



Incident Command System ICS Forms Catalogue

INTRODUCTION TO ICS FORMS

The ICS Canada Incident Command System (ICS) Forms Booklet, is designed to assist emergency response personnel in the use of ICS and corresponding documentation during incident operations. This booklet is meant to complement existing incident management programs and does not replace relevant emergency operations plans, laws, and ordinances. These forms are designed for use within the Incident Command System, and are not targeted for use in Area Command or in multiagency coordination systems.

These forms are intended for use as tools for the creation of Incident Action Plans (IAPs), for other incident management activities, and for support and documentation of ICS activities. Personnel using the forms should have a basic understanding of ICS, through training and/or experience to ensure they can effectively use and understand these forms. These ICS Forms represent an all-hazards approach and update to previously used ICS Forms. While the layout and specific blocks may have been updated, the functionality of the forms remains the same. It is recommended that all users familiarize themselves with the updated forms and instructions.

A general description of each ICS Form's purpose, suggested preparation, and distribution are included immediately after the form, including block-by-block completion instructions to ensure maximum clarity on specifics, or for those personnel who may be unfamiliar with the forms.

The ICS organizational charts contained in these forms are examples of how an ICS organization is typically developed for incident response. However, the flexibility and scalability of ICS allow modifications, as needed, based on experience and particular incident requirements.

These forms are designed to include the essential data elements for the ICS process they address. The use of these standardized ICS Forms is encouraged to promote consistency in the management and documentation of incidents, and to facilitate effective use of mutual aid. In many cases, additional pages can be added to the existing ICS Forms when needed, and several forms are set up with this specific provision. The section after the ICS Forms List provides details on adding appendixes or fields to the forms for jurisdiction- or discipline-specific needs.

It may be appropriate to compile and maintain other NIMS-related or ICS Canada related forms with these ICS Forms, such as resource management and/or ordering forms that are used to support incidents.

This booklet was created from the NIMS 502-2 ICS Forms Catalogue.

ICS FORMS LIST

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

Notes:

- In the following table, the ICS Forms identified with an asterisk (*) are typically included in an IAP.
- Forms identified with two asterisks (**) are additional forms that could be used in the IAP.
- The other ICS Forms are used in the ICS process for incident management activities, but are not typically included in the IAP.
- The date and time entered in the form blocks should be determined by the Incident Command or Unified Command. Local time is typically used.

| ICS Form#: | Form Title: | Typically Prepared By: |
|------------|---------------------------------------|--|
| ICS 201 | Incident Briefing | Initial Incident Commander |
| ICS 202* | Incident Objectives | Planning Section Chief |
| ICS 203* | Organization Assignment List | Resources Unit Leader |
| ICS 204* | Assignment List | Resources Unit Leader and Operations Section Chief |
| ICS 205* | Incident Radio Communications Plan | Communications Unit Leader |
| ICS 206* | Medical Plan | Medical Unit Leader (reviewed by Safety Officer) |
| ICS 207 | Incident Organization Chart | Resources Unit Leader |
| ICS 208** | Safety Message/Plan | Safety Officer |
| ICS 209 | Incident Status Summary | Situation Unit Leader |
| ICS 210 | Resource Status Change | Communications Unit Leader |
| ICS 211 | Incident Check-In List | Resources Unit/Check-In Recorder |
| ICS 213 | General Message (3-part form) | Any Message Originator |
| ICS 214 | Activity Log | All Sections and Units |
| ICS 215 | Operational Planning Worksheet | Operations Section Chief |
| ICS 215A | Incident Action Plan Safety Analysis | Safety Officer |
| ICS 216 | Radio Requirement Worksheet | Communications Unit |
| ICS 217 | Communications Resource Availability | Communications Unit |
| ICS 218 | Support Vehicle/Equipment Inventory | Ground Support Unit |
| ICS 220** | Air Operations Summary Worksheet | Operations Section Chief or Air Branch Director |
| ICS 221 | Demobilization Check-Out | Demobilization Unit Leader |
| ICS 224 | Crew Performance Rating | Crew Supervisor |
| ICS 225 | Incident Personnel Performance Rating | Supervisor |
| ICS 309 | Communications Log | Communication Unit |

Not all forms are displayed within this catalog. Agencies are free to use other ICS form should they find them useful and by no means is this document intended to limit one's use of forms.

ICS FORM ADAPTION, EXTENSION, AND APPENDIXES

The ICS Forms in this booklet are designed to serve most all-hazards, cross-discipline needs for incident management across Canada. These forms include the essential data elements for the ICS process they address, and create a foundation within ICS for complex incident management activities. However, the flexibility and scalability of ICS should allow for needs outside this foundation, so the following are possible mechanisms to add to, extend, or adapt ICS Forms when needed.

It is the intention of ICS Canada to provide a consistent nationwide approach to incident management. Jurisdictions and disciplines are encouraged to use the ICS Forms as they are presented here – unless these forms do not meet an organization’s particular incident management needs for reasons unique to their requirements. If an organization determines changes are required, the focus on essential information elements should remain within the form, and as such the spirit and intent of particular fields or “information elements” on the ICS Forms should remain intact to maintain consistency if the forms are altered. Modifications should be clearly indicated as deviations, or additions to the ICS Forms. The following approaches may be used to meet any unique needs.

