

# Crisis Communication Plan

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## Introduction

The Oxnard College (OC) “Crisis Communications Plan” provides procedures for the coordination of communications both internally and externally during an emergency or crisis. The Plan outlines the roles, responsibilities and protocols to guide OC in sharing information with **critical audiences** during an emergency or crisis.

The Crisis Communications Plan is part of the Emergency Operations Plan that manages the College’s affairs during situations that threaten operations, the safety of the community and/or the reputation of OC. This document focuses on the **communications** aspect during an emergency or crisis.

The Plan is not intended to change the manner in which emergencies are initially reported. All emergencies on campus should be reported immediately to 911 and the OC Campus Police (805) 678-5805.

## Guiding Principles

In all communications during an emergency or crisis, OC strives to be accessible, prompt, compassionate, honest and informative. One of the most important requirements for effective communications during an urgent situation is **gathering and understanding the facts** of a given situation and then **providing accurate and consistent information** to all potentially affected audiences. Communications must be honest and forthright. Since an emergency or crisis may be sudden and without warning, this plan is designed to be flexible in order to accommodate contingencies of various types and magnitudes.

## Crisis Communications Team (CCT)

The following OC Personnel will constitute OC’s CCT:

**Vice President, Business and Administrative Services** – The Vice President, Business and Administrative Services will serve as the liaison between the team and the President or her/his designee.

Name: Christopher Renbarger, Vice President of Business Services

Contact #: 805-678-5896

**Director of Outreach and Marketing** - As a member of the Incident Management Team (IMT) the Director of Outreach and Marketing will serve to develop and distribute both internal and external communications.

Name: James Schuelke

Contact #: 805-678-5275

**OC Police Lieutenant (or designee)** Will be able to inform the CCT with the most up to date information on OC operational, security and safety issues.

Name: Cesar Romero

Contact #: 805-678-5866

The team will develop a plan of action and oversee communications issues throughout the emergency or crisis. The team will assess the facts and determine a plan of action for both internal and external communications. Depending on the nature of the crisis, others can and should be drawn into the crisis communications process as appropriate to address the specific issues and threats that need to be managed. (Facilities, IT, Child Care, Specialized Programs).

## **Convening the Team**

In the event of an emergency that falls in the category of a **Level 2 Emergency or higher (see “Levels of Emergencies on Page 6)** the CCT will convene immediately.

The **Vice President, Business and Administrative Services** will notify the **Director of Outreach and Marketing/Public Information Officer** and the **OC Police Lieutenant**.

If it is feasible to do so (depending on the time of day or night and/or any physical limitations of the situation), the team should gather together in person. If it is not feasible to meet physically, the Team may be convened by phone or Zoom.

If a **Public Relations Crisis** should occur, the **President** has the primary responsibility for convening the Crisis Communications Team. If the President is not available to make the decision, then the **Vice President, Business and Administrative Services** can make that decision.

## **Crisis Communication Team Duties and Responsibilities**

Among the duties of the Crisis Communications Team:

- Assess the facts of the crisis.
- Create a plan of action for both internal and external communications.
- Determine what and how messages will be communicated.
- Determine to whom messages will be communicated, both internally and externally. Among the key constituencies:
  - Students
  - Faculty
  - Staff
  - Parents of students
  - News media

- Trustees
- Public officials - Mayors, etc.
- Alumni
- Community
- General Public
- Vice Chancellor of Business Services
- Chancellor
- Determine how to react as the crisis evolves.
- Keep the appropriate spokespeople informed of the latest developments and messages to be conveyed.

The CCT will develop several key messages to be included in all college communications. The messages will evolve as the crisis evolves and circumstances change. The messages must be communicated as quickly as possible and regularly updated.

## Team Communications

All members of the CCT should have cell phones in their possession at all times. Any member that has been assigned a handheld radio shall turn it on immediately during any on-campus emergency.

CCT members will be notified in the following priority order:

1. Personal Cell Phone (call or text)
2. Hand-Held Radio
3. Revolution Phone App
4. Emergency Notification System
5. Email

In the event of a **Level 2 Emergency**, the primary EOC Location will be AA-101 and the secondary EOC Location will be combined use of LS Conference Room and LS-9.

In such a situation, the OC Campus Police will become a major source of information for the crisis at hand and they will establish a presence at the EOC.

## Notifying the Incident Management Team

The Incident Commander assumes responsibility of identifying the Level of Emergency, needs of the incident and making proper notifications to appropriate IMT Members. These factors will assist in the decision-making process ultimately used to mitigate the incident.

It is the responsibility of the Vice President of Business Services to maintain and update a roster of the Incident Management Team. This list shall include each position, employee name and cell

phone number. This list shall be updated quarterly or as necessary with movement of team members.

This IMT Roster should be updated into REVOLUTION App as a primary notification for all members of the IMT.

**It is the responsibility of the Vice President of Business Services to notify the IMT for a partial or full activation of the Emergency Operations Center (EOC).**

**The VP of Business Services is responsible for notifying the Operations Section Chief, Finance Section Chief, Logistics Section Chief and the Plans Section Chief. The respective Chiefs shall notify the Unit Leaders under their Command.**

Members will be notified in the following priority order:

1. Personal Cell Phone (call or text)
2. Hand-held radio
3. Revolution Phone App
4. Emergency Notification System
5. Email

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## ***Levels of Emergencies:***

To assist in planning and determining appropriate crisis communication strategies, OC has identified a “Standby Mode” and Three Levels of Emergencies. Examples of the different types of emergencies within each level are listed below.

### **Standby Mode:**

The situation does not require immediate response however, it could escalate to a higher emergency level and/or it may require immediate "rumor control" response. A nearby brush fire or an upcoming planned protest could trigger the Standby Mode.

### **Level 1 – Minor:**

- An incident causing minimal impact or interruption to the campus.
- A limited number of OC emergency response personnel are needed to control the situation.
- These incidents include minor medical incidents, break-ins, homeless encounters, minor thefts, etc.
- OC Campus Police have authority over these incidents and will make proper non-emergency notifications through normal OC communication channels.

### **Level 2 – Moderate:**

- A significant emergency or event that disrupts an entire floor or building and that may require assistance from outside organizations.
- or -
- A Public Relations Crisis with potential negative impacts to OC’s operations and public image with possible news coverage and public scrutiny.
- These incidents include fires, hazmat incidents, power outages, earthquakes, active assailants, large public demonstrations, civil unrest, etc.

### **A Level 2 emergency or higher results in the following:**

- **Automatic activation of the Crisis Communication Team.**
- **Automatic VCCCD Notification (Vice Chancellor of Business).**
- **Discretionary Activation of the Emergency Operations Center (EOC) activation as per the Incident Commander.**

**Level 3 – Major:**

- A major emergency that involves multiple buildings or impacts the entire campus and the surrounding community.
- A timely resolution of disaster conditions requires college-wide cooperation and extensive coordination with external agencies

**A Level 3 emergency or higher results in the following:**

- **Automatic activation of the Crisis Communication Team.**
- **Automatic VCCCD Notification (Vice Chancellor of Business).**
- **Automatic Activation of the Emergency Operations Center (EOC) activation as per the Incident Commander.**

Below is a matrix to assist in the decision-making process to make the proper notifications and to activate the EOC.

Levels of Emergencies	Notifications made	EOC Activation
Level 1	Discretion of OCPD	No
Level 2	Yes	Discretion of IC
Level 3	Yes	Yes

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***District Notification- Level 2 or higher***

Communication to the VCCCD is critical in understanding the conditions, actions and needs of each campus. The following procedure shall serve as a guideline to notify the appropriate resource at the District to best assist and mitigate any given situation.

Notification may come to the District Office from on campus Policy Group personnel in the form of a phone call (landline or cell phone) or radio. Radio notifications from College Campuses to VCCCD, vice versa, may be problematic due to the distance and topography between locations. (Map below)

This notification will give VCCCD accurate information of the status of the campus. If any College has an emergency situation the on-campus Policy Group personnel shall give on-going reports to VCCCD periodically until VCCCD no longer needs to be involved or the tasks at hand

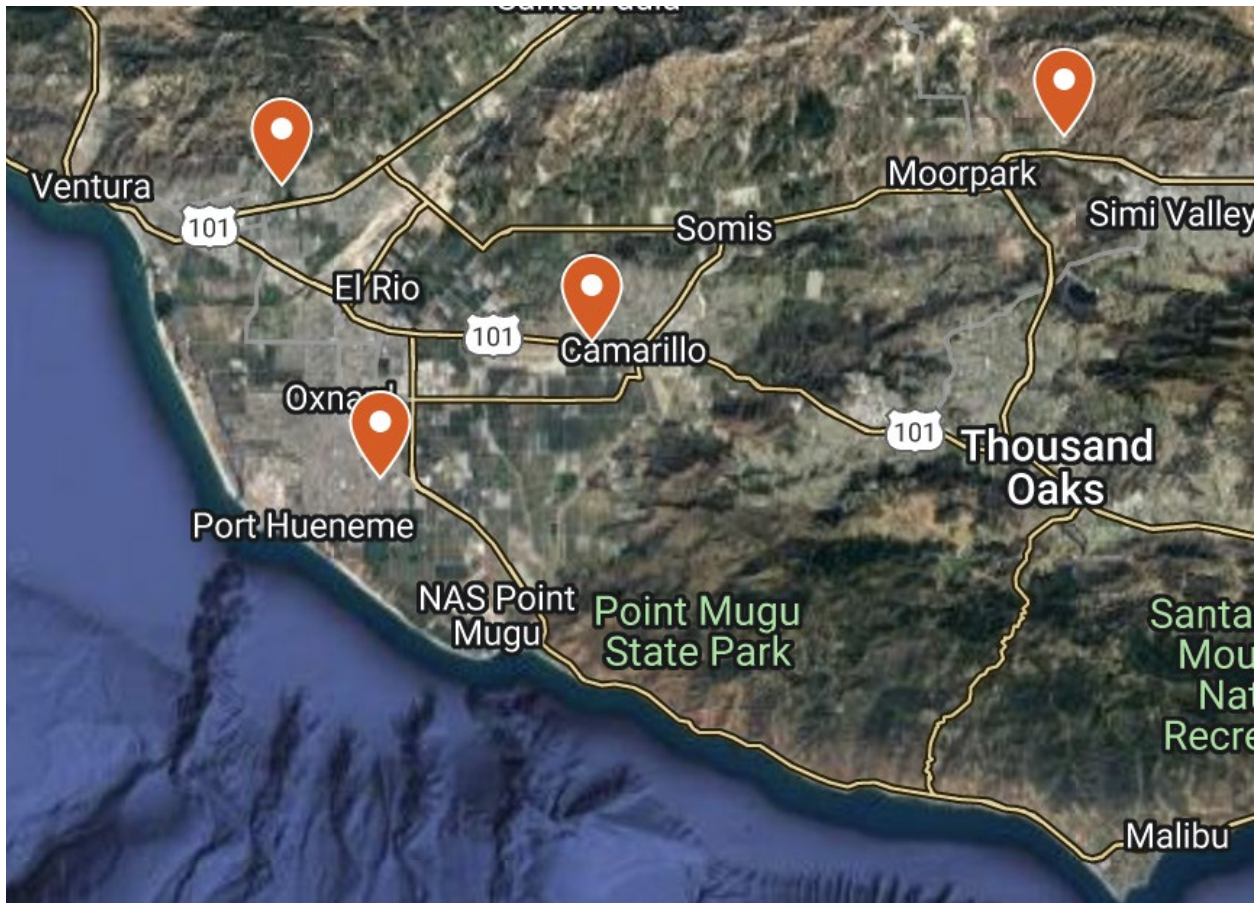
do not warrant such notifications. Such notifications will allow the District Office to make necessary decisions in assisting the affected campus and support the objectives of the Incident Commander.

## Communication District-Wide

In the event of a large-scale disaster or an event affecting multiple campuses it is important for communication needs to be met District-Wide. All three Colleges and the District Office are responsible for implementing and testing the following systems to fit their communication needs.

- Cell Phones
- Office Phones
- Emails
- Police Radios
- Satellite Phones

In the event communication cannot be made due to a large-scale disaster, or other means require its use, **Campus Police can be used to communicate between campuses.**





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## ***College Spokespeople***

The chief spokespeople in the event of a crisis will be a senior leader of the College, most likely the **President**, as well as the **Public Information Officer**.

- In the time of a significant crisis, it is critical for a high-ranking leader of the college such as the President to become the face of the incident and to take the lead in communicating **key** messages. Only a high-ranking leader such as the President can convey that a situation is under control, provide a sense of calm and set an example for the entire campus.
- In most situations, the College's Public Information Officer will act as the Principle Spokesperson and will be the point person for news media communications during a crisis. He/she will organize and run press briefings and handle general media questions. Depending on the nature of the crisis, the person possessing the direct knowledge of the crisis (for example: The Chief of Police in the event of a campus crime) can also be designated as spokesperson.
- The release of information and comments to the news media and the public should be limited to the designated spokespeople. All other staff should be professional and helpful to the news media by connecting them with the spokespeople, but should refrain from speaking to and providing any information. As the crisis evolves, it is likely that secondary spokespeople will need to be appointed.

## ***Media Relations***

Often the only information the public receives about an emergency is through the news media; therefore, media relations is an essential component of any crisis plan. Timing is critical. *Responses to a crisis must be issued as soon as possible and along as many communications channels as possible.*

The CCT will develop appropriate statements and other communications for the news media. The Team will also arrange and lead news conferences and media briefings. Keeping the news media informed gives the College a certain amount of control over the message. The media's job is to report the latest information available. If reporters don't get that information directly from the organization in crisis, they will look elsewhere and be more likely to report inaccurate facts and even rumors. The location of news conferences and briefings may largely depend on the location and nature of the crisis. Ideally, the location should be away from the crisis, the IMT/EOC and the college's administrative offices.

## ***Communications Tools***

Effective college crisis communications programs employ multiple and layered methods of communication with its audiences, including students, employees, parents, alumni, trustees and community members. In the event of a crisis, the Crisis Communications Team can deploy one or all of these communications vehicles:

- **Revolution Alert** allows OC to notify students and employees via text message and email. (Responsibility: OC Police and Director of Office of Marketing/Public Information Officer)
- **Campus-wide emergency notification system** broadcasts emergency voice notifications targeted to specific buildings via loudspeaker. (Responsibility: OC Police)
- **OC Website** (Responsibility: Special Assistant to the Superintendent-President/Public Information Officer)
- **Emergency Information Line** will include updated information. (Responsibility: Special Assistant to the Superintendent-President//Public Information Officer)
- **Campus Marquees.** (Responsibility: Director of Office of Marketing/Public Information Officer)
- **Social media.** Regular updates will be posted on the OC social media venues. (Responsibility: Director of Office of Marketing/Public Information Officer)
- **News media.** The college has a detailed news media call list that would be activated in the event of an emergency. (Responsibility: Director of Office of Marketing/Public Information Officer)

## **EMERGENCY NOTIFICATION**

### **Notification to the OC community about an Immediate Threat**

OC Campus Police and/or the Public Information Officer will immediately convey the threat to the OC community or to the appropriate segment of the community. The entire campus community will be notified when there is at least the potential that a very large segment of the community will be affected by a situation, or when a situation threatens the operation of the

campus as a whole. The situation will be continually assessed to determine if additional segments of the campus should be notified.

Some or all of the following notification methods will be used:

- OC Revolution Alert
- OC Emergency Notification System
- Campus Announcements OC Website.
- OC Emergency Information Line
- News Media

Members of the larger community outside campus will receive information about a campus emergency via many of the same methods listed above. In addition, the college will disseminate information via local news media.

OC Campus Police must confirm the status of the emergency before notifications begin.

