISK SUMMARY	1. Incident Name:	2. Operational Period (Date/Time): From: _____ To: _____
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3. Environmentally – Sensitive and Wildlife Areas or Issues:

<u>Site #</u>	<u>Priority</u>	<u>Site Name and/or Physical Location</u>	<u>Site Issues</u>

Narrative:

4. Cultural and/or Socio-Economic Issues:

<u>Site #</u>	<u>Priority</u>	<u>Site Name and/or Physical Location</u>	<u>Site Issues</u>

Narrative:

5. Prepared by:	6. Approved by:	7. Date:	8. Time:
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Incident Open Action / Task / Mission Tracker		1. Incident Name:				
2. No.	3. Action / Task / Mission:	4. Assigned To:	5 Start Date / Time:	6 Target Completion Date / Time:	7 Status:	8 Completion Date / Time:
9. Prepared By (Name and Position):						

WORK ANALYSIS MATRIX	1. Incident Name:	2. Operational Period (Date/Time): From: _____ To: _____	
3. Operation's Objectives (DESIRED OUTCOME):	4. Optional Strategies (HOW):	5. Tactics/ Work Assignments (WHO, WHAT, WHERE, WHEN):	
6. Prepared by:	7. Approved by:	8. Date:	9. Time:

DEMOBILIZATION RELEASE LIST		1. Incident Name:	2. Date / Time: Date: _____ Time: _____
3. From:		(SECTION CHIEF OR COMMAND STAFF OFFICER)	4. To: Demobilization Unit Leader
5. The following resources are surplus. At this time, these resources are available for release processing:			
6. Resource:	7. Name of Individual, Crew, or Resource/Equipment in excess:		8. Position of Incident:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
9. Signature of Section Chief or Command Staff Officer:			
10. Date / Time Prepared:			

Incident / Mishap Reporting Record	1. Incident Name:	2. Operational Period: Date: _____ to _____ Time: _____ to _____		
Instructions: All Incidents/ Mishaps are to be immediately reported to an incident supervisory position or the Safety Officer. Verbal notification to the Safety Officer will be required (immediately) for a medical emergency or incidents/ mishaps of significant concern. Please complete the appropriate sections of this form to provide an overview of the incident / mishap. Completed forms are to be submitted to the Incident Safety Officer. All reports must be completed and submitted within two hours of the incident / mishap. Use multiple forms if applicable.				
3. Incident / Mishap Type:		4. Incident / Mishap Location (address):		
5. Narrative of Incident / Mishap:				
6. Name of Injured (if applicable):		7. Age:	8. (circle) M / F	9. Home Agency:
10. Status of Individual (if applicable): <input type="checkbox"/> Wounded / Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Missing <input type="checkbox"/> Unknown <input type="checkbox"/> Other				
11. Part(s) of Body Injured (if applicable): <input type="checkbox"/> Abdomen <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Lungs <input type="checkbox"/> Organs <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Eyes <input type="checkbox"/> Ear <input type="checkbox"/> Hip/Pelvis <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toes <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Leg <input type="checkbox"/> Other:				
12. Nature of Injury (if applicable): <input type="checkbox"/> Abrasion <input type="checkbox"/> Concussion <input type="checkbox"/> Paralysis <input type="checkbox"/> Bruise <input type="checkbox"/> Cut <input type="checkbox"/> Puncture <input type="checkbox"/> Sprain <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Burn <input type="checkbox"/> Amputation <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Inhalation <input type="checkbox"/> Gunshot <input type="checkbox"/> Electrical <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Occupational Illness <input type="checkbox"/> Other:				
13. Personal Protective Equipment (PPE) Required / Used: <i>(Circle R for PPE Required and/or U for PPE Utilized)</i> R / U – Hearing R / U – Eye R / U – Head R / U – Respirator R / U – Hand R / U – Foot R / U – Waist/Back R / U – Knees R / U – Elbows R / U – Seat Belt R / U – High Visibility R / U – Fall/Harness R / U – Other:				
14. Final Status of Injured at Close of Incident: <i>(Completed by Safety Officer at close of incident)</i> Notes:				
Days Hospitalized: _____ (Final / Projected) Dates:		Lost Work Days: _____ (Final / Projected) Dates:		Days Restricted: _____ (Final / Projected) Dates:
15. Damaged Property List / Estimated Cost: Total Damaged Property due to incident / mishap (by individual unit): _____ Total Estimated Cost of Incident: _____				