ICS Form Adaptation

When agencies and organizations require specialized forms or information for particular kinds of incidents, events, or disciplines, it may be beneficial to utilize the essential data elements from a particular ICS Form to create a more localized or field-specific form. When this occurs, organizations are encouraged to use the relevant essential data elements and ICS Form number, but to clarify that the altered form is a specific organizational adaptation of the form. For example, an altered form should clearly indicate in the title that it has been changed to meet a specific need, such as “ICS 215A, Hazard Risk Analysis Worksheet, Adapted for Story County Hazmat Program.”

Extending ICS Form Fields

Particular fields on an ICS Form may need to include further breakouts or additional related elements. If such additions are needed, the form itself should be clearly labeled as an adapted form (see above), and the additional sub-field numbers should be clearly labeled as unique to the adapted form. Letters or other indicators may be used to label the new sub-fields (if the block does not already include sub-fields).

Examples of possible field additions are shown below for the ICS 209:

Block 2: Incident Number.

- Block 2A (adapted): Full agency accounting cost charge number for primary authority having jurisdiction.

Block 29: Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.).

- Block 29A (adapted): Indicate specific wildland fire FBP fuel type.

Creating ICS Form Appendixes

Certain ICS Forms may require appendixes to include additional information elements needed by a particular jurisdiction or discipline. When an appendix is needed for a given form, it is expected that the jurisdiction or discipline will determine standardized fields for such an appendix and make the form available as needed.

Any ICS Form appendixes should be clearly labeled with the form name and an indicator that it is a discipline or jurisdiction-specific appendix. Appendix field numbering should begin following the last identified block in the corresponding ICS Form.

All ICS Canada forms in PDF format can be edited using Adobe Acrobat.



Incident Briefing (ICS 201)

| | | |
|--|------------------------------------|------------------|
| 1. INCIDENT NAME/NUMBER | 2. DATE PREPARED | 3. TIME PREPARED |
| 4. MAP SKETCH | | |
| | | |
| 5. SITUATION SUMMARY AND SAFETY BRIEFING | | |
| | | |
| ICS 201-CAN Page 1 of 4 | 6. PREPARED BY (Name and Position) | SIGNATURE |



Incident Briefing (ICS 201)

10. CURRENT ORGANIZATION

| | | |
|--|--|--|
| | | |
|--|--|--|

11. PREPARED BY (Name and Position)

SIGNATURE



Incident Briefing (ICS 201)

12. RESOURCES SUMMARY

| Resources Ordered | Resource Identification | ETA | On Scene | Location/Assignment |
|-------------------|-------------------------|-----|----------|---------------------|
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|----------------------------|-------------------------------------|-----------|
| ICS 201-CAN Page 4 of 4 | 13. PREPARED BY (Name and Position) | SIGNATURE |
|----------------------------|-------------------------------------|-----------|

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. The Form 201 is intended to be a "handwritten" form, best reproduced on 11"x17", printed both sides and folded in booklet format

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 | Incident Name/Number | Enter the name and/or number assigned to the incident. |
| 2 | Date Prepared | Enter date initiated (month/day/year) |
| 3 | Time Prepared | Enter time form is initiated (using the 24- hour clock). |
| 4 | Map/Sketch (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). |
| 5 | Situation Summary and Safety Briefing (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 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature | Enter the name, ICS position/title, and signature of the person preparing the form. |
| 7 | Current and Planned Objectives | Enter the objectives used on the incident and note any specific problem areas. |

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 8 | Current and Planned Actions, Strategies, and Tactics <ul style="list-style-type: none"> • Time • Actions | 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 | Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"> • Incident Commander(s) • Liaison Officer • Safety Officer • Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief | <ul style="list-style-type: none"> • Enter on the organization chart the names of the individuals assigned to each position. • 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. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used. |
| 10 | Resource Summary | 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"> • Resource Ordered | Enter the number and appropriate category, kind, or type of resource ordered. |
| | <ul style="list-style-type: none"> • Resource Identifier | Enter the relevant agency designator and/or resource designator (if any). |
| | <ul style="list-style-type: none"> • ETA | Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock). |
| | <ul style="list-style-type: none"> • Arrived On scene | Enter an "X" or a checkmark upon arrival to the incident. |
| | <ul style="list-style-type: none"> • Location/Assignment | Enter notes such as the assigned location of the resource and/or the actual assignment and status. |



Incident Objectives (ICS 202)

| | | | |
|---|---|---|---------|
| 1. INCIDENT NAME | | 2. DATE PREPARED | 3. TIME |
| 4. OPERATIONAL PERIOD (Date/Time) | Date From: Time From: | Date To: Time To: | |
| 5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (Include alternatives) | | | |
| 6. WEATHER FORECAST | | | |
| 7. GENERAL SAFETY MESSAGE | | | |
| 8. ATTACHMENTS (Check if attached) | | | |
| <input type="checkbox"/> Organization List (ICS 203) | <input type="checkbox"/> Medical Plan (ICS 206) | <input type="checkbox"/> _____ | |
| <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) | |
| SIGNATURE | | SIGNATURE | |

