



# Incident Status Summary (ICS 209)

<b>*1. INCIDENT NAME</b>		<b>2. INCIDENT NO.</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
<b>7. CURRENT INCIDENT SIZE OR AREA INVOLVED</b> (Use unit label – e.g. “sq km”, “city block”)	<b>8. PERCENT (%) CONTAINED</b>	<b>*9. INCIDENT DEFINITION</b>	<b>10. INCIDENT COMPLEXITY LEVEL</b>	<b>*11. FOR TIME PERIOD</b> From Date/Time
	COMPLETED			To Date/Time

## APPROVAL & ROUTING INFORMATION

<b>*12. PREPARED BY</b>		<b>*13. DATE/TIME SUBMITTED</b>
Print Name	ICS Position	
Date/Time Prepared		<b>*15. PRIMARY LOCATION, ORGANIZATION, OR AGENCY SENT TO</b>
<b>*14. APPROVED BY</b>		
Print Name	ICS Position	
Date/Time Prepared		

## INCIDENT LOCATION INFORMATION

<b>*16. PROVINCE/TERRITORY</b>		<b>*17. COUNTY, REGIONAL/RURAL MUNICIPALITY, REGIONAL/MUNICIPAL DISTRICT</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>	<b>LATITUDE</b>	<b>23. DATUM</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.)	<b>A. Structural Summary</b>	<b>B. # Threatened (72 hrs)</b>	<b>C. # Damaged</b>	<b>D. # Destroyed</b>
	<b>E. Single Residences</b>			
	<b>F. Nonresidential Commercial Property</b>			
	<b>Other Minor Structures</b>			
	<b>Other</b>			



## Incident Status Summary (ICS 209)

*1. INCIDENT NAME	2. INCIDENT NO.
-------------------	-----------------

### ADDITIONAL INCIDENT DECISION SUPPORT INFORMATION

*31. PUBLIC STATUS SUMMARY	A. # This Reporting Period	B. Total # to Date	*32. RESPONDER STATUS SUMMARY	A. # This Reporting Period	B. Total # to Date																																						
<b>C. INDICATE NUMBER OF CIVILIANS (PUBLIC) BELOW</b>			<b>C. INDICATE NUMBER OF CIVILIANS (PUBLIC) BELOW</b>																																								
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 (note if estimated)																																								
H. Evacuated (note if estimated)			H. Evacuated (note if estimated)																																								
I. Sheltering in Place (note if estimated)			I. Sheltering in Place (note if estimated)																																								
J. In Temporary Shelters (note if estimated)			J. In Temporary Shelters (note if estimated)																																								
K. Have Received Mass Immunizations			K. Have Received Mass Immunizations																																								
L. Require Immunizations (note if estimated)			L. Require Immunizations (note if estimated)																																								
M. In Quarantine			M. In Quarantine																																								
N. Total # Civilians (Public) Affected			N. Total Responders Affected																																								
33. LIFE, SAFETY, AND HEALTH STATUS/THREAT REMARKS			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; padding: 5px;">*34. LIFE, SAFETY, AND HEALTH THREAT MANAGEMENT</th> <th style="width: 20%; padding: 5px;">A. Check if Active</th> </tr> </thead> <tbody> <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> <tr><td style="padding: 5px;"> </td><td style="text-align: center; padding: 5px;"><input type="checkbox"/></td></tr> </tbody> </table>			*34. LIFE, SAFETY, AND HEALTH THREAT MANAGEMENT	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"/>		<input type="checkbox"/>
*34. LIFE, SAFETY, AND HEALTH THREAT MANAGEMENT	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"/>																																										
	<input type="checkbox"/>																																										
35. WEATHER CONCERNS (synopsis of current and predicted weather, discuss related factors that may cause concern)																																											
36. PROJECTED INCIDENT ACTIVITY, POTENTIAL, MOVEMENT, ESCALATION, OR SPREAD and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes																																											
12 hours																																											
24 hours																																											
48 hours																																											
72 hours																																											
Anticipated after 72 hours																																											
37. OBJECTIVES (define planned end-state for incident)																																											



# Incident Status Summary (ICS 209)

\*1. INCIDENT NAME

2. INCIDENT NO.

## 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 IN RELATION TO OVERALL STRATEGY, CONSTRAINTS, AND CURRENT AVAILABLE INFORMATION TO

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives,
- 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 km”)

### 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)