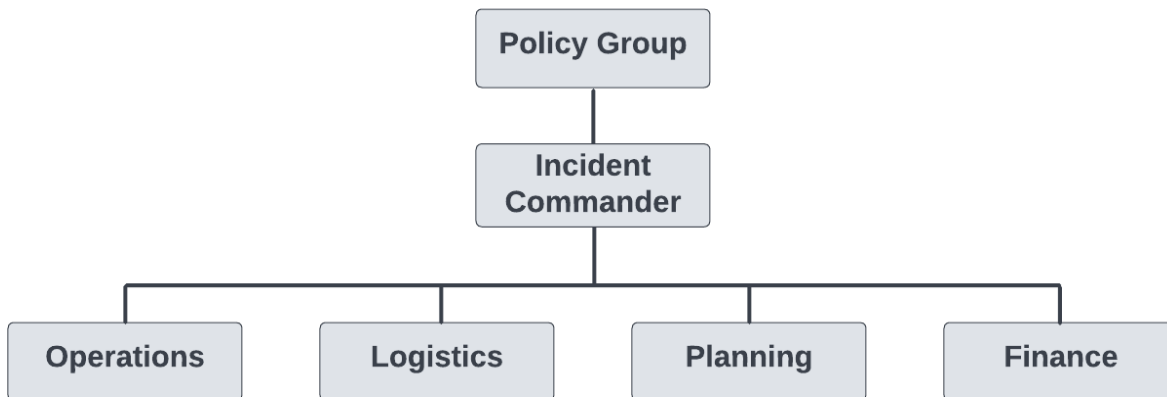
## **Post-Earthquake - Standard Operating Guidelines (SOG's)**

After an earthquake it is critical the VCCCD Office receives timely and accurate assessments from each college campus. The District Office shall be notified as soon as practical with updates concerning campus conditions, actions taken and resource needs.

Following an earthquake, the following guidelines will enhance the college's ability to effectively gain situational awareness about life safety, incident stabilization, property conservation and continuity of business operations. Critical information needs to be communicated to the District Office in an expedient and orderly manner.

### **College Post Earthquake Operations**

- After the earthquake and as soon as it is safe, the College Incident Commander (IC) shall open up communications with the Policy Group and give an initial situation status report.
  - The Policy Group consists of the College President and the Vice Chancellor of Business Services, VCCCD.



The initial situation status report should contain the following:

- Life Safety
  - Evacuation Status
  - Property Damage if visible
  - Needs - Police, Fire, EMS, Public Works
- As soon as it is safe, the College IC shall activate “Damage Assessment Teams” consisting of no less than two people per team. These teams shall consist of Facilities personnel, Campus Police or CERT trained members.
  - The College IC shall assign each team a radio and a geographical region of the campus to assess. These teams shall assess their assigned portion of the campus focusing on life safety issues, building damage, natural gas/utilities etc. All findings shall be communicated to College IC and documented on a FEMA ICS-214.
  - Damage Assessment teams **shall not** enter any building during the damage assessment.
  - The College IC can then effectively direct resources to the most critical situations on campus because of increased situational awareness
  - As soon as possible, the College IC shall provide a more comprehensive report to Policy Group with updated information on the following:
    - Life Safety Issues
    - Incident Stabilization

- Property Conservation
- Continuity of Business Operations
- Updated information will allow the Policy Group to effectively plan, support and make sound logistical/financial decisions for the College’s needs

Communications shall remain open between the College IC and Policy Group as needed until the resumption of normal business operations.

## “OFF- CAMPUS” LOCATIONS

During any emergency at an Off-Campus location, the Off-Campus “Branch Incident Commander” shall notify the Office of the VP of Business Services on the Main Campus. This notification shall be made as soon as possible. This notification includes any earthquake of any size in the County of Ventura. Typical information in the notification would include current conditions, actions taken and needs.

**Site Name: City of Oxnard**

**Branch Incident Commander**

**Operations Section Chief: Scott Brewer**

**Contact Number: 805-385-7717 / [scott.brewer@oxnard.org](mailto:scott.brewer@oxnard.org)**

**Site Name: County of Ventura**

**Branch Incident Commander**

**Operations Section Chief: Daniel Maguire**

**Contact Number: [daniel.maguire@ventura.org](mailto:daniel.maguire@ventura.org)**

## ON-CAMPUS INDUSTRY PARTNERS

On-Campus Industry Partners must report any emergency as soon as practical to the VP of Business Services. An earthquake of any size in the County of Ventura requires immediate notification to the VP of Business Services. This report should include information on the conditions of the emergency or crisis, actions already taken and resource needs.

**Peter Parker, OC Foundation**

[pparker@vccd.edu](mailto:pparker@vccd.edu)

**Maricruz Hernandez, Condor Middle College Principal**

[maricruz.hernandez@oxnardunion.org](mailto:maricruz.hernandez@oxnardunion.org)

**Jack Bernstein, California State Smog Referee**

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**Byron Ward, KJBU 99Three FM**

[bward@the-cac.org](mailto:bward@the-cac.org)

## **TIMELY WARNINGS**

### **Issuing Timely Warnings**

OC will issue a Timely Warning to the campus community in the event of crimes (i.e. murder and non-negligent manslaughter, negligent manslaughter, sex offenses, robbery, aggravated assault, burglary, motor vehicle theft and arson) and other situations that, in the judgment of the Chief of the OC Campus Police Department or his/her designee, constitutes a serious or continuing threat to students or employees. In determining if a Timely Warning should be issued, the Police Chief will consider the nature of the crime, the continuing danger to the campus community, and the possible risk of compromising law enforcement efforts.

Timely Warnings will be distributed by one or all of the following methods:

- Revolution alert app
- Posted as a Campus Crime Alert on the OC Campus Police Website and/or OC social media
- Posted on the OC Main College Website

The Timely warnings will provide the following information if possible:

- The date the alert was issued.
- A succinct statement of the incident.
- Physical description of the suspects.
- Other relevant and important information.

Timely Warnings will be issued for circumstances that occur on campus, on public property within or immediately adjacent to the campus, and in or on non-campus buildings or property that OC owns or controls.

Anyone with information warranting a Timely Warning should report the circumstances to the OC Campus Police at (805) 678-5805.

## **Best Practices for OC social Media**

Do not post about the situation on social media until official messaging is finalized and approved for distribution by the college.

During an emergency situation on campus, official posts regarding the crisis will appear on the following OC social Media Sites:

- [Instagram](#)
- [Facebook](#)
- [Twitter](#)

## **Audiences and Contact Information**

Many different audiences must be reached with information specific to their interests and needs. The image of OC can be positively or negatively impacted by public perceptions of the handling of the incident.

The following is a list of potential audiences.

- OC Students and their families
- OC Employees and their families
- OC IMT Members and their families
- Vendors/Suppliers
- News media

- Community—especially neighbors living near the facility
- Government elected officials, regulators and other authorities

## **Contact Information**

Contact information for **each audience** should be compiled and immediately accessible during an incident. Include as much information for each contact as possible (e.g., organization name, contact name, business telephone number, cell number, fax number and email address).

## **Students and Employees**

OC Students and Employees are the life of the College, so contact with them is the top priority. Students and Employees may become aware of a problem as soon as their phone calls are not answered. Immediate action must be taken to redirect incoming telephone calls to a second call center (if available) or to a voice message indicating that the college is experiencing a temporary problem. Incident information and Family Reunification information can be given in this message.

## **Suppliers/Vendors**

The crisis communication plan should include documented procedures for notification of suppliers and vendors. The procedures should identify when and how they should be notified.

## **Management**

Any Level 2 Emergency requires immediate notification of Management regardless of time of day. Any OC Incident Commander, can notify OC Management, concerning low-level emergencies if they feel it is warranted regardless of time of day.

## **Government Officials & Regulators**

OSHA regulations require notification to OSHA when there are three or more hospitalizations from an accident or if there is a fatality. Environmental regulations require notification if there is chemical spill or release that exceeds threshold quantities. Other regulators may need to be notified if there is an incident involving product tampering, contamination or quality.

A major incident in the community will capture the attention of elected officials. A senior manager should be assigned to communicate with elected officials and public safety officials.



## **Employees, Victims and Their Families**

HR should coordinate communications with management, supervisors, employees and families. HR should also coordinate communications with those involved with the care of employees and the provision of benefits to employees and their families. Close coordination between management, company spokesperson, public agencies and HR is needed when managing the sensitive nature of communications related to an incident involving death or serious injury.

## **The Community**

If there are hazards at a facility that could impact the surrounding community, then the community becomes an important audience. If so, community outreach should be part of the crisis communications plan. The plan should include coordination with public safety officials to develop protocols and procedures for advising the public of any hazards and the most appropriate protective action that should be taken if warned.

## **News Media**

Develop a company policy that only authorized spokespersons are permitted to speak to the news media. Communicate the policy to all employees explaining that it is best to speak with one informed voice.

Determine in advance who will speak to the news media and prepare that spokesperson with talking points, so they can speak clearly and effectively in terms that can be easily understood.

## **Messages**

During and following an incident, each audience will seek information that is specific to them. "How does the incident affect my order, job, safety, community?" These questions need to be answered when communicating with each audience.

After identifying the audiences and the spokesperson assigned to communicate with each audience, the next step is to script messages. Writing messages during an incident can be challenging due to the pressure caused by "too much to do" and "too little time." Therefore, it is best to script message templates in advance if possible.

There may be many different scenarios but the need for communications will relate more to the impacts or potential impacts of an incident:

- accidents that injure employees or others
- property damage to company facilities
- liability associated injury to or damage sustained by others
- production or service interruptions

- chemical spills or releases with potential off-site consequences, including environmental
- product quality issues

Messages should be scripted to address the specific needs of each audience, which may include:

**Student** - “Is the school open?” “How long will OC be closed?” “Are classes canceled?”

**Family** - “Is my son/daughter ok?” “Is there a place I can meet to pick up my son or daughter?”

**Employee** - “When should I report to work?” “Will I have a job?” “Will I get paid during the shutdown or can I collect unemployment?” “What happened to my co-worker?” “What are you going to do to address my safety?” “Is it safe to go back to work?”

**Government Regulator** - “When did it happen?” “What happened (details about the incident)?” “What are the impacts (injuries, deaths, environmental contamination, safety of consumers, etc.)?”

**Elected Official** - “What is the impact on the community (hazards and economy)?” “How many employees will be affected?” “When will you be back up and running?”

**Suppliers** - “When should we resume deliveries and where should we ship to?”

**Management** - “What happened?” “When did it happen?” “Was anyone injured?” “How bad is the property damage?” “How long do you think production will be down?”

**Neighbors in the Community** - “How can I be sure it’s safe to go outside?” “What are you going to do to prevent this from happening again?” “How do I get paid for the loss I incurred?”

**News Media** - “What happened?” “Who was injured?” “What is the estimated loss?” “What caused the incident?” “What are you going to do to prevent it from happening again?” “Who is responsible?”

Messages can be pre-scripted as templates with blanks to be filled in when needed. Pre-scripted messages can be developed, approved by the management team and stored on a remotely accessible server for quick editing and release when needed.

Another important element of the crisis communications plan is the need to coordinate the release of information. When there is an emergency or a major impact on the business, there may be limited information about the incident or its potential impacts. The “story” may change many times as new information becomes available.

One of the aims of the crisis communication plan is to ensure consistency of the message. If you tell one audience one story and another audience a different story, it will raise questions of

competency and credibility. Protocols need to be established to ensure that the core of each message is consistent while addressing the specific questions from each audience.

The goal of the crisis communications team is to gather information about the incident. This should include monitoring the types of questions posed to call center operators or staff in the office; emails received by customer service; social media chatter or stories broadcast by the news media. Using this input, the crisis communications team can inform management about the issues that are being raised by stakeholders. In turn, management should provide input into the messages generated by the crisis communications team. The team can then create appropriate messages and disseminate information approved for release.

# **Ketaily Technical Consulting**

## **Campus Risk Safety Assessment**

**Conducted: October 10-12th, 2022**

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## **Oxnard College**



**Ketaily Technical Consulting**  
(805) 338-6813  
info@ketailytechnicalconsulting.com

**Prepared October 24th, 2022**  
**For Chris Renbarger**  
**Vice President of Business Services**



## **Ketaily Technical Consulting**

Ketaily Technical Consulting (KTC) provides businesses, educational institutions, commercial buildings and other agencies with site-specific emergency training, incident management team training, risk/safety assessments, table top exercises and other safety solutions.

With more than 45 years of first responder experience working for a major metropolitan Fire Agency, and providing safety inspections for various types of occupancies, KTC is composed of California State Fire Marshal registered instructors who will provide your organization with the emergency training you need.

In addition to our more than four decades of first responder and risk assessment experience other achievements include:

- Over 25 years of experience providing Fire, Life and Safety Training for educational institutions, commercial buildings, high-rise buildings and single-family residences.
- Over 25 years frontline supervisory experience as a first responder.
- Facilitator and Certified Instructor of Community Emergency Response Team (CERT) Training
- Development and delivery of Incident Management Team training for College Districts and Community Colleges
- Facilitated one of the largest Active Shooter Full-Scale Community College exercises in the State of California
- Past Department Chair of Public Safety at a local community college
- Public Safety Instructor at a local community college for 24 years
- FEMA certified in IS-2200 Basic Emergency Operations Center Functions.

**“The Trusted Name in Emergency Training”**



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**October 17th, 2022**

**TO:** Dr. Oscar Cobian Acting President, Oxnard College

**FROM:** Ketaily Technical Consulting

**SUBJECT: OC CAMPUS SAFETY/RISK ASSESSMENT**

**SUMMARY**

In October 2022 Oxnard College contracted Ketaily Technical Consulting (KTC) to perform a comprehensive Campus Safety/Risk Assessment to identify inherent risks, hazards and threats associated with the daily operations of students and staff on the Oxnard College Campus.

On October 10th, 11th and 12th, 2022 and with the support of OC Staff, KTC was able to make entry into every building, parking area, sport venues and the CDC on the OC main campus.

The Risk Assessment focused on Fire, Life and Safety issues/concerns in Oxnard College grounds, buildings and parking structures. The following checklist was used during the assessment process

**Campus Checklist**

**Buildings/Grounds**

- Current Concerns
- AED Locations
- Bleeding Control Locations
- Fire Protection Devices
  - Red, Current Signage
- Emergency Communications
- Campus Emergency Notification System
- Behavioral Intervention Tip
- Evacuation Sites
- Evacuation Routes/Safe Refuge Areas
- Family Reunification
- Red Cross Shelter
- Vehicle Interaction, Access
- Campus Lighting
- Flammable Vegetation
- Hazmat
  - Storage and waste
- Homeless
- Electrical Hazards





- Unsafe Storage
- Hazardous Displays
- Unprotected Seating areas
- Heavy Objects on High Shelves
- Site Surveillance
  - Security Cameras
  - Security/PD Presence
- School Surroundings
  - Potential threats or targets around school
- Street Bollards, Traffic Patterns, Delivery Routes
- Fire Department Connections(FDC)

#### Current Training Delivery

- IMT Roster- Training
- Past Monthly Emergency Training
- Suggested Training
- New Employee/Cert Training
- Crisis Comms Plan

The Campus Risk/Safety Assessment process involved the following:

Identification of contributing factors that could result in a “High Risk” - “Low Frequency” incident was a top priority. A “High Risk” - “Low Frequency” incident can create a dangerous environment for employees or students and thankfully, occurrence is rare.

- Inspection of fire protection systems including fire suppression, sprinklers, smoke detectors, and other fire protection equipment that work in tandem to protect against fire.
- OC Police surveillance, communications and equipment.
- Natural or man made barriers to create clear points of entry and exit on/off campus.
- Clearly defined access and egress in classrooms, lecture halls, auditoriums, etc.
- Evacuation routes to safe refuge areas.
- Proper signage for first responders.
- Proper placement of Automatic External Defibrillators and other 1st Aid equipment.
- Identification of hazardous vegetation on campus



- Identification of Emergency Operation Center locations
- Observed vehicular traffic patterns on campus during daylight and evening hours.
- Collaborated with members of the OC Incident Management Team to solicit feedback about hazards/threats on campus.
- Interviewed the OC Campus Police.
- Conducted an extensive and thorough assessment of the individual campus buildings and grounds.
- Soliciting feedback from staff while performing the building surveys.

The majority of the specific recommendations identified in the **“FINDINGS”** sections of this report are easily correctable.

## **RECOMMENDATIONS**

The following recommendations are fully explained in the **“FINDINGS”** section of this report.

It is respectfully recommended OC address the following recommendations made by KTC:

- Establish a routine maintenance program for the vacant lot north and east of Auto Technology (“Boneyard”)
- Remove storage in areas of emergency egress in the Performing Arts Building and the Conference Center
- Properly store fuels, fertilizers, pesticides and acids in the Custodial Building
- Restrict unauthorized vehicular traffic from entering the Oxnard College Campus
- Provide Automatic External Defibrillators in the Gymnasium and Performing Arts Center that is accessible to the Public
- Provide needed signage on all exterior fire protection devices including sprinkler inlets,



post- indicator valves, standpipe inlets and OS&Y Valves

- Ensure that student workers receive relevant, consistent training and can work in the safest environment possible
- Properly Equip the Proposed EOC Location(Campus PD) with phones, computers and other needed equipment. Refer to [EOC Design and Function](#).