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 will 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:

- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 1 | Incident Name | Enter the name assigned to the incident. If needed, an incident number can be added. |
| 2 | Date | Enter the Date the form was initiated |
| 3 | Time | Enter the time the form was initiated |
| 4 | Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To | 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. |
| 5 | General Control Objective(s) for the Incident | <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.</p> <p>Include alternative and/or specific tactical objectives as applicable. Objectives should follow the SMART model or a similar approach:</p> <p>Specific – Is the wording precise and unambiguous? Measurable – How will achievements be measured? Action-oriented – Is an action verb used to describe expected accomplishments? Realistic – Is the outcome achievable with given available resources? Time-sensitive – What is the timeframe? Include alternatives</p> |
| 6 | Weather Forecast | Enter a general weather forecast for the incident. Depending on the type of emergency, a more detailed weather forecast may be required. If such is the case, enter into the cell "See Attached", and include the document into the IAP. |
| 7 | 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). |

| Block Number | Block Title | Instructions |
|--------------|--|---|
| 8 | <p>Attachments (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 206</p> <p><input type="checkbox"/> Map/Chart</p> <p><input type="checkbox"/> Traffic Plan</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 206 – Medical Plan</p> <p><input type="checkbox"/> Map/Chart</p> <p><input type="checkbox"/> Traffic Plan for the incident</p> <p>Other Attachments – Blank Unit Logs, detail weather, phone lists, etc.</p> |
| 9 | <p>Prepared by</p> <ul style="list-style-type: none"> • Name • Position/Title • Signature | <p>Enter the name, ICS position, and signature of the person preparing the form.</p> |
| 10 | <p>Approved by Incident Commander</p> <ul style="list-style-type: none"> • Name • Signature | <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)

| | | | |
|---|----------------|--------------------------------------|---|
| 1. INCIDENT NAME | 2. DATE | 3. TIME | 4. OPERATIONAL PERIOD From: Date _____ Time _____ (Date/Time) To: Date _____ Time _____ |
| 5. INCIDENT COMMAND AND STAFF | | 9. OPERATIONS SECTION | |
| Incident Commander/ Unified Commanders | | Chief | |
| Deputy | | Deputy | |
| Safety Officer | | a. BRANCH | |
| Information Officer | | Branch Director | |
| Liaison Officer | | Deputy | |
| | | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| 6. AGENCY/ORGANIZATION REPRESENTATIVES | | b. BRANCH | |
| Agency/Organization | Representative | Branch Director | |
| | | Deputy | |
| | | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| 7. PLANNING SECTION | | c. BRANCH | |
| Chief | | Branch Director | |
| Deputy | | Deputy | |
| Resources Unit | | Division/Group | |
| Situation Unit | | Division/Group | |
| Documentation Unit | | Division/Group | |
| Demobilization Unit | | Division/Group | |
| Technical Specialists | | 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 | | | |
| Supply Unit | | 10. FINANCIAL/ADMINISTRATION SECTION | |
| Facilities Unit | | Chief | |
| Ground Support Unit | | Deputy | |
| b. SERVICE BRANCH | | Time Unit | |
| Director | | Procurement Unit | |
| Communications Unit | | Compensation/Claims Unit | |
| Medical Unit | | Cost Unit | |
| Food Unit | | | |
| 11. PREPARED BY (Resources Unit) | | SIGNATURE | |

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 | Incident Name | Enter the name assigned to the incident. |
| 2 | Date | Enter the Date the form was initiated |
| 3 | Time | Enter the Time the form was initiated |
| 4 | Operational Period | Enter the Date/Time of the Operational Period for this IAP |
| 5 | Incident Commander(s) and Command Staff <ul style="list-style-type: none">• IC/UCs• Deputy• Safety Officer• Information Officer• Liaison Officer | 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. |
| 6 | Agency/Organization Representatives <ul style="list-style-type: none">• Agency/Organization• Name | Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name. |
| 7 | Planning Section <ul style="list-style-type: none">• Chief• Deputy• Resources Unit• Situation Unit• Documentation Unit• Demobilization Unit• Technical Specialists | 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 |
|--------------|--|--|
| 8 | <p>Logistics Section</p> <ul style="list-style-type: none"> • Chief • Deputy <p>Support Branch</p> <ul style="list-style-type: none"> • Director • Supply Unit • Facilities Unit • Ground Support Unit <p>Service Branch</p> <ul style="list-style-type: none"> • Director • Communications Unit • Medical Unit • Food Unit | <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> |
| 9 | <p>Operations Section</p> <ul style="list-style-type: none"> • Chief • Deputy <p>Branch</p> <ul style="list-style-type: none"> • Branch Director • Deputy • Division/Group <p>Air Operations Branch</p> <ul style="list-style-type: none"> • Air Operations Branch Director • Air Tactical Group Sup. • Air Support Group Sup. | <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> |
| 10 | <p>Finance/Administration Section</p> <ul style="list-style-type: none"> • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit | <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> |
| 11 | <p>Prepared by</p> <ul style="list-style-type: none"> • Name • Position/Title • Signature | <p>Enter the name, ICS position, and signature of the person preparing the form.</p> |