Incident / Mishap Reporting Record	16. Incident Name:	17. Operational Period: Date: _____ to _____ Time: _____ to _____
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18. Damaged Property List / Estimated Cost:			
Damaged Property	Damage Description	Cost Ext. \$	Property Owner (Name / Address)

19. Prepared by (Signature):	20. Prepared by (Print Name):	21. Date:	22. Time:
23. ICS Position (Print):	24. Contact - Email	25. Contact - Phone	26. Report #

DEMOBILIZATION TRACKING TABLE

1. Incident Name:

2. Date / Time:

Date: _____ Time: _____

CHECK IN INFORMATION**DEMOBILIZATION INFORMATION**

3. Resource Name / ID:	4. Order #:	5. Type:	6. Kind:	7. Date/Time Check In:		8. Leaders Name:	9. Incident Contact Information:	10. Incident Assignment:	11. Date/Time Last Shift		12. Date/Time Sent Home		13. ETA (hrs.)	14. Date/Time Arrived

15. Prepared by: _____

Page ____ of ____

Incident Accountable Resource Tracking Worksheet			1. Incident Name:		2. Incident Location:		3. Funding Source:			4. Project Number:	
5. In Service Date	6. Acquisition Method	7. Item Name & Model Number	8. Serial Number	9. Actual Cost	10. ICS-213RR Number	11. Issued to Location	12. Issued To	13. Issued Date	14. Date Returned to Supply Unit	15. Current Disposition	16. Final Disposition Date
17. Prepared by:			18. Approved by (if applicable):			19. Date			20. Time		

PREPARE FOR TACTICS MEETING

- Ensure the OSC develops tactics.
- Verify operation organizational structure and strategies align with objectives.
- Verify that the OSC is identifying resource needs and suggested locations from which to acquire.
- Ensure that the OSC provides resource reporting locations.
- Confirm that the resource ordering process is functional.

COMMAND AND GENERAL STAFF MTG

- 30 minute meeting, PSC facilitates
- Command and General Staff attend
- Brief on IC/UC priorities and objectives direction and control, requirements, and responsibilities
- Provide any existing work guidance, direction, and policies
- Clarify responsibilities
- Identify restriction and limitations
- Discuss coordination issues with other agencies
- Set guidance for PIO / JIC

ESTABLISH INCIDENT OBJECTIVES

- Incident objectives drive the incident organization as it conducts response, recovery, and mitigation activities.
- 60 minute initial IC/UC Meeting
- IC or PSC facilitates meeting
- IC/UC, OSC, and PSC attend
- Brief on current situation using ICS 201 (Incident Brief) or updated ICS 209 (Incident Status Report) if applicable
- Provide recommendations for incident priorities and objectives
- Determine ICS Organization
- Select OSC and Deputy if not already appointed
- Identify and select support facilities
- Clarify resource ordering process
- Clarify fiscal authority
- Clarify all roles and responsibilities
- Determine and establish the operational period