## **FINDINGS**

The “Findings” portion of this report contain the two following sections:

- **Section 1** - Contains a detailed report of assessment results and specific recommendations for buildings, venues, grounds and parking lots on the OC Campus. It also contains a report of all Automatic External Defibrillators on the OC Campus
- **Section 2** - Contains a list of “**High/Risk**” - “**Low/Frequency**” incidents with the potential to negatively impact student and employee safety on the OC Campus if not addressed.



## Section 1

### Training and Preparation Levels

Oxnard College is returning to normal Post-Covid life and after a two-year hiatus, the Incident Management Team is re-engaging. The Incident Management Team has returning membership along with new members and other members in new positions. ICS 100 and 200 are required for IMT membership and OC is maintaining necessary documentation. A new, state of the art Emergency Notification System has been installed and is tested daily.

Oxnard College currently uses the **Revolution Emergency App**, where key members can be pre-identified and trained as “Emergency Alert” senders e.g. Active Shooter. Training has been developed and is ready to deliver. The “Emergency Alert” sender list should be identified and trained in the Revolution App as soon as possible.

Upcoming training for Incident Management Team Members, new employee training and professional development has begun to be scheduled and Oxnard College is taking a proactive stance on student, faculty and campus safety.



## Buildings on Campus

### Administration Building

The Administration building is a 2-story, fully sprinklered building that houses offices, reception, the mail room, the Transfer Center, the Career Center and OC Campus Police. This is the “first point” of contact for many OC visitors. This building has an automatic external defibrillator, bleeding control kit and fire extinguisher. It also has one elevator and three stairwells. This assessment included the building directly south of the Administration Building which includes Associated Student Government, the Dream Center and classroom AA-101.



### Specific Recommendations

#### 1) Reception Area - 1st Floor

- a) Install a Panic Button at the reception desk that locks both the front north doors and south doors.
- b) Improve the communication link between Administration Reception and Campus Police.
- c) Establish a visitor log-in system and issuance of visitor badges.



- d) Consider issuance of a Police Radio for the front reception desk.
- e) Apply “mirrored” film to both north and south Reception doors. Campus Police have this “mirrored” film installed at their entry point.
- f) Supply surveillance technology so that Reception can observe the front parking lot.
- g) The Map of Automatic External Defibrillator locations shows an AED in the ASG area, but it could not be located during this safety/risk assessment.



## Automotive Technology

This is a one-story, non-sprinklered building housing Automotive Technology, Automotive Body, classrooms, offices and 2 spray booths.

On the north and east, this building is bordered by a large vacant lot known as the “Boneyard”. The chain link fence between Automotive Technology and the “Boneyard” has been compromised several times by homeless people living in the area. The fence is currently secure.



### Specific Recommendations

- Water from a rain gutter at the NE corner of the M&O building drips onto a sidewalk used by students and staff at Auto Tech causing a “slipping” hazard. Dirt has accumulated in the M&O rain gutters. Plants are growing in the rain gutters. All rain gutters at M&O need to be cleaned out.
- Close/secure gate to the “Boneyard” adjacent to McNish Gallery.
- Vacant Lot east of Auto Tech and “Boneyard” north of Auto Tech is overgrown with flammable vegetation. This vegetation provides cover for the homeless population. A “cooking” or “warming” fire could easily lead to a larger fire. Remove flammable vegetation and establish a consistent, weed maintenance program for both of these areas.
- Install motion detector lights and camera surveillance system on the entire perimeter of Auto Tech.





## Child Development Center

The CDC is a one-story, non-sprinklered facility that provides high-quality on-campus care and preschool education for children ages three years through pre-kindergarten. The Oxnard College Child Development Center serves as a laboratory school for current Oxnard College child development students. Enrolled students observe classroom interactions and have hands-on experiences where they blend theoretical with the practical, integrating knowledge with experience.



## Specific Recommendations

- Install CO2 detectors throughout the facility.
- Update Emergency Wall Maps to reflect changes (Fire Extinguishers).
- Install tinting and screens on windows facing Simpson Drive.
- Replace Door in CD4 - Door is missing - Used as a "Safe Room."



## Condor Cafe

The Condor Cafe doubles as a functioning cafeteria and a classroom for the Culinary Arts Program. This facility is a modern, sprinklered, one story facility specializing in food preparation, public sales/service and seating.



### Specific Recommendations

- No recommendations or visible hazards



## Condor Hall

Condor Hall is a 2-story, sprinklered facility that contains offices, classrooms and wide-open, multi-use areas.



### Specific Recommendations

- Repair electric entry doors on the north side of the building. The bank of doors on the left side are non-operational.
- Fire Doors next to classroom 308 are blocked open with a wedge. Discontinue the use of blocking fire doors with wedges.



**Custodial and Grounds**

(SW of Maintenance & Operations) This is a large, one story, all metal warehouse building that is non-sprinklered. It contains offices and a warehouse.





Specific Recommendations:

- Clean and remove debris pile on east and north side of building
- Provide 3' of clearance from water heater on 2nd floor
- Acids are unsecured on shelves on 1st floor
- Pesticides, fertilizers and fuel are all stored in the same general area on 1st floor
- The building is not placarded with a NFPA 704 Diamond - e.g.



- Please consult with the [Oxnard Fire Department Fire Prevention Bureau](#) at (805) 385-7722 for storage of flammables, pesticides and fertilizers in the warehouse and placarding
- Install an automatic approved ventilation system



## **Digital Media Center, OCTV**

The Digital Media Center is a modern one-story, sprinklered building. It is adjacent to the Performing Art Building to the NE. This facility consists of classrooms and labs for multi-media productions and prop construction.



### **Specific Recommendations:**

- Install a readily accessible, wall mounted fire extinguisher in the hallway.



## Dental Programs

The Dental Building is a modern one-story, fully-sprinklered facility consisting of classrooms, a publicly accessible dental clinic and offices.



## Specific Recommendations

- Repair missing ceiling tiles in Office #109





## **Fire Technology**

This is a one-story, fully-sprinklered facility containing offices and classrooms. It is located on Camarillo property. It has an adjoining Apparatus Bay that houses Fire Engines, related equipment and an air bottle refilling station.

### **Specific Recommendations:**

- There are no recommendations or visible hazards



## Letters & Science

This is a one-story facility containing offices, classrooms and laboratories. The building is not sprinklered. It is placarded with NFPA 704 diamonds.



## Specific Recommendations

- General housekeeping in Room #LS3/Labs
- Means of egress/exit are blocked by wheeled carts in labs
- Wheeled carts have glass containers
- Unsecured boxes on upper shelves



## **Letters & Science - Administration Building**

The facility is a one-story, non-sprinklered building containing various offices. It has an Automatic External Defibrillator and a Bleeding Control kit.

### **Specific Recommendations**

- Remove storage in hallways in front of the reception area.
- Remove all desks, tables and chairs in egress/evacuation routes.



## Liberal Arts

This one-story building houses offices, classes and laboratories. The labs are placarded with the NFPA 704 Diamond. The building is located on the south end of campus. Students can take a variety of classes including chemistry classes. The building is not sprinklered.



### Specific Recommendations

- Wheeled carts blocking aisles, general housekeeping



## Library/Learning Resource Center

The “LLRC” is a 2-story modern, fully sprinklered facility housing offices, a large open area on the first floor and a library on the second floor. Access to the second floor is via elevator or stairwell. There is a “Stair Chair” on the second floor for non-ambulatory victims.



## Specific Recommendations

- Reception personnel need a communication system to notify people in LLRC during emergencies (Bullhorns, PA System).
- Reception personnel need a more efficient Campus PD notification system.



## **Maintenance and Operations- Warehouse- Facilities**

This is a large, two story sprinklered, metal warehouse with offices, and various shops for OC Campus Maintenance and Operations. It contains a fuel dispensing facility for OC vehicles.





### Specific Recommendations

- Clean rain gutters around the entire building. Gutters are full of debris/dirt. Plants are growing from rain gutters. This debris accumulation is now soaked from the rains and is overloading the gutters with weight. Water leaks in walkways causing a slip hazard (front entry of M&O and NE corner of building on Auto Tech sidewalk).
- Propane tanks in warehouse are not secure.
- Provide 3' clearance around Fire Riser in warehouse
- Provide 3' clearance around Fire Extinguisher in warehouse (2nd floor)
- General housekeeping in NW corner of yard, debris outside emergency connex box



## Marine Biology - Off-Campus - Channel Islands Harbor

This sprinklered, one-story facility consists of two classrooms and offices. It is located on the wharf at Channel Islands Harbor.



### Specific Recommendations

- Recharge/Retest portable fire extinguishers(out of date)





## **McNish Gallery/North and South Hall**

This non-sprinklered facility contains various one-story classrooms and a one-story art gallery. Directly to the east of the McNish Gallery is a vacant lot with flammable vegetation. The access gate to this lot is directly behind the art gallery and is unsecured.



### **Specific Recommendations**

- Install security lighting/surveillance around the perimeter of McNish Gallery.
- Secure drive-thru gate behind McNish Gallery.



## Occupational Education

This non-sprinklered facility is a one-story building that hosts culinary classes, HVAC classes and other academic classes. Classrooms exit to a center courtyard.



### Specific Recommendations

- Install "Peep-hole" in the back door of the Copy Center.
- Remove storage and dumpster blocking walkway.
- Repair uneven sidewalks south of Occ. Education.



## **Oxnard Middle College High School**

This high school serves grades 9-12 and students can take college courses while enrolled. This school is considered part of the Oxnard Union High School District. It is a non-sprinklered, one-story facility consisting of offices and classrooms.



### Specific Recommendations

- No recommendations at this time



## Performing Arts Building/Conference Center

The “PAB” consists of a 397 seat auditorium, a conference center that seats approximately 100 people with tables/chairs and approximately 150 people with chairs and stage. The PAB and the Conference Center are adjoining and share some of the same emergency exits. OCTV also is also adjoining the PAB. This building is fully sprinklered.



### Specific Recommendations

- Stage Right- Fire Doors in emergency egress are blocked open throughout the facility.
- Doors to rooms and closets are blocked open blocking egress routes
- Tables, chairs, TV Monitor, piano etc. are blocking egress/exits
- Discontinue the practice of using “rubber wedges” to block open doors





## Physical Education/Gymnasium

The gymnasium contains offices, a dance studio, classrooms, a basketball court, handball courts and a weight training room. It was raining during the risk assessment and water was leaking onto the interior floors causing a slip hazard. The American Red Cross has used the gym for a shelter during the Thomas Brush Fire. The building is non-sprinklered.



### Specific Recommendations

- Purchase and install a wall mounted, public access Automatic External Defibrillator for gymnasium
- Water leaking onto floor from roof is causing a slipping hazard and needs replacement/repair



## Student Services & Administration

This 2-story sprinklered building contains various offices and classrooms. Access to the 2nd floor is via an elevator or stairwells. The “Welcome Center” is on the first floor and is a main point of contact for visitors and students. This is a vulnerable location for student workers and OC Staff. There is a “Stair Chair” on the 2nd floor.

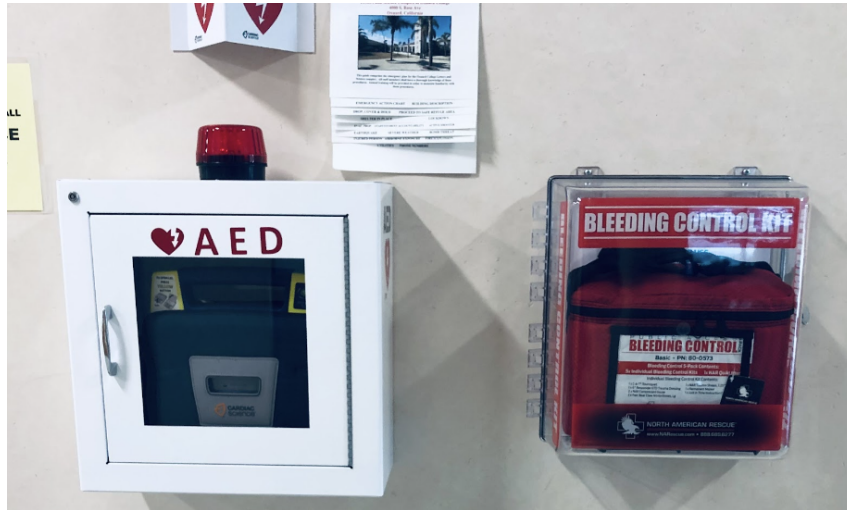


### Specific Recommendations

- Provide Welcome Center with immediate form of communication to Campus PD
- Install Panic Button that locks East and West Entry Doors
- Provide Welcome Center surveillance of area just east of Student Services



## Automatic External Defibrillator Survey



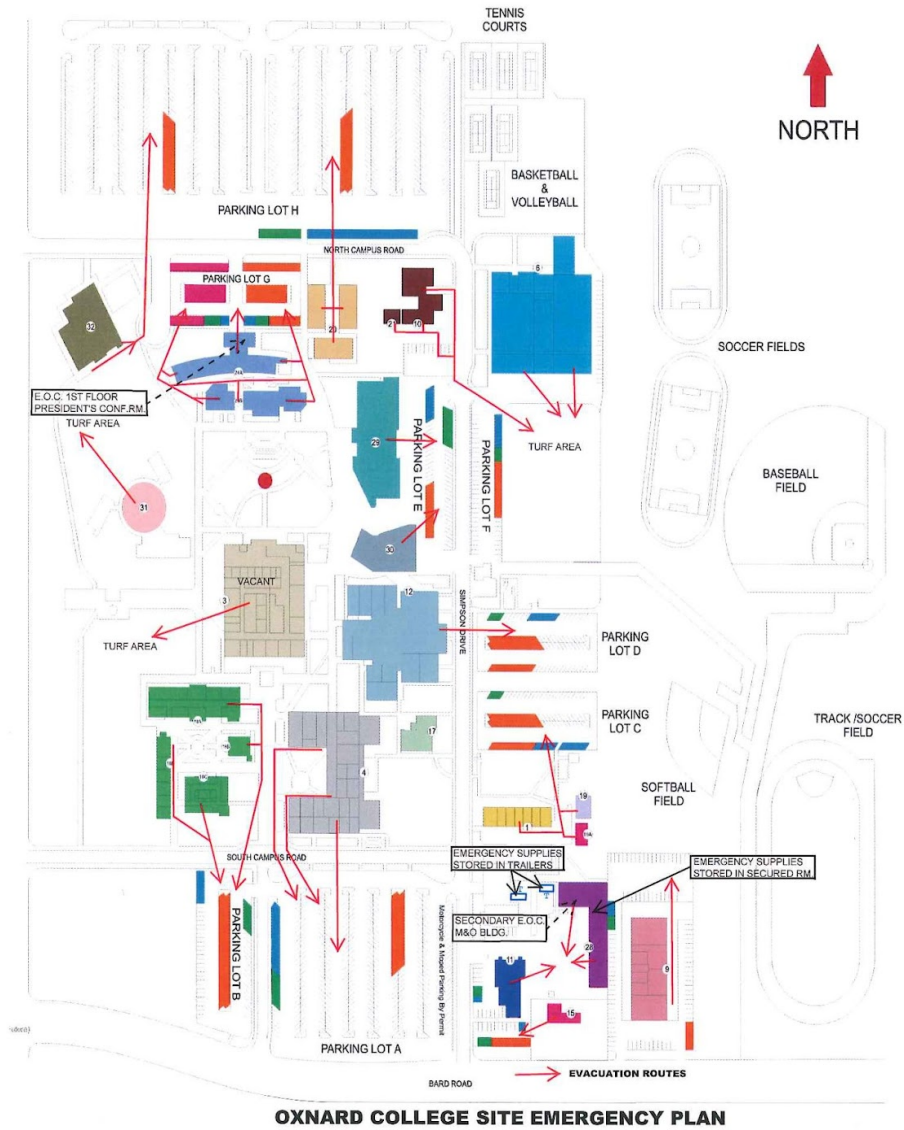
All AEDs were checked for correct map location (see map below) and charging status. We were unable to find the AED located in the Administration Annex Building as shown on the map. We are recommending purchasing and installing two additional AEDs in the Gymnasium and the Performing Arts Building. These should be wall-mounted and accessible to the public.