Assignment List (ICS 204)

| | |
|-----------------|---------------------------------|
| 1. BRANCH _____ | 2. DIVISION/GROUP/STAGING _____ |
|-----------------|---------------------------------|

| | |
|------------------------|--|
| 3. INCIDENT NAME _____ | 4. OPERATIONAL PERIOD From: Date _____ Time _____ To: Date _____ Time _____ |
|------------------------|--|

| | |
|--------------------------|----------------------------------|
| 5. OPERATIONAL PERSONNEL | |
| Operations Chief _____ | Division/ Group Supervisor _____ |
| Branch Director _____ | Staging Area Manager _____ |

| 6. RESOURCES ASSIGNED TO THIS PERIOD | | | | |
|--------------------------------------|--------|----------------|----------------------------------|---|
| Resource Identifier | Leader | No. of Persons | Contact Cell #, radio freq. etc. | Reporting Location, Special Equipment and Supplies, Remarks |
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| 7. WORK ASSIGNMENTS |
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| 8. SPECIAL INSTRUCTIONS |
|-------------------------|

| 9. DIVISION/GROUP COMMUNICATIONS SUMMARY | | | | | | | | | | | |
|--|--------|-------------|--|--------------------------------------|-------|---------------|--------|-------------|--|--------|-------|
| Function | | Frequencies | | System | Chan. | Function | | Frequencies | | System | Chan. |
| Command | Local | | | | | Logistics | Local | | | | |
| | Repeat | | | | | | Repeat | | | | |
| Div./Group Tactical | | | | | | Ground to Air | | | | | |
| PREPARED BY (Resource Unit Leader) | | | | APPROVED BY (Planning Section Chief) | | | | Date | | Time | |
| Signature | | | | Signature | | | | | | | |

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 when possible, 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 | Branch | This block is for use in a large IAP for reference only. Write the number (roman numerals) or name of the Branch for this form. |
| 2 | Division/Group | Write the "Letter" (A, B, C,...) assigned to the division or the functional name of the Group. |
| 3 | Incident Name | Enter the name assigned to the incident. |
| 4 | Operational Period <ul style="list-style-type: none"> • Date and Time | 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. |
| 5 | Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor – Staging Area Manager | Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s), Staging Area Manager |
| 6 | Resources Assigned to this Period | Enter the following information about the resources assigned to the Division or Group for this period: |
| | <ul style="list-style-type: none"> • 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). |
| | <ul style="list-style-type: none"> • Leader | Enter resource leader's name. |
| | <ul style="list-style-type: none"> • # of Persons | Enter total number of persons for the resource assigned, including the leader. |
| | <ul style="list-style-type: none"> • 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. |
| <ul style="list-style-type: none"> • 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 |
|--------------|---|---|
| 7 | Work Assignments | Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group. |
| 8 | Special Instructions | Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pickup points, or other important information. |
| 9 | Division/Group Communications Summary (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel) • Prepared by: Name of and signature of person preparing form. Approved by: Name of and signature of PSC approving the form. Date/Time form was approved | 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). Cell phones, landlines, 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. |



Incident Radio Communications Plan (ICS-205)

| 1. INCIDENT NAME | | 2. DATE/TIME PREPARED | | 3. OPERATIONAL PERIOD | |
|--------------------------------------|---------|-----------------------|----------------|--|---------|
| | | | | From: Date _____ Time _____ To: Date _____ Time _____ | |
| 4. BASIC RADIO CHANNEL UTILIZATION | | | | | |
| System/Type | Channel | Function | Frequency/Tone | Assignment | Remarks |
| | | | | | |
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| | | | | | |
| 5. PREPARED BY (Communications Unit) | | | | SIGNATURE | |

ICS 205

Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talk group assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talk groups 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 talk group 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 | Incident Name | Enter the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date prepared (month/day/year) and time prepared (using the 24-hour clock). |
| 3 | Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To | 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 | Basic Radio Channel Utilization | Enter the following information about radio channel use: |
| | System/Type | Use this field to describe the owner of the radio system (if multi systems are used on same incident. I.e., DNR, DOT, DFO, and "Type" examples are: Cellular, Satellite, UHF, VHF, etc. |
| | 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 talk group will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch). |
| | Frequency/Tone | Enter the transmit(TX) and receive (RX) frequencies for each channel if available. Also include any sub audible, Network Access or CTCSS tones if applicable. This information is useful for field programmable radios. |
| | Assignment | Enter the name of the ICS Branch/Division/Group/Section to which this channel/talk group will be assigned. |
| | Remarks | Include any comments or remarks specific to the channel assignment |
| 5 | Prepared By | Name, position and signature of person preparing the form, typically it will be the Communications unit leader |