TACTICS MEETING

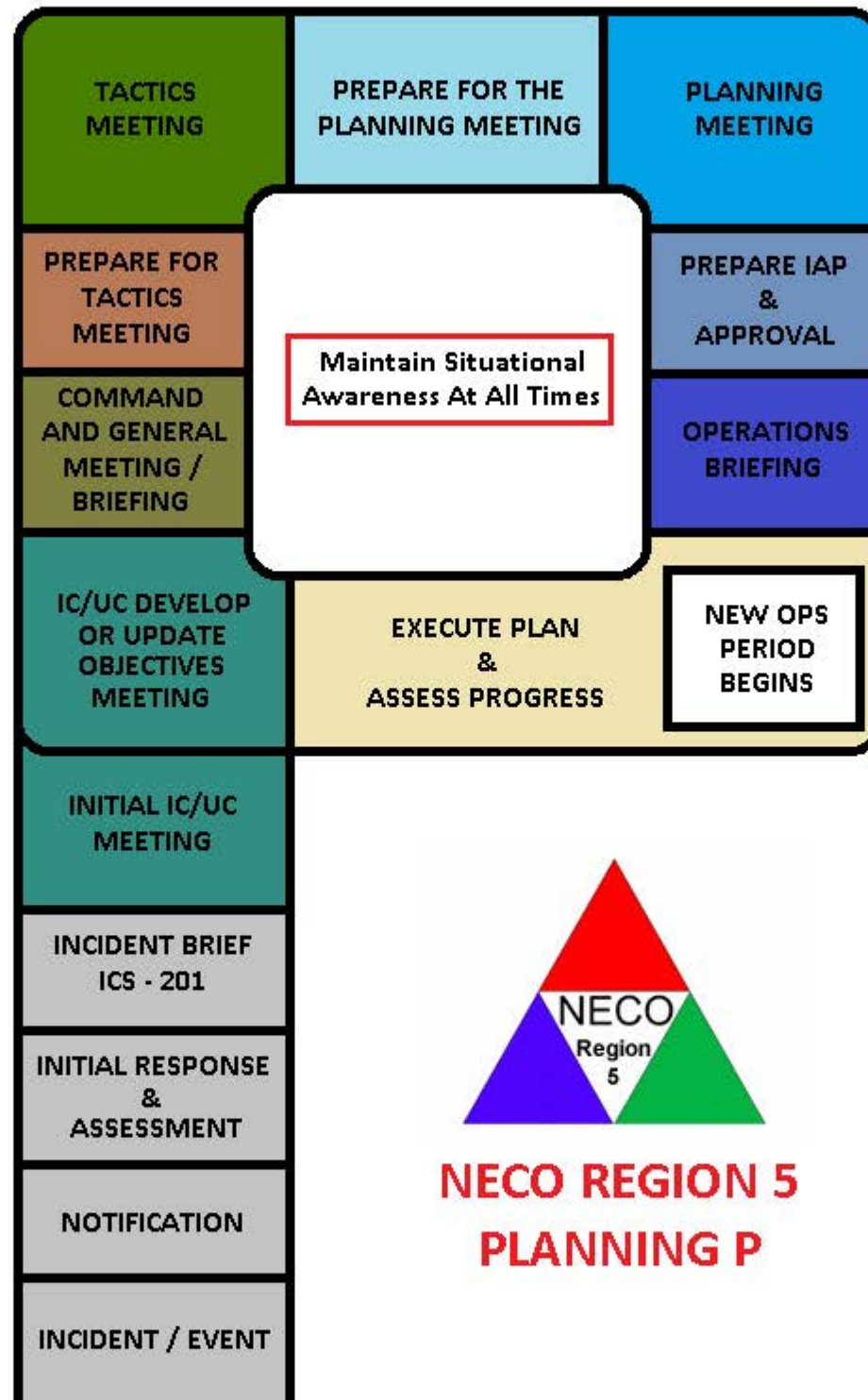
- The IC does not normally participate in the Tactics Meeting.
- OSC runs, PSC facilitates
- Attended by General Staff and RSEL

PREP FOR PLANNING MTG

- Develop IC/UC opening remarks, identify speaker if in UC
- Receive tasks for completions
- Receive brief from OSC

PLANNING MEETING

- 30 minutes, PSC facilitates
- Attended by Command and General Staff
- Provide opening remarks
- Ensure that objectives, safety, and contingencies have adequately been addressed.
- Provide closing remarks, give tacit approval and set time the IAP should be ready for approval
- PSC ends the meeting



IAP APPROVAL

- IC / UC Review the IAP (request revisions as / where needed)
- IC / UC Approve the IAP

OPERATIONS BRIEFING

- Designated speaker provides opening remarks (PSC facilitates)
- Provide motivational comments and leadership presence / support
- Reemphasize response priorities and incident objectives
- Allow brief for Command and General Staff, VIP, or applicable SME
- Provide closing remarks (PSC ends meeting)

NEW OPERATIONAL PERIOD BEGINS

EXECUTE / IMPLEMENT PLAN

- Monitor and Assess ongoing operations and assigned tasks
- Identify and implement any needed changes to overall response
- Prepare for next operation period



INITIAL RESPONSE ACTIONS AND ASSESSMENTS

- Incident / Event occurs within jurisdiction
- Notification to Incident / Event Stakeholders
- Lead and Supporting Agencies response to the Incident / Event (Develop ICS 201: Incident Brief)
- Assessment is conducted regarding the Incident / Event
- Determination by Incident / Event Stakeholders to Activate ICS
- Agency Senior Administrator Delegates Authority to Incident Commander / Unified Command
- Agency Senior Administrator Establishes Response Priorities / Fiscal Authority