## Evacuation Areas

All designated OC Evacuation areas were checked for accessibility, spatial considerations, hazards and egress. The evacuation map below was used to inspect evacuation areas and routes. All evacuation sites are well maintained and evacuation routes are easily accessible.



## **Fire Protection Devices on Main Campus**

These devices include Fire Department Connections(FDC), FD Building Sprinkler Inlets and OS&Y valves and are located outside buildings. In the event of a fire on campus, the Fire Department(FD) will use these devices to pump into the building sprinkler systems. The FD will also utilize these devices to shut off sprinkler systems when the fire is extinguished. Prompt recognition of these devices by the FD in an emergency will aid in fire suppression efforts and limit property damage due to excess water runoff.

KTC is recommending that devices be painted a high-visibility red color and signs be made to indicate the building served. We have included a sample picture of an FDC that is painted red and has appropriate signage. It is the last picture.





The picture to the right (Plum Canyon) is shown as an example and is not on the OC campus.



## Lighting on Campus (After Hour Assessment)

An after hour assessment of lighting on Campus was performed starting at 1900 hours. All areas were surveyed for operational lights and general lighting conditions. The following locations had non-operational lights:

- LA1 - directly outside of “Prep-Room” door on N side of the building
- Condor Bookstore - Overhead exterior light at NE corner of building
- Rose Ave - Four “Post” sidewalk lights are out and identified with yellow caution tape
- LLRC - “Post” sidewalk lights are out and identified with yellow caution tape
- Parking Lot “H” - Light standard east of entrance driveway is out.(Pete at M&O notified)
- OC Middle School - All “Post” sidewalk lights west of the this facility are non-operational
- Student Services - Wall mounted exterior light, north side exit is non-operational
- Administration - One “Post” sidewalk light is out at the north entrance of the Administration building.
- Conference Center - Four exterior wall mounted lights are non-operational at the NW corner
- Conference Center - Two exterior wall mounted lights are non-operational at the SE corner.

## Specific Recommendations

- Repair all non-operational lights
- Campus Police Station - It is very dark at the main entrance of the police station. Provide additional lighting to the critical area.



## **Vehicular Access on Campus**

There are multiple vehicular access points on campus where vehicles can easily access the campus and impact foot traffic.

These points include:

- S Campus Road and Entrance Road on the South
- Rose Ave and Lindsay on the West
- The “turnaround” on N Campus Road next to the PAB on the North
- North of the Student Services Building on the East
- South of the Condor Cafe on the East

### **Specific Recommendations**

- Install traffic bollards to restrict vehicular traffic from interacting with pedestrian traffic



## **Section 2 - “Areas of Focus”**

### **“High Risk” - “Low Frequency” Incident Potential at Oxnard College**

A “High Risk” - “Low Frequency” incident can create a dangerous environment for employees or students and thankfully, occurrence is rare. This type of incident can cause expensive property damage, harm to reputation and injury or worse to employees or students.

After a High Risk - Low Frequency” incident, a proper After Action Review will typically reveal a set of easily identifiable factors that contributed to the incident. Further analysis usually indicates that if the contributing factors were addressed pre-incident, the situation or emergency could have been prevented or avoided.

The goal of KTC is to address and correct identifiable factors before a “High Risk” - “Low Frequency” incident occurs on the OC Campus.

Readily, identifiable contributing factors typically include lack of training, improper equipment operation, human factors, organizational policy, housekeeping, improper maintenance etc.

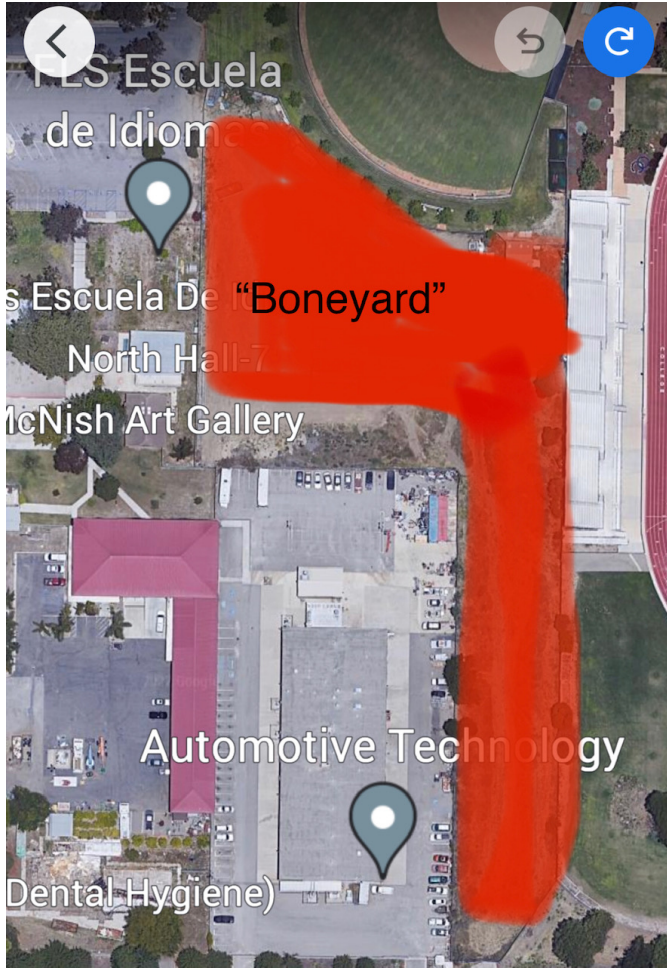
KTC has identified the following set of **contributing factors** that could result in a “High Risk” - “Low Frequency” incident at Oxnard College. These are not in priority order:

#### **Vacant Lot East of McNish Gallery and Auto Tech (Boneyard)**

This is a large vacant lot with several access points. It is full of flammable vegetation, discarded equipment, debris and very large dirt piles. The dirt piles are very tall, unstable and are susceptible to [soil sloughing](#). All of this contributes to an area that encourages homeless encampments. The McNish Gallery and Auto Tech have experienced homeless related issues.

Flammable vegetation is growing property wide. Currently the property is fenced, but a gate behind the McNish Gallery is wide open allowing access. Numerous illegal entry points have been made by cutting through the chain link fence. At this time the fence has been repaired.





**Specific Recommendations:**

- Establish a routine maintenance program to remove flammable vegetation
- Remove debris from property
- Spread dirt piles or remove dirt
- Secure property to prevent illegal entry



## **Blocked Emergency Egress Routes in Performing Arts Building and Conference Center**

The Performing Arts Building is a large “Public Assemblage” Occupancy that can house upwards of 350 people. The adjoining “Conference Center” is smaller but can accommodate over 100 people. Exit signs are clearly illuminated and visible.



### **Specific Recommendations:**

- Remove all items blocking egress routes from both facilities
- Remove all wedges that are blocking open doors and fire doors and immediately discontinue the practice of blocking doors open
- During Public Events in both locations, announce and inform attendees of emergency egress/exit routes from both locations
- Install a wall mounted-public access Automatic External Defibrillator in the PAB.





## Reception Areas at Administration and Student Services

Both of these locations are “first point of contact” for many visitors at OC. These locations are supervised by full-time OC employees, but are staffed with student workers. Both of these locations are vulnerable.



### Specific Recommendations:

- Develop and deliver a Student Service Worker Safety Program
- Provide an immediate form of communications to Campus PD
- Provide surveillance for both locations
- Provide means for door locking
- Establish a visitor log-in system and issuance of visitor badges
- Install reflective tint/film on north and south entrances to Administration Building



## Conclusion

Oxnard College allowed us full access to their campus. Upper management, Campus Police, Facilities personnel and the Incident Management Team were extremely gracious and accommodating. While conducting this assessment, KTC was able to interact with many of the on-campus OC Staff. We observed a truly supportive staff who are greatly concerned with the safety of the students and employees at OC. This was a refreshing experience for us and we are grateful for their help.

Most of our recommendations are easily correctable with regular and routine maintenance programs. Some will require meetings, communications and discussion, but we feel the safety of the students and employees at OC deserve this dialogue.

Thank you for this opportunity to make OC a safer place for all!

*Mike Ketaily*  
\_\_\_\_\_  
Mike Ketaily  
Ketaily Technical Consulting

*Tim Ketaily*  
\_\_\_\_\_  
Tim Ketaily  
Ketaily Technical Consulting





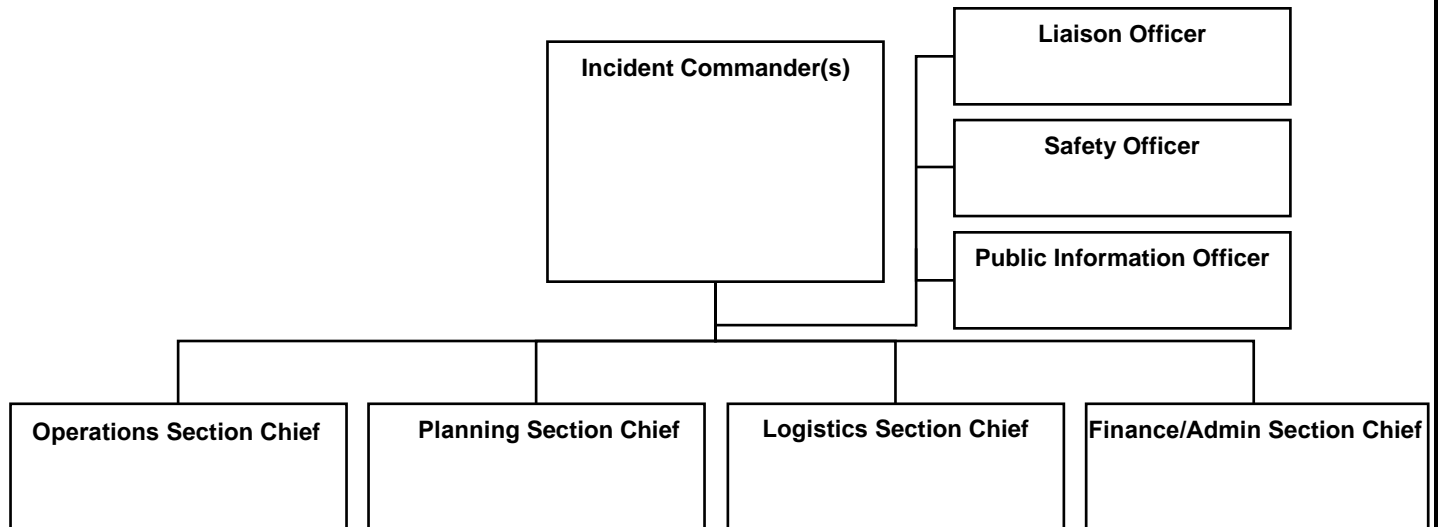
### INCIDENT BRIEFING (ICS 201)

<b>1. Incident Name:</b>		<b>2. Incident Number:</b>		<b>3. Date/Time Initiated:</b>	
				Date:	Time:
<b>7. Current and Planned Objectives:</b>					
<b>8. Current and Planned Actions, Strategies, and Tactics:</b>					
<b>Time:</b>	<b>Actions:</b>				
<b>6. Prepared by:</b> Name: _____				Position/Title:	Signature: _____
ICS 201, Page 2				Date/Time: _____	

# INCIDENT BRIEFING (ICS 201)

<b>1. Incident Name:</b>	<b>2. Incident Number:</b>	<b>3. Date/Time Initiated:</b> Date: _____ Time: _____
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**9. Current Organization** (fill in additional organization as appropriate):



**6. Prepared by:** Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

ICS 201, Page 3 Date/Time: \_\_\_\_\_

# INCIDENT BRIEFING (ICS 201)

<b>1. Incident Name:</b>	<b>2. Incident Number:</b>	<b>3. Date/Time Initiated:</b> Date: _____ Time: _____
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## 10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	

<b>6. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____
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ICS 201, Page 4	Date/Time: _____
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## ICS 201 Incident Briefing

**Purpose.** The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) 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.** Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

### Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Date/Time Initiated</b> <ul style="list-style-type: none"> <li>• Date, Time</li> </ul>	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	<b>Map/Sketch</b> (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.  If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209).  North should be at the top of page unless noted otherwise.
5	<b>Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	<b>Current and Planned Objectives</b>	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	<b>Current and Planned Actions, Strategies, and Tactics</b> <ul style="list-style-type: none"> <li>• Time</li> <li>• Actions</li> </ul>	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	<b>Current Organization</b> (fill in additional organization as appropriate) <ul style="list-style-type: none"> <li>• Incident Commander(s)</li> <li>• Liaison Officer</li> <li>• Safety Officer</li> <li>• Public Information Officer</li> <li>• Planning Section Chief</li> <li>• Operations Section Chief</li> <li>• Finance/Administration Section Chief</li> <li>• Logistics Section Chief</li> </ul>	<ul style="list-style-type: none"> <li>• Enter on the organization chart the names of the individuals assigned to each position.</li> <li>• 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.</li> <li>• If Unified Command is being used, split the Incident Commander box.</li> <li>• Indicate agency for each of the Incident Commanders listed if Unified Command is being used.</li> </ul>
10	<b>Resource Summary</b>	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.
	<ul style="list-style-type: none"> <li>• Resource</li> </ul>	Enter the number and appropriate category, kind, or type of resource ordered.
	<ul style="list-style-type: none"> <li>• Resource Identifier</li> </ul>	Enter the relevant agency designator and/or resource designator (if any).
	<ul style="list-style-type: none"> <li>• Date/Time Ordered</li> </ul>	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	<ul style="list-style-type: none"> <li>• ETA</li> </ul>	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	<ul style="list-style-type: none"> <li>• Arrived</li> </ul>	Enter an "X" or a checkmark upon arrival to the incident.
	<ul style="list-style-type: none"> <li>• Notes (location/assignment/status)</li> </ul>	Enter notes such as the assigned location of the resource and/or the actual assignment and status.



# SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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**3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:**

**4. Site Safety Plan Required?** Yes  No   
**Approved Site Safety Plan(s) Located At:**

**5. Prepared by:** Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

ICS 208	IAP Page _____	Date/Time: _____
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## ICS 208 Safety Message/Plan

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

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

**Distribution.** The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan</b>	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	<b>Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	<b>Approved Site Safety Plan(s) Located At</b>	Enter where the approved Site Safety Plan(s) is located.
5	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## GENERAL MESSAGE (ICS 213)

<b>1. Incident Name</b> (Optional):		
<b>2. To</b> (Name and Position):		
<b>3. From</b> (Name and Position):		
<b>4. Subject:</b>	<b>5. Date:</b>	<b>6. Time</b>
<b>7. Message:</b>		
<b>8. Approved by:</b> Name: _____ Signature: _____ Position/Title: _____		
<b>9. Reply:</b>		
<b>10. Replied by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 213</b>	Date/Time: _____	

## ICS 213 General Message

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., 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 that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

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

### Notes:

- The ICS 213 is a three-part form, typically using carbon paper. 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.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b> (Optional)	Enter the name assigned to the incident. This block is optional.
2	<b>To</b> (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.
3	<b>From</b> (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (month/day/year) of the message.
6	<b>Time</b>	Enter the time (using the 24-hour clock) of the message.
7	<b>Message</b>	Enter the content of the message. Try to be as concise as possible.
8	<b>Approved by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Position/Title</li> </ul>	Enter the name, signature, and ICS position/title of the person approving the message.
9	<b>Reply</b>	The intended recipient will enter a reply to the message and return it to the originator.
10	<b>Replied by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

# ACTIVITY LOG (ICS 214)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____	
		Time From: _____ Time To: _____	
<b>3. Name:</b>	<b>4. ICS Position:</b>	<b>5. Home Agency (and Unit):</b>	
<b>6. Resources Assigned:</b>			
Name	ICS Position	Home Agency (and Unit)	
<b>7. Activity Log:</b>			
Date/Time	Notable Activities		
<b>8. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
ICS 214, Page 1		Date/Time: _____	



## 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 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 ICS 214s 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 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	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name</b>	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	<b>ICS Position</b>	Enter the name and ICS position of the individual in charge of the Unit.
5	<b>Home Agency</b> (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	<b>Resources Assigned</b>	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> <li>• Name</li> </ul>	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> <li>• ICS Position</li> </ul>	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> <li>• Home Agency (and Unit)</li> </ul>	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	<b>Activity Log</b> <ul style="list-style-type: none"> <li>• Date/Time</li> <li>• Notable Activities</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</li> <li>• This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.</li> </ul>
8	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

<b>1. Incident Name:</b>		<b>2. Incident Number:</b>	
<b>3. Date/Time Prepared:</b> Date: _____ Time: _____		<b>4. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>5. Incident Area</b>	<b>6. Hazards/Risks</b>	<b>7. Mitigations</b>	
<b>8. Prepared by (Safety Officer):</b> Name: _____ Signature: _____			
<b>Prepared by (Operations Section Chief):</b> Name: _____ Signature: _____			
<b>ICS 215A</b>	Date/Time: _____		



## 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 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 collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). 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 repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Date/Time Prepared</b>	Enter date (month/day/year) and time (using the 24-hour clock) prepared.
4	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies.
5	<b>Incident Area</b>	Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.
6	<b>Hazards/Risks</b>	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.
7	<b>Mitigations</b>	List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment or use of a buddy system or escape routes).
8	<b>Prepared by</b> (Safety Officer and Operations Section Chief) <ul style="list-style-type: none"><li>• Name</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation. Enter date (month/day/year) and time (24-hour clock) reviewed.