Medical Plan (ICS 206)

| | | |
|------------------|--|---|
| 1. INCIDENT NAME | 2. DATE/ TIME PREPARED Date _____ Time _____ | 3. OPERATIONAL PERIOD From: Date _____ Time _____ To: Date _____ Time _____ |
|------------------|--|---|

4. INCIDENT MEDICAL AID STATION

| Medical Aid Stations | Location | Contact (number or frequency) | Paramedics | |
|----------------------|----------|-------------------------------|--------------------------|--------------------------|
| | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

4. TRANSPORTATION (indicate air or ground)

| Ambulance Service | Location | Contact (number or frequency) | Level of Serv. | |
|-------------------|----------|-------------------------------|--------------------------|--------------------------|
| | | | ALS | BLS |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

7. HOSPITALS

| Hospital Name | Address (Lat. and Long. if Helipad) | Travel Time | | Contact (number or frequency) | Helipad | | Burn Ctr. | |
|---------------|-------------------------------------|-------------|------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Air | Grnd | | Yes | No | Yes | No |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. SPECIAL MEDICAL EMERGENCY PROCEDURES

| | |
|---|-------------------------------------|
| 9. PREPARED BY (Medical Unit Leader) | 10. APPROVED BY (Safety Officer) |
| SIGNATURE | SIGNATURE |

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 | Incident Name | Enter the name assigned to the incident. |
| 2 | Date Prepared | Enter the date the plan was prepared. A medical plan could remain unchanged throughout the duration of the incident |
| 3 | Time Prepare | Enter the time (24-hour clock) plan was prepared. |
| 4 | Operational Period | 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. |
| 5 | Incident Medical Aid | Enter the following information on the incident medical aid station(s): |
| | • Medical Aid Station | Enter name of the medical aid station. |
| | • Location | Enter the location of the medical aid station (e.g., Staging Area, Camp Ground). |
| | • Contact Number(s)/Frequency | Enter the contact number(s) and frequency for the ambulance service. |
| | • Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No | Indicate (yes or no) if paramedics are at the site indicated. |
| 6 | Transportation (indicate air or ground) | Enter the following information for ambulance services available to the incident: |
| | • Ambulance Service | Enter name of ambulance service. |
| | • Location | Enter the location of the ambulance service. |
| | • Contact Number(s)/Frequency | Enter the contact number(s) and frequency for the ambulance service. |
| | • Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS | Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support). |

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 7 | Hospitals | Enter the following information for hospital(s) that could serve this incident: |
| | <ul style="list-style-type: none"> Hospital Name | Enter hospital name and identify any predesignated medivac aircraft by name a frequency. |
| | <ul style="list-style-type: none"> Address, Latitude & Longitude if Helipad | Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad. |
| | <ul style="list-style-type: none"> Travel Time <ul style="list-style-type: none"> Air Ground | Enter the travel time by air and ground from the incident to the hospital. |
| | <ul style="list-style-type: none"> Contact Number(s)/ Frequency | Enter the contact number(s) and/or communications frequency(s) for the hospital. |
| | <ul style="list-style-type: none"> Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No | Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical |
| | <ul style="list-style-type: none"> Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No | Indicate (yes or no) if the hospital has a burn center. |
| 8 | Special Medical Emergency Procedures | 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. |
| 9 | Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> Name Signature | 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). |
| 10 | Approved by (Safety Officer) <ul style="list-style-type: none"> Name Signature Date/Time | 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). |



Incident Organization Chart (ICS 207)

| | | | |
|--|------------------------|--------------------------|----------------------|
| 1. Incident Name: | 2. Operational Period: | Date From: Time From: | Date To: Time To: |
| <p>3. Organization Chart</p> <div style="text-align: center;"><div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto 20px auto; display: flex; align-items: center; justify-content: center;">INCIDENT COMMANDER</div><div style="display: flex; justify-content: space-around; width: 100%;"><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">LIAISON OFFICER</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">SAFETY OFFICER</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">INFORMATION OFFICER</div></div><div style="display: flex; justify-content: space-around; width: 100%; margin-top: 20px;"><div style="border: 1px solid black; width: 200px; height: 60px; display: flex; align-items: center; justify-content: center;">OPERATION SECTION CHIEF</div><div style="border: 1px solid black; width: 200px; height: 60px; display: flex; align-items: center; justify-content: center;">PLANNING SECTION CHIEF</div><div style="border: 1px solid black; width: 200px; height: 60px; display: flex; align-items: center; justify-content: center;">LOGISTICS SECTION CHIEF</div><div style="border: 1px solid black; width: 200px; height: 60px; display: flex; align-items: center; justify-content: center;">FINANCE/ADMIN SECTION CHIEF</div></div><div style="display: flex; justify-content: space-around; width: 100%; margin-top: 20px;"><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">STAGING AREA MANGER</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">RESOURCE UNIT</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">SERVICE BRANCH DIRECTOR</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">TIME UNIT</div></div><div style="display: flex; justify-content: space-around; width: 100%; margin-top: 20px;"><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">BRANCH/DIVISION/GROUP</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">SITUATION UNIT</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">COMMUNICATIONS UNIT LEADER</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">COST UNIT</div></div><div style="display: flex; justify-content: space-around; width: 100%; margin-top: 20px;"><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">BRANCH/DIVISION/GROUP</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">DOCUMENTATION UNIT</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">MEDICAL UNIT LEADER</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">PROCUREMENT UNIT</div></div><div style="display: flex; justify-content: space-around; width: 100%; margin-top: 20px;"><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">BRANCH/DIVISION/GROUP</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">DEMobilIZATION UNIT</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">FOOD UNIT LEADER</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">COMPENSATION/CLAIMS UNIT</div></div><div style="display: flex; justify-content: space-around; width: 100%; margin-top: 20px;"><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">SUPPLY UNIT LEADER</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">FACILITIES UNIT LEADER</div><div style="border: 1px solid black; width: 150px; height: 60px; display: flex; align-items: center; justify-content: center;">GROUND SUPPORT UNIT LEADER</div></div></div> | | | |

