

Appendix F

Form

ICS Form 201

INCIDENT BRIEFING	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Map Sketch			
ICS 201 Page 1 of 4	5. Prepared by (Name and Position)		

6. Summary of Current Actions

7. Current Organization

ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE	3. TIME
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. Attachments (<input checked="" type="checkbox"/> if attached) <input type="checkbox"/> Organization List (ICS 203) <input type="checkbox"/> Medical Plan (ICS 206) <input type="checkbox"/> Weather Forecast <input type="checkbox"/> Assignment List (ICS 204) <input type="checkbox"/> Incident Map <input type="checkbox"/> _____ <input type="checkbox"/> Communications Plan (ICS 205) <input type="checkbox"/> Traffic Plan <input type="checkbox"/> _____			
9. PREPARED BY (PLANNING SECTION CHIEF)		10. APPROVED BY (INCIDENT COMMANDER)	

Organization Assignment List, ICS Form 203

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION	NAME	4. OPERATIONAL PERIOD (DATE/TIME)		
5. INCIDENT COMMAND AND STAFF		9. OPERATIONS SECTION		
INCIDENT COMMANDER		CHIEF		
DEPUTY		DEPUTY		
SAFETY OFFICER		a. BRANCH I- DIVISION/GROUPS		
INFORMATION OFFICER		BRANCH DIRECTOR		
LIAISON OFFICER		DEPUTY		
6. AGENCY REPRESENTATIVES		DIVISION/GROUP		
AGENCY	NAME	DIVISION/ GROUP		
		DIVISION/ GROUP		
		DIVISION/ GROUP		
		DIVISION/ GROUP		
		DIVISION /GROUP		
7. PLANNING SECTION		b. BRANCH II- DIVISIONS/GROUPS		
CHIEF		BRANCH DIRECTOR		
DEPUTY		DEPUTY		
RESOURCES UNIT		DIVISION/GROUP		
SITUATION UNIT		DIVISION/GROUP		
DOCUMENTATION UNIT		DIVISION/GROUP		
DEMOBILIZATION UNIT		DIVISION/GROUP		
TECHNICAL SPECIALISTS		c. BRANCH III- DIVISIONS/GROUPS		
		BRANCH DIRECTOR		
		DEPUTY		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
8. LOGISTICS SECTION		d. AIR OPERATIONS BRANCH		
CHIEF		AIR OPERATIONS BR. DIR.		
DEPUTY		AIR TACTICAL GROUP SUP.		
a. SUPPORT BRANCH		AIR SUPPORT GROUP SUP.		
DIRECTOR		HELICOPTER COORDINATOR		
SUPPLY UNIT		AIR TANKER/FIXED WING CRD.		
FACILITIES UNIT		10. FINANCE/ADMINISTRATION SECTION		
GROUND SUPPORT UNIT		CHIEF		
b. SERVICE BRANCH		DEPUTY		
DIRECTOR		TIME UNIT		
COMMUNICATIONS UNIT		PROCUREMENT UNIT		
MEDICAL UNIT		COMPENSATION/CLAIMS UNIT		
FOOD UNIT		COST UNIT		
PREPARED BY (RESOURCES UNIT)				

Incident Communications Plan, ICS Form 205

INCIDENT RADIO COMMUNICATIONS PLAN			1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time
4. Basic Radio Channel Utilization					
System/Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
5. Prepared by (Communications Unit)					

MEDICAL PLAN	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period						
	5. Incident Medical Aid Station									
Medical Aid Stations		Location		Paramedics		Yes	No			
6. Transportation										
A. Ambulance Services										
Name		Address		Phone		Paramedics				
						Yes	No			
B. Incident Ambulances										
Name		Location				Paramedics				
						Yes	No			
7. Hospitals										
Name	Address		Travel Time		Phone		Helipad		Burn Center	
			Air	Ground			Yes	No	Yes	No
8. Medical Emergency Procedures										
Prepared by (Medical Unit Leader)						10. Reviewed by (Safety Officer)				

INCIDENT STATUS SUMMARY FS-5100-11

1. Date/Time		2. Initial <input type="checkbox"/>		3. Incident Name				4. Incident Number				
		Update <input type="checkbox"/>										
		Final <input type="checkbox"/>										
5. Incident Commander		6. Jurisdiction		7. County		8. Type incident		9. Location		10. Started Date/Time		
11. Cause	12. Area Involved	13. % Controlled		14. Expected Containment Date/Time		15. Estimated Controlled Date/Time		16. Declared Controlled Date/Time				
17. Current Threat						18. Control Problems						
19. Est. Loss		20. Est. Savings		21. Injuries		Deaths		22. Line Built		23. Line to Build		
24. Current Weather		25. Predicted Weather		26. Cost to Date		27. Est. Total Cost						
WS	Temp	WS	Temp									
WD	RH	WD	RH									
28. Agencies												
Resources											Totals	
Kind of Resource	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST
ENGINES												
DOZERS												
CREWS	Number of Crews:											
	Number of Crew Personnel:											
HELICOPTERS												
AIR TANKERS												
TRUCK COS.												
RESCUE/MED.												
WATER TENDERS												
OVERHEAD PERSONNEL												
TOTAL PERSONNEL												
30. Cooperating Agencies												
31. Remarks												
32. Prepared by				33. Approved by				34. Sent to:				
								Date	Time		By	

Local Situation Report

Submit as soon as possible after the initial emergency. Update daily and/or when significant changes occur.

Community: _____ **County:** _____

Date/Time Report Prepared: _____

Initial Report Status Update Final Report Follow-up Required

Community Contact Information:

Reported by: _____ Title: _____

Call back #: _____ Fax: _____

Email: _____

Emergency Type: _____

(Flood, Haz-Mat, Tornado, Earthquake, Other)

Boundaries of Affected Area: _____

(Use roads, streams, major landmarks, jurisdictional boundaries, ect.)

Local Emergency Declared?

Yes No

Status of Local EOC?

Open Closed Partial

Estimated # of households affected: _____

Are local mutual aid agreements being utilized?

Yes No

Estimated # of people affected: _____

Public Roadway Status

Community: _____ **County:** _____

Roadway: Closed Partial Emergency Re-opened

(Include numerical or **Vehicles**
Geographical reference) **Only**

Mass Care/Sheltering Information:

Community: _____ **County:** _____

If residents are utilizing a shelter in another community:

Name of Facility: _____

Host Community: _____

of Residents Sent: _____

If your community has established a shelter:

Shelter Type: Local Red Cross

Site Name: _____

Site Address: _____ **Site Phone:** _____

Space Description: _____

(i.e. Gymnasium, Cafeteria, ect.)

Site Capacity: _____

Kitchen Facilities? Yes No

The following information is up to date as of: _____

Current Occupancy: _____

Communities this shelter is serving:

Facility is being used for:

(Check all that apply)

Temporary Shelter

Warming/Cooling Station

Food Service

Sleeping

Other:

Shelter Point of Contact:

Name: _____

Title: _____

Contact #: _____