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b>	<b>2. Date/Time Prepared:</b> Date: _____ Time: _____	<b>3. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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<b>4. Basic Radio Channel Use:</b>										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

<b>5. Special Instructions:</b>          
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<b>6. Prepared by (Communications Unit Leader) Name:</b> _____ <b>Signature:</b> _____
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ICS 205	IAP Page _____	Date/Time: _____
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## ICS 205

### Incident Radio Communications Plan

**Purpose.** The Incident Radio Communications Plan (ICS 205) 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 incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

**Preparation.** The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

**Distribution.** The ICS 205 is duplicated and attached to the Incident Objectives (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. Information from the ICS 205 is placed on Assignment Lists.

#### Notes:

- The 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 ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Date/Time Prepared</b>	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	<b>Basic Radio Channel Use</b>	Enter the following information about radio channel use:
	Zone Group	
	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 just as a reference line number on the ICS 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 talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.
	RX (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 an "N" designating narrowband or a "W" designating wideband emissions.  The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for 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	Instructions
<b>4</b> (continued)	TX (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 an "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.
<b>5</b>	<b>Special Instructions</b>	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
<b>6</b>	<b>Prepared by</b> (Communications Unit Leader) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	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).



## 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) is used to provide information on all radio frequencies down to the Division/Group level, the 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 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 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 ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Basic Local Communications Information</b>	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	<ul style="list-style-type: none"> <li>• Incident Assigned Position</li> </ul>	Enter the ICS organizational assignment.
	<ul style="list-style-type: none"> <li>• Name</li> </ul>	Enter the name of the assigned person.
	<ul style="list-style-type: none"> <li>• Method(s) of Contact (phone, pager, cell, etc.)</li> </ul>	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## RESOURCE STATUS CHANGE (ICS 210)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____		
3. Resource Number	4. New Status (Available, Assigned, O/S)	5. From (Assignment and Status):	6. To (Assignment and Status):	7. Time and Date of Change:

**8. Comments:**

<b>9. Prepared by:</b> Name: _____	Position/Title: _____	Signature: _____
ICS 210		Date/Time: _____

## ICS 210 Resource Status Change

**Purpose.** The Resource 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 ICS 210 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 ICS 210 is maintained by the Communications Unit and copied to Resources Unit and filed by Documentation Unit.

**Notes:**

- The 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 repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Resource Number</b>	Enter the resource identification (ID) number (this may be a letter and number combination) assigned by either the sending unit or the incident.
4	<b>New Status</b> (Available, Assigned, Out of Service)	Indicate the current status of the resource: <ul style="list-style-type: none"> <li>• Available – Indicates resource is available for incident use immediately.</li> <li>• Assigned – Indicates resource is checked in and assigned a work task on the incident.</li> <li>• Out of Service – Indicates resource is assigned to the incident but unable to respond for mechanical, rest, or personnel reasons. If space permits, indicate the estimated time of return (ETR). It may be useful to indicate the reason a resource is out of service (e.g., “O/S – Mech” (for mechanical issues), “O/S – Rest” (for off shift), or “O/S – Pers” (for personnel issues).</li> </ul>
5	<b>From</b> (Assignment 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 (e.g., Division A, Staging Area, Incident Command Post, Western Camp).
6	<b>To</b> (Assignment 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	<b>Time and Date of Change</b>	Enter the time and location of the status change (24-hour clock). Enter the date as well if relevant (e.g., out of service).
8	<b>Comments</b>	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	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).



## GENERAL MESSAGE (ICS 213)

<b>1. Incident Name</b> (Optional):		
<b>2. To</b> (Name and Position):		
<b>3. From</b> (Name and Position):		
<b>4. Subject:</b>	<b>5. Date:</b>	<b>6. Time</b>
<b>7. Message:</b>		
<b>8. Approved by:</b> Name: _____ Signature: _____ Position/Title: _____		
<b>9. Reply:</b>		
<b>10. Replied by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 213</b>	Date/Time: _____	

## ICS 213 General Message

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., 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 that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

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

### Notes:

- The ICS 213 is a three-part form, typically using carbon paper. 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.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b> (Optional)	Enter the name assigned to the incident. This block is optional.
2	<b>To</b> (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.
3	<b>From</b> (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (month/day/year) of the message.
6	<b>Time</b>	Enter the time (using the 24-hour clock) of the message.
7	<b>Message</b>	Enter the content of the message. Try to be as concise as possible.
8	<b>Approved by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Position/Title</li> </ul>	Enter the name, signature, and ICS position/title of the person approving the message.
9	<b>Reply</b>	The intended recipient will enter a reply to the message and return it to the originator.
10	<b>Replied by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).





## 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 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 ICS 214s 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 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	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name</b>	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	<b>ICS Position</b>	Enter the name and ICS position of the individual in charge of the Unit.
5	<b>Home Agency</b> (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	<b>Resources Assigned</b>	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> <li>• Name</li> </ul>	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> <li>• ICS Position</li> </ul>	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> <li>• Home Agency (and Unit)</li> </ul>	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	<b>Activity Log</b> <ul style="list-style-type: none"> <li>• Date/Time</li> <li>• Notable Activities</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</li> <li>• This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.</li> </ul>
8	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

<b>1. Incident Name:</b>	<b>2. Incident Number:</b>	<b>3. Date/Time Prepared:</b> Date: _____ Time: _____	<b>4. Vehicle/Equipment Category:</b>
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### 5. Vehicle/Equipment Information

Order Request Number	Incident ID No.	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID No.	Incident Assignment	Incident Start Date and Time	Incident Release Date and Time

<b>ICS 218</b>	<b>6. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____
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## ICS 218 Support Vehicle/Equipment Inventory

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

**Preparation.** The ICS 218 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 and equipment should be provided to the Resources Unit immediately.

### Notes:

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

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Date/Time Prepared</b>	Enter the date (month/day/year) and time (using the 24-hour clock) the form is prepared.
4	<b>Vehicle/Equipment Category</b>	Enter the specific vehicle or equipment category (e.g., buses, generators, dozers, pickups/sedans, rental cars, etc.). Use a separate sheet for each vehicle or equipment category.
5	<b>Vehicle/Equipment Information</b>	Record the following information:
	Order Request Number	Enter the order request number for the resource as used by the jurisdiction or discipline, or the relevant EMAC order request number.
	Incident 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 (e.g., "Decontamination Unit 2," or "Water Tender 14").
	Vehicle or Equipment Classification	Enter the specific vehicle or equipment classification (e.g., bus, backhoe, Type 2 engine, etc.) as relevant.
	Vehicle or Equipment Make	Enter the vehicle or equipment manufacturer name (e.g., "GMC," "International").
	Category/Kind/Type, Capacity, or Size	Enter the vehicle or equipment category/kind/type, capacity, or size (e.g., 30-person bus, 3/4-ton truck, 50 kW generator).
	Vehicle or Equipment Features	Indicate any vehicle or equipment 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 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	Instructions
<b>5</b> (continued)	Incident Start Date and Time	Indicate start date (month/day/year) and time (using the 24-hour clock) for driver or for equipment as may be relevant.
	Incident Release Date and Time	Enter the date (month/day/year) and time (using the 24-hour clock) the vehicle or equipment is released from the incident.
<b>6</b>	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form.



### ASSIGNMENT LIST (ICS 204)

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

## ICS 204 Assignment List

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

**Preparation.** The 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 ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

### Notes:

- The 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 repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Branch</b> <b>Division</b> <b>Group</b> <b>Staging Area</b>	This block is for use in a large IAP for reference only.  Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	<b>Operations Personnel</b> <ul style="list-style-type: none"> <li>• Name, Contact Number(s) <ul style="list-style-type: none"> <li>– Operations Section Chief</li> <li>– Branch Director</li> <li>– Division/Group Supervisor</li> </ul> </li> </ul>	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	<b>Resources Assigned</b>	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 (e.g., 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 (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	<b>Work Assignments</b>	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	<b>Special Instructions</b>	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	<b>Communications</b> (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> <li>• Name/Function</li> <li>• Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</li> </ul>	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.  In light of potential IAP distribution, use sensitivity when including cell phone number.  Add a secondary contact (phone number or radio) if needed.
9	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Time From: _____	Date To: _____ Time To: _____
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<b>3. Medical Aid Stations:</b>			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>4. Transportation (indicate air or ground):</b>			
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

<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6. Special Medical Emergency Procedures:</b>
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

<b>7. Prepared by (Medical Unit Leader):</b> Name: _____ Signature: _____
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<b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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## 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 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 ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). 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 ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Medical Aid Stations</b>	Enter the following information on the incident medical aid station(s):
	<ul style="list-style-type: none"> <li>• Name</li> </ul>	Enter name of the medical aid station.
	<ul style="list-style-type: none"> <li>• Location</li> </ul>	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	<ul style="list-style-type: none"> <li>• Contact Number(s)/Frequency</li> </ul>	Enter the contact number(s) and frequency for the medical aid station(s).
	<ul style="list-style-type: none"> <li>• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	Indicate (yes or no) if paramedics are at the site indicated.
4	<b>Transportation</b> (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	<ul style="list-style-type: none"> <li>• Ambulance Service</li> </ul>	Enter name of ambulance service.
	<ul style="list-style-type: none"> <li>• Location</li> </ul>	Enter the location of the ambulance service.
	<ul style="list-style-type: none"> <li>• Contact Number(s)/Frequency</li> </ul>	Enter the contact number(s) and frequency for the ambulance service.
	<ul style="list-style-type: none"> <li>• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS</li> </ul>	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	<b>Hospitals</b>	Enter the following information for hospital(s) that could serve this incident:
	<ul style="list-style-type: none"> <li>• Hospital Name</li> </ul>	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	<ul style="list-style-type: none"> <li>• Address, Latitude &amp; Longitude if Helipad</li> </ul>	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	<ul style="list-style-type: none"> <li>• Contact Number(s)/ Frequency</li> </ul>	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	<ul style="list-style-type: none"> <li>• Travel Time <ul style="list-style-type: none"> <li>• Air</li> <li>• Ground</li> </ul> </li> </ul>	Enter the travel time by air and ground from the incident to the hospital.
	<ul style="list-style-type: none"> <li>• Trauma Center <input type="checkbox"/> Yes Level: _____</li> </ul>	Indicate yes and the trauma level if the hospital has a trauma center.
	<ul style="list-style-type: none"> <li>• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	Indicate (yes or no) if the hospital has a burn center.
	<ul style="list-style-type: none"> <li>• Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	<b>Special Medical Emergency Procedures</b>	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.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	<b>Prepared by</b> (Medical Unit Leader) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> </ul>	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).
8	<b>Approved by</b> (Safety Officer) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	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).



# 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 ICS 215 is initiated by the Operations Section Chief and often involves logistics personnel, the Resources Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staffs during the Planning Meeting. It may be useful in some disciplines or jurisdictions to prefill ICS 215 copies prior to incidents.

**Distribution.** When the Branch, Division, or Group work assignments and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the 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 repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Branch</b>	Enter the Branch of the work assignment for the resources.
4	<b>Division, Group, or Other</b>	Enter the Division, Group, or other location (e.g., Staging Area) of the work assignment for the resources.
5	<b>Work Assignment &amp; Special Instructions</b>	Enter the specific work assignments given to each of the Divisions/Groups and any special instructions, as required.
6	<b>Resources</b>	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 or Task Force in the bottom portion of the slash.
	• Required	Enter, for the appropriate resources, the number of resources by type (engine, squad car, Advanced Life Support ambulance, 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 "Required" row.
7	<b>Overhead Position(s)</b>	List any supervisory and nonsupervisory ICS position(s) not directly assigned to a previously identified resource (e.g., Division/Group Supervisor, Assistant Safety Officer, Technical Specialist, etc.).
8	<b>Special Equipment &amp; Supplies</b>	List special equipment and supplies, including aviation support, used or needed. This may be a useful place to monitor span of control.
9	<b>Reporting Location</b>	Enter the specific location where the resources are to report (Staging Area, location at incident, etc.).
10	<b>Requested Arrival Time</b>	Enter the time (24-hour clock) that resources are requested to arrive at the reporting location.



Block Number	Block Title	Instructions
11	<b>Total Resources Required</b>	Enter the total number of resources required by category/kind/type as preferred (e.g., engine, squad car, ALS ambulance, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/ Task Forces in the bottom portion of the slash.
12	<b>Total Resources Have on Hand</b>	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/Task Forces in the bottom portion of the slash.
13	<b>Total Resources Need To Order</b>	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/Task Forces in the bottom portion of the slash.
14	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## AIR OPERATIONS SUMMARY (ICS 220)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____				<b>3. Sunrise:</b> _____ <b>Sunset:</b> _____	
<b>4. Remarks</b> (safety notes, hazards, air operations special equipment, etc.):			<b>5. Ready Alert Aircraft:</b> Medivac: _____ New Incident: _____			<b>6. Temporary Flight Restriction Number:</b> Altitude: _____ Center Point: _____	
			<b>8. Frequencies:</b>		AM	FM	<b>9. Fixed-Wing</b> (category/kind/type, make/model, N#, base):
			Air/Air Fixed-Wing				
<b>7. Personnel:</b>	Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following				
Air Operations Branch Director			Air/Ground				
Air Support Group Supervisor			Command			Other Fixed-Wing Aircraft:	
Air Tactical Group Supervisor			Deck Coordinator				
Helicopter Coordinator			Take-Off & Landing Coordinator				
Helibase Manager			Air Guard				
<b>10. Helicopters</b> (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
<b>11. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____							
<b>ICS 220, Page 1</b>			Date/Time: _____				

## AIR OPERATIONS SUMMARY (ICS 220)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	<b>3. Sunrise:</b> _____ <b>Sunset:</b> _____
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<b>12. Task/Mission/Assignment</b> (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.):				
Category/Kind/Type and Function	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	Mission Start	Fly From	Fly To

<b>11. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____
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<b>ICS 220, Page 2</b>	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 resources.

**Preparation.** The 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 ICS 206.

**Distribution.** After the 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 fixed-wing aircraft 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 repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Sunrise/Sunset</b>	Enter the sunrise and sunset times.
4	<b>Remarks</b> (safety notes, hazards, air operations special equipment, etc.)	Enter special instructions or information, including safety notes, hazards, and priorities for Air Operations personnel.
5	<b>Ready Alert Aircraft</b> <ul style="list-style-type: none"> <li>• Medivac</li> <li>• New Incident</li> </ul>	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	<b>Temporary Flight Restriction Number</b> <ul style="list-style-type: none"> <li>• Altitude</li> <li>• Center Point</li> </ul>	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	<b>Personnel</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Phone Number</li> </ul>	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	

Block Number	Block Title	Instructions
8	<b>Frequencies</b> <ul style="list-style-type: none"> <li>• AM</li> <li>• FM</li> </ul>	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	<b>Fixed-Wing</b> (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	<b>Helicopters</b>	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.
	Available	Enter the time the aircraft is available.
	Start	Enter the time the aircraft becomes operational.
	Remarks	
11	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
12	<b>Task/Mission/Assignment</b> (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.)	Enter the specific assignment (e.g., 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 and Function	
	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	
	Mission Start	
	Fly From	Enter the incident location or air base the aircraft is flying from.
	Fly To	Enter the incident location or air base the aircraft is flying to.

## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Objective(s):</b>		
<b>4. Operational Period Command Emphasis:</b>		
General Situational Awareness		
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>		
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):		
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____		
<b>ICS 202</b>	<b>IAP Page</b> _____	<b>Date/Time:</b> _____

## ICS 202 Incident Objectives

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

**Preparation.** The ICS 202 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 ICS 202. If additional IC signatures are used, attach a blank page.

**Distribution.** The ICS 202 may be reproduced with the IAP and may be part of 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 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 repaginate as needed.

Block	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident. If needed, an incident number can be added.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Objective(s)</b>	<p>Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. 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.</p> <p>Objectives should follow the SMART model or a similar approach:</p> <p><b>S</b>pecific – Is the wording precise and unambiguous?</p> <p><b>M</b>easurable – How will achievements be measured?</p> <p><b>A</b>ction-oriented – Is an action verb used to describe expected accomplishments?</p> <p><b>R</b>ealistic – Is the outcome achievable with given available resources?</p> <p><b>T</b>ime-sensitive – What is the timeframe?</p>
4	<b>Operational Period Command Emphasis</b>	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. 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 Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	<b>Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	<b>Approved Site Safety Plan(s) Located At</b>	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	<p><b>Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):</p> <p><input type="checkbox"/> ICS 203</p> <p><input type="checkbox"/> ICS 204</p> <p><input type="checkbox"/> ICS 205</p> <p><input type="checkbox"/> ICS 205A</p> <p><input type="checkbox"/> ICS 206</p> <p><input type="checkbox"/> ICS 207</p> <p><input type="checkbox"/> ICS 208</p> <p><input type="checkbox"/> Map/Chart</p> <p><input type="checkbox"/> Weather Forecast/ Tides/Currents</p> <p><u>Other Attachments:</u></p>	<p>Check appropriate forms and list other relevant documents that are included in the IAP.</p> <p><input type="checkbox"/> ICS 203 – Organization Assignment List</p> <p><input type="checkbox"/> ICS 204 – Assignment List</p> <p><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan</p> <p><input type="checkbox"/> ICS 205A – Communications List</p> <p><input type="checkbox"/> ICS 206 – Medical Plan</p> <p><input type="checkbox"/> ICS 207 – Incident Organization Chart</p> <p><input type="checkbox"/> ICS 208 – Safety Message/Plan</p>
7	<p><b>Prepared by</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>
8	<p><b>Approved by Incident Commander</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	<p>In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.</p>



## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		<b>Branch</b>	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
<b>4. Agency/Organization Representatives:</b>		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		<b>Branch</b>	
		Branch Director	
		Deputy	
<b>5. Planning Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		<b>Branch</b>	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
<b>6. Logistics Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		<b>Air Operations Branch</b>	
<b>Support Branch</b>		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		<b>8. Finance/Administration Section:</b>	
Ground Support Unit		Chief	
<b>Service Branch</b>		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page ____	Date/Time: _____	

## ICS 203

### Organization Assignment List

**Purpose.** The Organization Assignment List (ICS 203) 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 parentheses behind the name (e.g., "A. Smith (T)").

**Distribution.** The ICS 203 is duplicated and attached to the Incident Objectives (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 ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Incident Commander(s) and Command Staff</b> <ul style="list-style-type: none"><li>• IC/UCs</li><li>• Deputy</li><li>• Safety Officer</li><li>• Public Information Officer</li><li>• Liaison Officer</li></ul>	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, also include agency names.
4	<b>Agency/Organization Representatives</b> <ul style="list-style-type: none"><li>• Agency/Organization</li><li>• Name</li></ul>	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	<b>Planning Section</b> <ul style="list-style-type: none"><li>• Chief</li><li>• Deputy</li><li>• Resources Unit</li><li>• Situation Unit</li><li>• Documentation Unit</li><li>• Demobilization Unit</li><li>• Technical Specialists</li></ul>	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	Instructions
6	<b>Logistics Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> </ul> <b>Support Branch</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Supply Unit</li> <li>• Facilities Unit</li> <li>• Ground Support Unit</li> </ul> <b>Service Branch</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Communications Unit</li> <li>• Medical Unit</li> <li>• Food Unit</li> </ul>	<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	<b>Operations Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Staging Area</li> </ul> <b>Branch</b> <ul style="list-style-type: none"> <li>• Branch Director</li> <li>• Deputy</li> <li>• Division/Group</li> </ul> <b>Air Operations Branch</b> <ul style="list-style-type: none"> <li>• Air Operations Branch Director</li> </ul>	<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 individual's name in the right column.</p> <p>Branches and Divisions/Groups may be named for functionality or by geography. 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	<b>Finance/Administration Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Time Unit</li> <li>• Procurement Unit</li> <li>• Compensation/Claims Unit</li> <li>• Cost Unit</li> </ul>	<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	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>

## ASSIGNMENT LIST (ICS 204)

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

## ICS 204 Assignment List

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

**Preparation.** The 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 ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

### Notes:

- The 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 repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Branch</b> <b>Division</b> <b>Group</b> <b>Staging Area</b>	This block is for use in a large IAP for reference only.  Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	<b>Operations Personnel</b> <ul style="list-style-type: none"> <li>• Name, Contact Number(s) <ul style="list-style-type: none"> <li>– Operations Section Chief</li> <li>– Branch Director</li> <li>– Division/Group Supervisor</li> </ul> </li> </ul>	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	<b>Resources Assigned</b>	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 (e.g., 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 (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	<b>Work Assignments</b>	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	<b>Special Instructions</b>	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	<b>Communications</b> (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> <li>• Name/Function</li> <li>• Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</li> </ul>	<p>Enter specific communications information (including emergency numbers) for this Branch/Division/Group.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p> <p>In light of potential IAP distribution, use sensitivity when including cell phone number.</p> <p>Add a secondary contact (phone number or radio) if needed.</p>
9	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## INCIDENT STATUS SUMMARY (ICS 209)

<b>*1. Incident Name:</b>		<b>2. Incident Number:</b>		
<b>*3. Report Version</b> (check one box on left): <input type="checkbox"/> Initial      Rpt # <input type="checkbox"/> Update      (if used): <input type="checkbox"/> Final		<b>*4. Incident Commander(s) &amp; Agency or Organization:</b>		<b>5. Incident Management Organization:</b>  <b>*6. Incident Start Date/Time:</b> Date: _____ Time: _____ Time Zone: _____
<b>7. Current Incident Size or Area Involved</b> (use unit label – e.g., “sq mi,” “city block”):	<b>8. Percent (%) Contained</b>  _____ <b>Completed</b> _____	<b>*9. Incident Definition:</b>	<b>10. Incident Complexity Level:</b>	<b>*11. For Time Period:</b> From Date/Time: _____ To Date/Time: _____

### Approval & Routing Information

<b>*12. Prepared By:</b> Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	<b>*13. Date/Time Submitted:</b>  Time Zone: _____
<b>*14. Approved By:</b> Print Name: _____ ICS Position: _____ Signature: _____	<b>*15. Primary Location, Organization, or Agency Sent To:</b>

### Incident Location Information

<b>*16. State:</b>	<b>*17. County/Parish/Borough:</b>	<b>*18. City:</b>
<b>19. Unit or Other:</b>	<b>*20. Incident Jurisdiction:</b>	<b>21. Incident Location Ownership</b> (if different than jurisdiction):
<b>22. Longitude</b> (indicate format): <b>Latitude</b> (indicate format):	<b>23. US National Grid Reference:</b>	<b>24. Legal Description</b> (township, section, range):
<b>*25. Short Location or Area Description</b> (list all affected areas or a reference point):		<b>26. UTM Coordinates:</b>
<b>27. Note any electronic geospatial data included or attached</b> (indicate data format, content, and collection time information and labels):		

### Incident Summary

<b>*28. Significant Events for the Time Period Reported</b> (summarize significant progress made, evacuations, incident growth, etc.):				
<b>29. Primary Materials or Hazards Involved</b> (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
<b>30. Damage Assessment Information</b> (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. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			

# INCIDENT STATUS SUMMARY (ICS 209)

<b>*1. Incident Name:</b>	<b>2. Incident Number:</b>
---------------------------	----------------------------

**Additional Incident Decision Support Information**

<b>*31. Public Status Summary:</b>	A. # This Reporting Period	B. Total # to Date	<b>*32. Responder Status Summary:</b>	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 (note if estimated)			G. Missing		
H. Evacuated (note if estimated)			H. Sheltering in Place		
I. Sheltering in Place (note if estimated)			I. Have Received Immunizations		
J. In Temporary Shelters (note if est.)			J. Require Immunizations		
K. Have Received Mass Immunizations			K. In Quarantine		
L. Require Immunizations (note if est.)					
M. In Quarantine					
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		

<b>33. Life, Safety, and Health Status/Threat Remarks:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%; padding: 5px;"><b>*34. Life, Safety, and Health Threat Management:</b></th> <th style="width: 20%; padding: 5px;">A. Check if Active</th> </tr> <tr> <td style="padding: 5px;">A. No Likely Threat</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">B. Potential Future Threat</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">C. Mass Notifications in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">D. Mass Notifications Completed</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">E. No Evacuation(s) Imminent</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">F. Planning for Evacuation</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">G. Planning for Shelter-in-Place</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">H. Evacuation(s) in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">I. Shelter-in-Place in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">J. Repopulation in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">K. Mass Immunization in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">L. Mass Immunization Complete</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">M. Quarantine in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">N. Area Restriction in Effect</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	<b>*34. Life, Safety, and Health Threat Management:</b>	A. Check if Active	A. No Likely Threat	<input type="checkbox"/>	B. Potential Future Threat	<input type="checkbox"/>	C. Mass Notifications in Progress	<input type="checkbox"/>	D. Mass Notifications Completed	<input type="checkbox"/>	E. No Evacuation(s) Imminent	<input type="checkbox"/>	F. Planning for Evacuation	<input type="checkbox"/>	G. Planning for Shelter-in-Place	<input type="checkbox"/>	H. Evacuation(s) in Progress	<input type="checkbox"/>	I. Shelter-in-Place in Progress	<input type="checkbox"/>	J. Repopulation in Progress	<input type="checkbox"/>	K. Mass Immunization in Progress	<input type="checkbox"/>	L. Mass Immunization Complete	<input type="checkbox"/>	M. Quarantine in Progress	<input type="checkbox"/>	N. Area Restriction in Effect	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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<b>35. Weather Concerns</b> (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 timeframes:

**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** (continued)

**38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes 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.

**12 hours:**

**24 hours:**

**48 hours:**

**72 hours:**

**Anticipated after 72 hours:**

**39. Critical Resource Needs** in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

**12 hours:**

**24 hours:**

**48 hours:**

**72 hours:**

**Anticipated after 72 hours:**

**40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:**

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

**Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.**

**41. Planned Actions for Next Operational Period:**

**42. Projected Final Incident Size/Area** (use unit label – e.g., “sq mi”):

**43. Anticipated Incident Management Completion Date:**

**44. Projected Significant Resource Demobilization Start Date:**

**45. Estimated Incident Costs to Date:**

**46. Projected Final Incident Cost Estimate:**

**47. Remarks** (or continuation of any blocks above – list block number in notation):



## ICS 209 Incident Status Summary

**Purpose.** The 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 contains basic information elements needed to support decisionmaking at all levels above the incident to support the incident. Decisionmakers may include the agency having jurisdiction, but also all multiagency coordination 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, decisionmakers 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 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 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 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 (Multiagency Coordination) Group may require the submission of an initial ICS 209 when a new incident has reached a certain predesignated 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 timeframe, 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 (e.g., 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 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 impacting 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 statewide 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 supports and coordination entities based on the support needs and the decisions made within the MACS 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 MACS.

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 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 NIMS. This may include critical infrastructure owners and operators, nongovernmental and nonprofit 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 the Remarks Section (Block 47), 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	Instructions
*1	Incident Name	<p><b>REQUIRED BLOCK.</b></p> <ul style="list-style-type: none"> <li>• Enter the full name assigned to the incident.</li> <li>• Check spelling of the full incident name.</li> <li>• For an incident that is a Complex, use the word “Complex” at the end of the incident name.</li> <li>• If the name changes, explain comments in Remarks, Block 47.</li> <li>• Do not use the same incident name for different incidents in the same calendar year.</li> </ul>

Block Number	Block Title	Instructions
2	<b>Incident Number</b>	<ul style="list-style-type: none"> <li>• Enter the appropriate number based on current guidance. The incident number may vary by jurisdiction and discipline.</li> <li>• Examples include: <ul style="list-style-type: none"> <li>○ A computer-aided dispatch (CAD) number.</li> <li>○ An accounting number.</li> <li>○ A county number.</li> <li>○ A disaster declaration number.</li> <li>○ A combination of the State, unit/agency ID, and a dispatch system number.</li> <li>○ A mission number.</li> <li>○ Any other unique number assigned to the incident and derived by means other than those above.</li> </ul> </li> <li>• Make sure the number entered is correct.</li> <li>• Do not use the same incident number for two different incidents in the same calendar year.</li> <li>• 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 47.</li> </ul>
*3	<b>Report Version</b> (check one box on left)	<p><b>REQUIRED BLOCK.</b></p> <ul style="list-style-type: none"> <li>• This indicates the current version of the ICS 209 form being submitted.</li> <li>• If only one ICS 209 will be submitted, check BOTH “Initial” and “Final” (or check only “Final”).</li> </ul>
	<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"> <li>• 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).</li> <li>• 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 47).</li> </ul>
	Report # (if used)	Use this optional 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	<b>Incident Commander(s) &amp; Agency or Organization</b>	<p><b>REQUIRED BLOCK.</b></p> <ul style="list-style-type: none"> <li>• Enter both the first and last name of the Incident Commander.</li> <li>• If the incident is under a Unified Command, list all Incident Commanders by first initial and last name separated by a comma, including their organization. For example:  L. Burnett – Minneapolis FD, R. Domanski – Minneapolis PD,  C. Taylor – St. Paul PD, Y. Martin – St. Paul FD,  S. McIntyre – U.S. Army Corps, J. Hartl – NTSB</li> </ul>
5	<b>Incident Management Organization</b>	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.