| | |
|--------------------------------------|----------------------------------|
| 4. Prepared by: (Name & Position) | Signature: Date/ Time: |
|--------------------------------------|----------------------------------|



Incident Organization Chart (ICS 207)

1. Incident Name: _____

2. Operational Period: _____

From: Date _____

Time _____

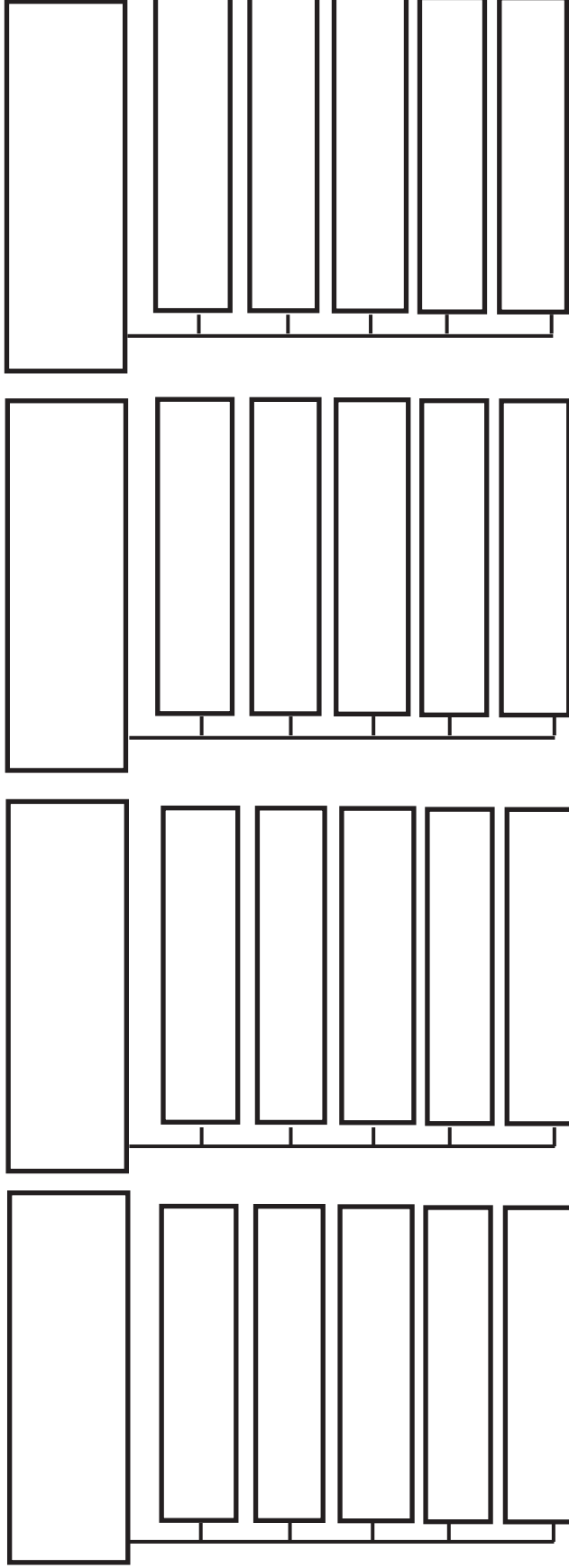
To: _____

Date _____

Time _____

3. Organization Chart

Use the chart below to display branch organization for complex incidents. Branches are functional (label with functional name) or geographic (label with capitalized roman numerals).



Page _____ of _____

4. Prepared by:
(Name & Position)

Signature:

Date/
Time:

ICS 207 Incident Organization Chart

Purpose. The Incident Organization Chart (ICS 207) provides a **visual wall chart** depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

Preparation. The ICS 207 is prepared by the Resources Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and add additional blocks as needed, especially for Agency Representatives and all Operations Section organizational elements. The ICS 207 is intended to be used as a wall-size chart and printed on a plotter for better visibility. A chart is completed for each operational period, and updated when organizational changes occur.