Block Number	Block Title	Instructions
*6	<b>Incident Start Date/Time</b>	<b>REQUIRED.</b> 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 (month/day/year).
	Time	Enter the start time (using the 24-hour clock).
	Time Zone	Enter the time zone of the incident (e.g., EDT, PST).
7	<b>Current Incident Size or Area Involved</b> (use unit label – e.g., “sq mi,” “city block”)	<ul style="list-style-type: none"> <li>• Enter the appropriate incident descriptive size or area involved (acres, number of buildings, square miles, hectares, square kilometers, etc.).</li> <li>• Enter the total area involved for incident Complexes in this block, and list each sub-incident and size in Remarks (Block 47).</li> <li>• Indicate that the size is an estimate, if a more specific figure is not available.</li> <li>• Incident size may be a population figure rather than a geographic figure, depending on the incident definition and objectives.</li> <li>• 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 47).</li> <li>• 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.</li> </ul>
8	<b>Percent (%) Contained or Completed</b> (circle one)	<ul style="list-style-type: none"> <li>• Enter the percent that this incident is completed or contained (e.g., 50%), with a % label.</li> <li>• For example, a spill may be 65% contained, or flood response objectives may be 50% met.</li> </ul>
*9	<b>Incident Definition</b>	<b>REQUIRED BLOCK.</b> 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	<b>Incident Complexity Level</b>	Identify the incident complexity level as determined by Unified/Incident Commanders, if available or used.
*11	<b>For Time Period</b>	<b>REQUIRED BLOCK.</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The time period may include one or more operational periods, based on agency/organizational reporting requirements.</li> </ul>
	From Date/Time	<ul style="list-style-type: none"> <li>• Enter the start date (month/day/year).</li> <li>• Enter the start time (using the 24-hour clock).</li> </ul>
	To Date/Time	<ul style="list-style-type: none"> <li>• Enter the end date (month/day/year).</li> <li>• Enter the end time (using the 24-hour clock).</li> </ul>

Block Number	Block Title	Instructions
<b>APPROVAL &amp; ROUTING INFORMATION</b>		
*12	<b>Prepared By</b>	<b>REQUIRED BLOCK.</b> 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 (e.g., "Situation Unit Leader").
	Date/Time Prepared	Enter the date (month/day/year) and time (using the 24-hour clock) the form was prepared. Enter the time zone if appropriate.
*13	<b>Date/Time Submitted</b>	<b>REQUIRED.</b> Enter the submission date (month/day/year) and time (using the 24-hour clock).
	<b>Time Zone</b>	Enter the time zone from which the ICS 209 was submitted (e.g., EDT, PST).
*14	<b>Approved By</b>	<b>REQUIRED.</b> 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 (e.g., "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	<b>Primary Location, Organization, or Agency Sent To</b>	<b>REQUIRED BLOCK.</b> Enter the appropriate primary location or office the ICS 209 was sent to apart from the incident. This most likely is the entity or office that ordered the incident management organization that is managing the incident. This may be a dispatch center or a MACS 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.
<b>INCIDENT LOCATION INFORMATION</b>		
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Be certain to follow accepted protocols, conventions, or standards where appropriate when submitting location information, and clearly label all location information.</li> <li>• 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.</li> </ul>		
*16	<b>State</b>	<b>REQUIRED BLOCK WHEN APPLICABLE.</b> <ul style="list-style-type: none"> <li>• Enter the State where the incident originated.</li> <li>• If other States or jurisdictions are involved, enter them in Block 25 or Block 44.</li> </ul>

Block Number	Block Title	Instructions
*17	<b>County / Parish / Borough</b>	<p><b>REQUIRED BLOCK WHEN APPLICABLE.</b></p> <ul style="list-style-type: none"> <li>• Enter the county, parish, or borough where the incident originated.</li> <li>• If other counties or jurisdictions are involved, enter them in Block 25 or Block 47.</li> </ul>
*18	<b>City</b>	<p><b>REQUIRED BLOCK WHEN APPLICABLE.</b></p> <ul style="list-style-type: none"> <li>• Enter the city where the incident originated.</li> <li>• If other cities or jurisdictions are involved, enter them in Block 25 or Block 47.</li> </ul>
19	<b>Unit or Other</b>	<p>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 (e.g., police, fire, public works, etc.) or another type of organization. Enter specifics in Block 25.</p>
*20	<b>Incident Jurisdiction</b>	<p><b>REQUIRED BLOCK WHEN APPLICABLE.</b></p> <p>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, U.S. Coast Guard, Panama City, NYPD).</p>
21	<b>Incident Location Ownership</b> (if different than jurisdiction)	<ul style="list-style-type: none"> <li>• When relevant, indicate the ownership of the area where the incident originated, especially if it is different than the agency having jurisdiction.</li> <li>• 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.</li> </ul>
22	<b>22. Longitude</b> (indicate format):  <b>Latitude</b> (indicate format):	<ul style="list-style-type: none"> <li>• Enter the longitude and latitude where the incident originated, if available and normally used by the authority having jurisdiction for the incident.</li> <li>• 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.”</li> </ul>
23	<b>US National Grid Reference</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Clearly label the data.</li> </ul>
24	<b>Legal Description</b> (township, section, range)	<ul style="list-style-type: none"> <li>• Enter the legal description where the incident originated, if available and commonly used by the agencies/jurisdictions with primary responsibility for the incident.</li> <li>• Clearly label the data (e.g., N 1/2 SE 1/4, SW 1/4, S24, T32N, R18E).</li> </ul>
*25	<b>Short Location or Area Description</b> (list all affected areas or a reference point)	<p><b>REQUIRED BLOCK.</b></p> <ul style="list-style-type: none"> <li>• 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 (e.g., “the southern third of Florida,” “in ocean 20 miles west of Catalina Island, CA,” or “within a 5 mile radius of Walden, CO”).</li> <li>• 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.</li> <li>• Other location information may also be listed here if needed or relevant for incident support (e.g., base meridian).</li> </ul>
26	<b>UTM Coordinates</b>	<p>Indicate Universal Transverse Mercator reference coordinates if used by the discipline or jurisdiction.</p>



Block Number	Block Title	Instructions
27	<p><b>Note any electronic geospatial data included or attached</b> (indicate data format, content, and collection time information and labels)</p>	<ul style="list-style-type: none"> <li>• Indicate whether and how geospatial data is included or attached.</li> <li>• Utilize common and open geospatial data standards.</li> <li>• <b>WARNING:</b> 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.</li> <li>• <b>NOTE:</b> 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).</li> <li>• <b>NOTE:</b> Indicate the data format (e.g., .shp, .kml, .kmz, or .gml file) and any relevant information about projection, etc.</li> <li>• <b>NOTE:</b> 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.</li> <li>• <b>NOTE:</b> Include a point of contact for getting geospatial incident information, if included in the ICS 209 or available and supporting the incident.</li> </ul>
<b>INCIDENT SUMMARY</b>		
*28	<p><b>Significant Events for the Time Period Reported</b> (summarize significant progress made, evacuations, incident growth, etc.)</p>	<p><b>REQUIRED BLOCK.</b></p> <ul style="list-style-type: none"> <li>• Describe significant events that occurred during the period being reported in Block 6. Examples include: <ul style="list-style-type: none"> <li>○ Road closures.</li> <li>○ Evacuations.</li> <li>○ Progress made and accomplishments.</li> <li>○ Incident command transitions.</li> <li>○ Repopulation of formerly evacuated areas and specifics.</li> <li>○ Containment.</li> </ul> </li> <li>• Refer to other blocks in the ICS 209 when relevant for additional information (e.g., “Details on evacuations may be found in Block 33”), or in Remarks, Block 47.</li> <li>• Be specific and detailed in reference to events. For example, references to road closures should include road number and duration of closure (or include further detail in Block 33). Use specific metrics if needed, such as the number of people or animals evacuated, or the amount of a material spilled and/or recovered.</li> <li>• This block may be used for a single-paragraph synopsis of overall incident status.</li> </ul>
29	<p><b>Primary Materials or Hazards Involved</b> (hazardous chemicals, fuel types, infectious agents, radiation, etc.)</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Examples include hazardous chemicals, wildland fuel models, biohazards, explosive materials, oil, gas, structural collapse, avalanche activity, criminal activity, etc.</li> </ul>
	Other	Enter any miscellaneous issues which impacted Critical Infrastructure and Key Resources.

Block Number	Block Title	Instructions
30	<b>Damage Assessment Information</b> (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.)	<ul style="list-style-type: none"> <li>• Include a short summary of damage or use/access restrictions/limitations caused by the incident for the reporting period, and cumulatively.</li> <li>• Include if needed any information on the facility status, such as operational status, if it is evacuated, etc. when needed.</li> <li>• Include any critical infrastructure or key resources damaged/destroyed/impacted by the incident, the kind of infrastructure, and the extent of damage and/or impact and any known cascading impacts.</li> <li>• Refer to more specific or detailed damage assessment forms and packages when they are used and/or relevant.</li> </ul>
	<b>A. Structural Summary</b>	Complete this table as needed based on the definitions for 30B–F below. Note in table or in text block if numbers entered are estimates or are confirmed. Summaries may also include impact to Shoreline and Wildlife, etc.
	B. # Threatened (72 hrs)	Enter the number of structures potentially threatened by the incident within the next 72 hours, based on currently available information.
	C. # Damaged	Enter the number of structures damaged by the incident.
	D. # Destroyed	Enter the number of structures destroyed beyond repair by the incident.
	E. Single Residences	Enter the number of single dwellings/homes/units impacted in Columns 30B–D. Note any specifics in the text block if needed, such as type of residence (apartments, condominiums, single-family homes, etc.).
	F. Nonresidential Commercial Properties	Enter the number of buildings or units impacted in Columns 30B–D. This includes any primary structure used for nonresidential purposes, excluding Other Minor Structures (Block 30G). Note any specifics regarding building or unit types in the text block.
	Other Minor Structures	Enter any miscellaneous structures impacted in Columns 30B–D not covered in 30E–F above, including any minor structures such as booths, sheds, or outbuildings.
	Other	Enter any miscellaneous issues which impacted Critical Infrastructure and Key Resources.

Block Number	Block Title	Instructions
<b>ADDITIONAL INCIDENT DECISION SUPPORT INFORMATION (PAGE 2)</b>		
*31	<b>Public Status Summary</b>	<ul style="list-style-type: none"> <li>• This section is for summary information regarding incident-related injuries, illness, and fatalities for civilians (or members of the public); see 31C–N below.</li> <li>• Explain or describe the nature of any reported injuries, illness, or other activities in Life, Safety, and Health Status/Threat Remarks (Block 33).</li> <li>• Illnesses include those that may be caused through a biological event such as an epidemic or an exposure to toxic or radiological substances.</li> <li>• <b>NOTE:</b> <i>Do not estimate any fatality information.</i></li> <li>• <b>NOTE:</b> 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.</li> <li>• <b>NOTE:</b> 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"> <li>○ Only the authority having jurisdiction should submit reports for these actions, to mitigate multiple/conflicting reports.</li> <li>○ 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.</li> </ul> </li> <li>• <b>NOTE:</b> <u>When providing an estimated value, denote in parenthesis: "est."</u></li> </ul> <p><b>Handling Sensitive Information</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Thoroughly review the “Distribution” section in the introductory ICS 209 instructions for details on handling sensitive information. 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.</li> <li>• Information regarding fatalities should be cleared with the Incident Commander and/or an organizational administrator prior to submission of the ICS 209.</li> </ul>
	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"> <li>• Enter the total number of individuals impacted in each category for the entire duration of the incident.</li> <li>• This is a cumulative total number that should be adjusted each reporting period.</li> </ul>
	C. Indicate Number of Civilians (Public) Below	<ul style="list-style-type: none"> <li>• For lines 31D–M below, enter the number of civilians affected for each category.</li> <li>• Indicate if numbers are estimates, for those blocks where this is an option.</li> <li>• 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.</li> </ul>
	D. Fatalities	<ul style="list-style-type: none"> <li>• Enter the number of <i>confirmed</i> civilian/public fatalities.</li> <li>• See information in introductory instructions (“Distribution”) and in Block 31 instructions regarding sensitive handling of fatality information.</li> </ul>

Block Number	Block Title	Instructions
	E. With Injuries/Illness	Enter the number of civilian/public injuries or illnesses directly related to the incident. Injury or illness is defined by the incident or jurisdiction(s).
*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 (note if estimated)	Enter the number of civilians who are missing due to the incident. Indicate if an estimate is used.
	H. Evacuated (note if estimated)	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 (note if estimated)	Enter the number of civilians who are sheltering in place due to the incident. Indicate if estimates are used.
	J. In Temporary Shelters (note if estimated)	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 (note if estimated)	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	<b>Responder Status Summary</b>	<ul style="list-style-type: none"> <li>• This section is for summary information regarding incident-related injuries, illness, and fatalities for responders; see 32C–N.</li> <li>• 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.</li> <li>• Explain or describe the nature of any reported injuries, illness, or other activities in Block 33.</li> <li>• <b>NOTE:</b> <i>Do not estimate any fatality information or responder status information.</i></li> <li>• <b>NOTE:</b> 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.</li> <li>• <b>NOTE:</b> 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.</li> </ul> <p><b>Handling Sensitive Information</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Thoroughly review the “Distribution” section in the introductory ICS 209 instructions for details on handling sensitive information. 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.</li> <li>• Information regarding fatalities should be cleared with the Incident Commander and/or an organizational administrator prior to submission of the ICS 209.</li> </ul>

Block Number	Block Title	Instructions
*32 (continued)	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).
	B. Total # to Date	<ul style="list-style-type: none"> <li>Enter the total number of individuals impacted in each category for the <i>entire duration</i> of the incident.</li> <li>This is a <i>cumulative</i> total number that should be adjusted each reporting period.</li> </ul>
	C. Indicate Number of Responders Below	<ul style="list-style-type: none"> <li>For lines 32D–M below, enter the number of responders relevant for each category.</li> <li>Responders are those personnel included as part of Unified Command partnerships and those organizations and agencies assisting and cooperating with response efforts.</li> </ul>
	D. Fatalities	<ul style="list-style-type: none"> <li>Enter the number of <i>confirmed</i> responder fatalities.</li> <li>See information in introductory instructions (“Distribution”) and for Block 32 regarding sensitive handling of fatality information.</li> </ul>
	E. With Injuries/Illness	<ul style="list-style-type: none"> <li>Enter the number of incident responders with serious injuries or illnesses due to the incident.</li> <li><i>For responders, serious injuries or illness are typically those in which the person is unable to continue to perform in his or her incident assignment, but the authority having jurisdiction may have additional guidelines on reporting requirements in this area.</i></li> </ul>
	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.	(BLANK; use however is appropriate.)
	I. Sheltering in Place	Enter the number of responders who are sheltering in place due to the incident. Once responders become the victims, this needs to be noted in Block 33 or Block 47 and handled accordingly.
	J.	(BLANK; use however is appropriate.)
	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	<b>Life, Safety, and Health Status/Threat Remarks</b>	<ul style="list-style-type: none"> <li>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.</li> <li>This information should be reported as accurately as possible as a snapshot in time, as much of the information is subject to frequent change.</li> <li>Evacuation information can be very sensitive to local residents and officials. Be accurate in the assessment.</li> <li>Clearly note primary responsibility and contacts for any activities or information in Blocks 31, 32, and 34 that may be caused by the incident, but that are being managed and/or reported by other parties.</li> <li>Provide additional explanation or information as relevant in Blocks 28, 36, 38, 40, 41, or in Remarks (Block 47).</li> </ul>

Block Number	Block Title	Instructions
<b>*34</b>	<b>Life, Safety, and Health Threat Management</b>	Note any details in Life, Safety, and 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). Additional pages may be necessary for notes.
	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.
	E. Mass Notifications In Progress	<ul style="list-style-type: none"> <li>• Check if there are any mass notifications in progress regarding emergency situations, evacuations, shelter in place, or other public safety advisories related to this incident.</li> <li>• These may include use of threat and alert systems such as the Emergency Alert System or a “reverse 911” system.</li> <li>• Please indicate the areas where mass notifications have been completed (e.g., “mass notifications to ZIP codes 50201, 50014, 50010, 50011,” or “notified all residents within a 5-mile radius of Gatlinburg”).</li> </ul>
	F. Mass Notifications Completed	Check if actions referred to in Block 34E above have been completed.
	G. No Evacuation(s) Imminent	Check if evacuations are not anticipated in the near future based on current information.
	H. Planning for Evacuation	Check 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 related to this incident.
	M. Mass Immunization in Progress	Check if there is an active mass immunization in progress related 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	Check if there is an active quarantine in progress related to this incident.
	P. Area Restriction in Effect	Check if there are any restrictions in effect, such as road or area closures, especially those noted in Block 28.

Block Number	Block Title	Instructions
35	<b>Weather Concerns</b> (synopsis of current and predicted weather; discuss related factors that may cause concern)	<ul style="list-style-type: none"> <li>• Complete a short synopsis/discussion on significant weather factors that could cause concerns for the incident when relevant.</li> <li>• Include current and/or predicted weather factors, and the timeframe for predictions.</li> <li>• Include relevant factors such as:               <ul style="list-style-type: none"> <li>○ Wind speed (label units, such as mph).</li> <li>○ Wind direction (clarify and label where wind is coming from and going to in plain language – e.g., “from NNW,” “from E,” or “from SW”).</li> <li>○ Temperature (label units, such as F).</li> <li>○ Relative humidity (label %).</li> <li>○ Watches.</li> <li>○ Warnings.</li> <li>○ Tides.</li> <li>○ Currents.</li> </ul> </li> <li>• Any other weather information relative to the incident, such as flooding, hurricanes, etc.</li> </ul>
36	<b>Projected Incident Activity, Potential, Movement, Escalation, or Spread</b> and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes  <b>12 hours</b> <b>24 hours</b> <b>48 hours</b> <b>72 hours</b> <b>Anticipated after 72 hours</b>	<ul style="list-style-type: none"> <li>• 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 period, or other factors that may cause activity changes.</li> <li>• 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.</li> <li>• Include an estimate of the acreage or area that will likely be affected.</li> <li>• If known, provide the above information in 12-, 24-, 48- and 72-hour timeframes, and any activity anticipated after 72 hours.</li> </ul>
37	<b>Strategic Objectives</b> (define planned end-state for incident)	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).

Block Number	Block Title	Instructions
<b>ADDITIONAL INCIDENT DECISION SUPPORT INFORMATION (continued) (PAGE 3)</b>		
<p><b>38</b></p>	<p><b>Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.</b>  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><b>12 hours</b>  <b>24 hours</b>  <b>48 hours</b>  <b>72 hours</b>  <b>Anticipated after 72 hours</b></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 timeframes.</p>



Block Number	Block Title	Instructions
<p><b>39</b></p>	<p><b>Critical Resource Needs</b> in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:</p> <p><b>12 hours</b>  <b>24 hours</b>  <b>48 hours</b>  <b>72 hours</b>  <b>Anticipated after 72 hours</b></p>	<ul style="list-style-type: none"> <li>• List the specific critical resources and numbers needed, in order of priority. <i>Be specific as to the need.</i></li> <li>• Use plain language and common terminology for resources, and indicate resource category, kind, and type (if available or known) to facilitate incident support.</li> <li>• If critical resources are listed in this block, there should be corresponding orders placed for them through appropriate resource ordering channels.</li> <li>• Provide critical resource needs in 12-, 24-, 48- and 72-hour increments. List the most critical resources needed for each timeframe, if needs have been identified for each timeframe. 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.</li> <li>• More than one resource need may be listed for each timeframe. For example, a list could include: <ul style="list-style-type: none"> <li>○ <u>24 hrs</u>: 3 Type 2 firefighting helicopters, 2 Type I Disaster Medical Assistance Teams</li> <li>○ <u>48 hrs</u>: Mobile Communications Unit (Law/Fire)</li> <li>○ <u>After 72 hrs</u>: 1 Type 2 Incident Management Team</li> </ul> </li> <li>• Documentation in the ICS 209 can help the incident obtain critical regional or national resources through outside support mechanisms including multiagency coordination systems and mutual aid. <ul style="list-style-type: none"> <li>○ Information provided in other blocks on the ICS 209 can help to support the need for resources, including Blocks 28, 29, 31–38, and 40–42.</li> <li>○ Additional comments in the Remarks section (Block 47) 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”).</li> </ul> </li> <li>• Do not use this block for noncritical resources.</li> </ul>
<p><b>40</b></p>	<p><b>Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:</b></p> <p>1) critical resource needs identified above,  2) the Incident Action Plan and management objectives and targets,  3) anticipated results.</p> <p><b>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</b></p>	<ul style="list-style-type: none"> <li>• Wording should be consistent with Block 39 to justify critical resource needs, which should relate to planned actions in the Incident Action Plan.</li> <li>• Give a short assessment of the likelihood of meeting the incident management targets, given the current management strategy and currently known constraints.</li> <li>• 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.</li> <li>• Explain major problems and concerns as indicated.</li> </ul>

Block Number	Block Title	Instructions
41	<b>Planned Actions for Next Operational Period</b>	<ul style="list-style-type: none"> <li>• Provide a short summary of actions planned for the next operational period.</li> <li>• Examples: <ul style="list-style-type: none"> <li>○ “The current Incident Management Team will transition out to a replacement IMT.”</li> <li>○ “Continue to review operational/ engineering plan to facilitate removal of the partially collapsed west bridge supports.”</li> <li>○ “Continue refining mapping of the recovery operations and damaged assets using GPS.”</li> <li>○ “Initiate removal of unauthorized food vendors.”</li> </ul> </li> </ul>
42	<b>Projected Final Incident Size/Area</b> (use unit label – e.g., “sq mi”)	<ul style="list-style-type: none"> <li>• Enter an estimate of the total area likely to be involved or affected over the course of the incident.</li> <li>• Label the estimate of the total area or population involved, affected, or impacted with the relevant units such as acres, hectares, square miles, etc.</li> <li>• 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.</li> </ul>
43	<b>Anticipated Incident Management Completion Date</b>	<ul style="list-style-type: none"> <li>• Enter the date (month/day/year) 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 the incident is expected to be closed or when significant incident support will be discontinued.</li> <li>• Avoid leaving this block blank if possible, as this is important information for managers.</li> </ul>
44	<b>Projected Significant Resource Demobilization Start Date</b>	Enter the date (month/day/year) when initiation of significant resource demobilization is anticipated.
45	<b>Estimated Incident Costs to Date</b>	<ul style="list-style-type: none"> <li>• Enter the estimated total incident costs to date for the entire incident based on currently available information.</li> <li>• Incident costs include estimates of all costs for the response, including all management and support activities per discipline, agency, or organizational guidance and policy.</li> <li>• This does not include damage assessment figures, as they are impacts from the incident and not response costs.</li> <li>• If costs decrease, explain in Remarks (Block 47).</li> <li>• If additional space is required, please add as an attachment.</li> </ul>
46	<b>Projected Final Incident Cost Estimate</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• This does not include damage assessment figures, as they are impacts from the incident and not response costs.</li> <li>• If additional space is required, please add as an attachment.</li> </ul>

Block Number	Block Title	Instructions
47	<b>Remarks</b> (or continuation of any blocks above – list block number in notation)	<ul style="list-style-type: none"> <li>• 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.</li> <li>• List the block number for any information continued from a previous block.</li> <li>• 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.</li> <li>• For Complexes that include multiple incidents, list all sub-incidents included in the Complex.</li> <li>• 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"> <li>○ By size (e.g., 35 acres in City of Gatlinburg, 250 acres in Great Smoky Mountains), and/or</li> <li>○ By geography (e.g., 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 USACE).</li> </ul> </li> <li>• Explain any reasons for incident size reductions or adjustments (e.g., reduction in acreage due to more accurate mapping).</li> <li>• 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 multiagency coordination systems or public information systems (e.g., a public information phone number for the incident, or the incident Web site address).</li> <li>• Attach additional pages if it is necessary to include additional comments in the Remarks section.</li> </ul>

**INCIDENT RESOURCE COMMITMENT SUMMARY (PAGE 4)**

- 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 and that have arrived and/or been checked in to the incident. Do not include resources that have been ordered but have *not* yet arrived.

For summarizing:

- 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 multiagency coordination system applicable to the incident. For example,
  - Group State, local, county, city, or Federal responders together under such headings, or
  - Group resources from one jurisdiction together and list only individual jurisdictions (e.g., 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	Instructions
48	<b>Agency or Organization</b>	<ul style="list-style-type: none"> <li>• List the agencies or organizations contributing resources to the incident as responders, through mutual aid agreements, etc.</li> <li>• List agencies or organizations using clear language so readers who may not be from the discipline or host jurisdiction can understand the information.</li> <li>• Agencies or organizations may be listed individually or in groups.</li> <li>• When resources are grouped together, individual agencies or organizations may be listed below in Block 53.</li> <li>• 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"> <li>○ 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.</li> <li>○ For example: <ul style="list-style-type: none"> <li>▪ <i>Resource:</i> Type 2 Helicopters... 3/8 (indicates 3 aircraft, 8 personnel).</li> <li>▪ <i>Resource:</i> Type 1 Decontamination Unit... 1/3 (indicates 1 unit, 3 personnel).</li> </ul> </li> </ul> </li> <li>• 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.</li> </ul>
49	<b>Resources</b> (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"> <li>• 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"> <li>○ Examples: Type 1 Fire Engines, Type 4 Helicopters</li> </ul> </li> <li>• Enter total numbers in columns for each resource by agency, organization, or grouping in the proper blocks. <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ For example: <ul style="list-style-type: none"> <li>▪ <i>Resource:</i> Type 2 Helicopters... 3/8 (indicates 3 aircraft, 8 personnel).</li> <li>▪ <i>Resource:</i> Type 1 Decontamination Unit... 1/3 (indicates 1 unit, 3 personnel).</li> </ul> </li> </ul> </li> <li>• <b>NOTE:</b> One option is to group similar resources together when it is sensible to do so for the summary. <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• <b>NOTE:</b> 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.</li> </ul>
50	<b>Additional Personnel</b> not assigned to a resource	List the number of <i>additional</i> individuals (or overhead) that are not assigned to a specific resource by agency or organization.
51	<b>Total Personnel</b> (includes those associated with resources – e.g., aircraft or engines – <i>and</i> individual overhead)	<ul style="list-style-type: none"> <li>• Enter the total personnel for each agency, organization, or grouping in the Total Personnel column.</li> <li>• <b>WARNING:</b> Do not simply add the numbers across!</li> <li>• The number of Total Personnel for each row should include <u>both</u>: <ul style="list-style-type: none"> <li>○ The total number of personnel assigned to each of the resources listed in Block 49, and</li> <li>○ The total number of additional individual overhead personnel from each agency, organization, or group listed in Block 50.</li> </ul> </li> </ul>

Block Number	Block Title	Instructions
52	<b>Total Resources</b>	Include the sum total of resources for each column, including the total for the column under Blocks 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	<b>Additional Cooperating and Assisting Organizations Not Listed Above</b>	<ul style="list-style-type: none"><li>• List all agencies and organizations that are not directly involved in the incident, but are providing support.</li><li>• Examples may include ambulance services, Red Cross, DHS, utility companies, etc.</li><li>• Do not repeat any resources counted in Blocks 48–52, unless explanations are needed for groupings created under Block 48 (Agency or Organization).</li></ul>

## INCIDENT CHECK-IN LIST (ICS 211)

<b>1. Incident Name:</b>				<b>2. Incident Number:</b>				<b>3. Check-In Location</b> (complete all that apply): <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Base</span> <span>Staging Area</span> <span>ICP</span> <span>Helibase</span> <span>Other</span> </div>					<b>4. Start Date/Time:</b> Date: Time:				
Check-In Information (use reverse of form for remarks or comments)																	
<b>5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:</b>							<b>6. Order Request #</b>	<b>7. Date/Time Check-In</b>	<b>8. Leader's Name</b>	<b>9. Total Number of Personnel</b>	<b>10. Incident Contact Information</b>	<b>11. Home Unit or Agency</b>	<b>12. Departure Point, Date and Time</b>	<b>13. Method of Travel</b>	<b>14. Incident Assignment</b>	<b>15. Other Qualifications</b>	<b>16. Data Provided to Resources Unit</b>
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF											
<b>ICS 211</b>							<b>17. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____										

## 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 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 ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and 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. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

**Distribution.** ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration 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 repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Check-In Location</b> <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <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.  Other may include...
4	<b>Start Date/Time</b> <ul style="list-style-type: none"> <li>• Date</li> <li>• Time</li> </ul>	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.

Block Number	Block Title	Instructions
	<b>Check-In Information</b>	Self explanatory.
<b>5</b>	<b>List single resource personnel (overhead) by agency and name, OR list resources by the following format</b>	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"> <li>State</li> </ul>	Use this section to list the home State for the resource.
	<ul style="list-style-type: none"> <li>Agency</li> </ul>	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	<ul style="list-style-type: none"> <li>Category</li> </ul>	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> <li>Kind</li> </ul>	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> <li>Type</li> </ul>	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> <li>Resource Name or Identifier</li> </ul>	Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team.
	<ul style="list-style-type: none"> <li>ST or TF</li> </ul>	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.
<b>6</b>	<b>Order Request #</b>	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.
<b>7</b>	<b>Date/Time Check-In</b>	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
<b>8</b>	<b>Leader's Name</b>	<ul style="list-style-type: none"> <li>For equipment, enter the operator's name.</li> <li>Enter the Strike Team or Task Force leader's name.</li> <li>Leave blank for single resource personnel (overhead).</li> </ul>
<b>9</b>	<b>Total Number of Personnel</b>	Enter total number of personnel associated with the resource. Include leaders.
<b>10</b>	<b>Incident Contact Information</b>	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
<b>11</b>	<b>Home Unit or Agency</b>	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
<b>12</b>	<b>Departure Point, Date and Time</b>	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
<b>13</b>	<b>Method of Travel</b>	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).
<b>14</b>	<b>Incident Assignment</b>	Enter the incident assignment at time of dispatch.
<b>15</b>	<b>Other Qualifications</b>	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.



Block Number	Block Title	Instructions
16	<b>Data Provided to Resources Unit</b>	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.
17	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

# GENERAL MESSAGE (ICS 213)

<b>1. Incident Name</b> (Optional):		
<b>2. To</b> (Name and Position):		
<b>3. From</b> (Name and Position):		
<b>4. Subject:</b>	<b>5. Date:</b>	<b>6. Time</b>
<b>7. Message:</b>		
<b>8. Approved by:</b> Name: _____ Signature: _____ Position/Title: _____		
<b>9. Reply:</b>		
<b>10. Replied by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 213</b>	Date/Time: _____	

## ICS 213 General Message

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., 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 that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

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

### Notes:

- The ICS 213 is a three-part form, typically using carbon paper. 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.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b> (Optional)	Enter the name assigned to the incident. This block is optional.
2	<b>To</b> (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.
3	<b>From</b> (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (month/day/year) of the message.
6	<b>Time</b>	Enter the time (using the 24-hour clock) of the message.
7	<b>Message</b>	Enter the content of the message. Try to be as concise as possible.
8	<b>Approved by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Position/Title</li> </ul>	Enter the name, signature, and ICS position/title of the person approving the message.
9	<b>Reply</b>	The intended recipient will enter a reply to the message and return it to the originator.
10	<b>Replied by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).





## 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 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 ICS 214s 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 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	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name</b>	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	<b>ICS Position</b>	Enter the name and ICS position of the individual in charge of the Unit.
5	<b>Home Agency</b> (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	<b>Resources Assigned</b>	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> <li>• Name</li> </ul>	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> <li>• ICS Position</li> </ul>	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> <li>• Home Agency (and Unit)</li> </ul>	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	<b>Activity Log</b> <ul style="list-style-type: none"> <li>• Date/Time</li> <li>• Notable Activities</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</li> <li>• This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.</li> </ul>
8	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## DEMOBILIZATION CHECK-OUT (ICS 221)

<b>1. Incident Name:</b> _____		<b>2. Incident Number:</b> _____		
<b>3. Planned Release Date/Time:</b> Date: _____ Time: _____		<b>4. Resource or Personnel Released:</b> _____	<b>5. Order Request Number:</b> _____	
<b>6. Resource or Personnel:</b> 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). <b>LOGISTICS SECTION</b>				
<input type="checkbox"/>	<b>Unit/Manager</b>	<b>Remarks</b>	<b>Name</b>	<b>Signature</b>
<input type="checkbox"/>	Supply Unit			
<input type="checkbox"/>	Communications Unit			
<input type="checkbox"/>	Facilities Unit			
<input type="checkbox"/>	Ground Support Unit			
<input type="checkbox"/>	Security Manager			
<input type="checkbox"/>				
<b>FINANCE/ADMINISTRATION SECTION</b>				
<input type="checkbox"/>	<b>Unit/Leader</b>	<b>Remarks</b>	<b>Name</b>	<b>Signature</b>
<input type="checkbox"/>	Time Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				
<b>OTHER SECTION/STAFF</b>				
<input type="checkbox"/>	<b>Unit/Other</b>	<b>Remarks</b>	<b>Name</b>	<b>Signature</b>
<input type="checkbox"/>				
<input type="checkbox"/>				
<b>PLANNING SECTION</b>				
<input type="checkbox"/>	<b>Unit/Leader</b>	<b>Remarks</b>	<b>Name</b>	<b>Signature</b>
<input type="checkbox"/>				
<input type="checkbox"/>	Documentation Leader			
<input type="checkbox"/>	Demobilization Leader			
<b>7. Remarks:</b>  				
<b>8. Travel Information:</b>				
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: _____		
<b>9. Reassignment Information:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Incident Name: _____		Incident Number: _____		
Location: _____		Order Request Number: _____		
<b>10. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____				
<b>ICS 221</b>		Date/Time: _____		

## ICS 221 Demobilization Check-Out

**Purpose.** The Demobilization Check-Out (ICS 221) 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 ICS 221 is initiated by the Planning Section, 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 ICS 221 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 retain 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 repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Planned Release Date/Time</b>	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	<b>Resource or Personnel Released</b>	Enter name of the individual or resource being released.
5	<b>Order Request Number</b>	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	<b>Resource or Personnel</b> 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"> <li>• Unit/Leader/Manager/Other</li> <li>• Remarks</li> <li>• Name</li> <li>• Signature</li> </ul>	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 (e.g., Safety Officer, Agency Representative, etc.).
	<b>Logistics Section</b> <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Ground Support Unit <input type="checkbox"/> Security Manager	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	Instructions
<b>6</b> (continued)	<b>Finance/Administration Section</b> <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.
	<b>Other Section/Staff</b> <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.
	<b>Planning Section</b> <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.
<b>7</b>	<b>Remarks</b>	Enter any additional information pertaining to demobilization or release (e.g., 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.
<b>8</b>	<b>Travel Information</b>	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's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., 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 that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.	
<b>9</b>	<b>Reassignment Information</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was 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	Instructions
10	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).