Distribution. The ICS 207 is intended to be **wall mounted** at Incident Command Posts and other incident locations as needed, and is not intended to be part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 207 is intended to be **wall mounted** (printed on a plotter). Document size can be modified based on individual needs.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.

| Block Number | Block Title | Instructions |
|--------------|---|---|
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To | 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 | Organization Chart* | <ul style="list-style-type: none"> • Complete the incident organization chart. • For all individuals, use at least the first initial and last name. • List agency where it is appropriate, such as for Unified Commanders. • If there is a shift change during the specified operational period, list both names, separated by a slash. |
| 4 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

Organizational Chart* - use the second page of the Organizational Chart for charting of additional branches and divisions



Safety Message/Plan (ICS 208)

| | |
|--|---|
| 1. INCIDENT NAME | 2. OPERATIONAL PERIOD: From: Date _____ Time _____ To: Date _____ Time _____ |
| 3. SAFETY MESSAGE/EXPANDED SAFETY MESSAGE, SAFETY PLAN, SITE SAFETY PLAN: | |
| 4. SITE SAFETY PLAN REQUIRED? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At: | |
| 5. PREPARED BY (Name and Position) | Date Prepared: |
| SIGNATURE | Time Prepared: |

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 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To | 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 | Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan | 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 | Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | Check whether or not a site safety plan is required for this incident. |
| | Approved Site Safety Plan(s) Located At | Enter where the approved Site Safety Plan(s) is located. |
| 5 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time | 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)

| | | | | | |
|--|--|-------------------------------------|---------------------------------------|-------------------------------|--|
| *1. INCIDENT NAME | | 2. INCIDENT NO. | | | |
| *3. REPORT VERSION <small>(Check one box on left)</small> Initial Rpt # Update (if used) Final | *4. INCIDENT COMMANDER(S) & AGENCY OR ORGANIZATION | 5. INCIDENT MANAGEMENT ORGANIZATION | *6. INCIDENT START DATE/ TIME Date | | |
| 7. CURRENT INCIDENT SIZE OR AREA INVOLVED <small>(Use unit label – e.g. "sq km", "city block")</small> | | 8. PERCENT (%) CONTAINED | *9. INCIDENT DEFINITION | 10. INCIDENT COMPLEXITY LEVEL | *11. FOR TIME PERIOD From Date/Time |
| | | COMPLETED | | | To Date/Time |

APPROVAL & ROUTING INFORMATION

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

INCIDENT LOCATION INFORMATION

| | | | |
|---|----------|---|---|
| *16. PROVINCE/TERRITORY | | *17. COUNTY, REGIONAL/RURAL MUNICIPALITY, REGIONAL/MUNICIPAL DISTRICT | *18. CITY |
| 19. UNIT OR OTHER | | *20. INCIDENT JURISDICTION | 21. INCIDENT LOCATION OWNERSHIP <small>(if different than jurisdiction)</small> |
| 22. LONGITUDE | LATITUDE | 23. DATUM | 24. LEGAL DESCRIPTION <small>(township, section, range)</small> |
| *25. SHORT LOCATION OR AREA DESCRIPTION <small>(list all affected areas or a reference point)</small> | | | *26. UTM COORDINATES |
| 27. NOTE ANY ELECTRONIC GEOSPATIAL DATA INCLUDED OR ATTACHED <small>(indicate data format, content, and collection time information and labels)</small> | | | |

INCIDENT SUMMARY

| | | | | |
|--|---------------------------------------|--------------------------|--------------|----------------|
| *28. SIGNIFICANT EVENTS FOR THE TIME PERIOD REPORTED <small>(summarize significant progress made, evacuations, incident growth, etc.)</small> | | | | |
| 29. PRIMARY MATERIALS OR HAZARDS INVOLVED <small>(hazardous chemicals, fuel types, infectious agents, radiation, etc.)</small> | | | | |
| 30. DAMAGE ASSESSMENT INFORMATION <small>(summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.)</small> | A. Structural Summary | B. # Threatened (72 hrs) | C. # Damaged | D. # Destroyed |
| | E. Single Residences | | | |
| | F. Nonresidential Commercial Property | | | |
| | Other Minor Structures | | | |
| Page 1 of 4 * Required when applicable | Other | | | |



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 |
|---|----------------------------|--------------------|--|----------------------------|--------------------|
| C. INDICATE NUMBER OF CIVILIANS (PUBLIC) BELOW | | | C. INDICATE NUMBER OF CIVILIANS (PUBLIC) BELOW | | |
| 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 | | | *34. LIFE, SAFETY, AND HEALTH THREAT MGMT. | | A. Check if Active |
| | | | A. No Likely Threat | | |
| | | | B. Potential Future Threat | | |
| | | | C. Mass Notifications in Progress | | |
| | | | D. Mass Notifications Completed | | |
| | | | E. No Evacuation(s) Imminent | | |
| | | | F. Planning for Evacuation | | |
| | | | G. Planning for Shelter-in-Place | | |
| | | | H. Evacuation(s) in Progress | | |
| | | | I. Shelter-in-Place in Progress | | |
| | | | J. Repopulation in Progress | | |
| | | | K. Mass Immunization in Progress | | |
| | | | L. Mass Immunization Complete | | |
| | | | M. Quarantine in Progress | | |
| N. Area Restriction in Effect | | | | | |
| 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)

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 decision-making at all levels above the incident to support the incident. Decision makers 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, County, Provincial, and Federal agencies. Once ICS 209 information has been submitted from the incident, decision makers 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, provincial, 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 threshold where it becomes significant enough to merit special attention. Requiring additional resources and support, cause significant media attention, or increase the threat to public safety. 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 province wide outbreak of mumps may be relevant only to mumps-related activities in Pictou County, NS. 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. 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>REQUIRED BLOCK.</p> <ul style="list-style-type: none"> • Enter the full name assigned to the incident. • Check spelling of the full incident name. • For an incident that is a Complex, use the word “Complex” at the end of the incident name. • If the name changes, explain comments in Remarks, Block 47. • Do not use the same incident name for different incidents in the same calendar year. |

| Block Number | Block Title | Instructions |
|--------------------|---|--|
| 2 | Incident Number | <ul style="list-style-type: none"> • Enter the appropriate number based on current guidance. The incident number may vary by jurisdiction and discipline. • Examples include: <ul style="list-style-type: none"> ○ A computer-aided dispatch (CAD) number. ○ An accounting number. ○ A county number. ○ A disaster declaration number. ○ A combination of the Province/Territory, unit/agency ID, and a dispatch system number. ○ A mission number. ○ Any other unique number assigned to the incident and derived by means other than those above. • Make sure the number entered is correct. • Do not use the same incident number for two different incidents in the same calendar year. • 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. |
| *3 | Report Version (check one box on left) | <p>REQUIRED BLOCK.</p> <ul style="list-style-type: none"> • This indicates the current version of the ICS 209 form being submitted. • If only one ICS 209 will be submitted, check BOTH “Initial” and “Final” (or check only “Final”). |
| | <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"> • 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). • 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 |
| 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 | Incident Commander(s) & Agency or Organization | <p>REQUIRED BLOCK.</p> <ul style="list-style-type: none"> • Enter both the first and last name of the Incident Commander. • 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 – Calgary FD, R. Domanski – Calgary PD, C. Taylor – Red Deer PD, Y. Martin – Red Deer FD, S. McIntyre – Canadian National Railway, J. Hartl – Transport Canada |
| 5 | Incident Management Organization | 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 | Incident Start Date/Time | REQUIRED. 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 | Current Incident Size or Area Involved (use unit label – e.g., “sq km,” “city block”) | <ul style="list-style-type: none"> • Enter the appropriate incident descriptive size or area involved (number of buildings, hectares, square kilometers, etc.). • Enter the total area involved for incident Complexes in this block, and list each sub-incident and size in Remarks (Block 47). • Indicate that the size is an estimate, if a more specific figure is not available. • Incident size may be a population figure rather than a geographic figure, depending on the incident definition and objectives. • 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). • 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 |
| 8 | Percent (%) Contained or Completed (circle one) | <ul style="list-style-type: none"> • Enter the percent that this incident is completed or contained (e.g., 50%), with a % label. • For example, a spill may be 65% contained, or flood response objectives may be 50% met. |
| *9 | Incident Definition | REQUIRED BLOCK. 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 | Incident Complexity Level | Identify the incident complexity level as determined by Unified /Incident Commanders, if available or used. |
| *11 | For Time Period | REQUIRED BLOCK. <ul style="list-style-type: none"> • 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. • The time period may include one or more operational periods, based |
| | From Date/Time | <ul style="list-style-type: none"> • Enter the start date (month/day/year). • Enter the start time (using the 24-hour clock). |
| | To Date/Time | <ul style="list-style-type: none"> • Enter the end date (month/day/year). • Enter the end time (using the 24-hour clock). |

| Block Number | Block Title | Instructions |
|--|--|--|
| APPROVAL & ROUTING INFORMATION | | |
| *12 | Prepared By | REQUIRED BLOCK. 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 |
| | 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 | Date/Time Submitted | REQUIRED. Enter the submission date (month/day/year) and time (using the 24-hour clock). |
| | Time Zone | Enter the time zone from which the ICS 209 was submitted (e.g., EDT, PST). |
| *14 | Approved By | REQUIRED. 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 | Primary Location, Organization, or Agency Sent To | REQUIRED BLOCK. 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. |
| INCIDENT LOCATION INFORMATION | | |
| <ul style="list-style-type: none"> • 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. • 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. • Be certain to follow accepted protocols, conventions, or standards where appropriate when submitting location information, and clearly label all location information. • 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. | | |
| *16 | Province/Territory | REQUIRED BLOCK WHEN APPLICABLE. <ul style="list-style-type: none"> • Enter the Province or Territory where the incident originated. • If other P/Ts or jurisdictions are involved, enter them in Block 25 or Block 44. |

| Block Number | Block Title | Instructions |
|--------------|--|--|
| *17 | County / Parish | <p>REQUIRED BLOCK WHEN APPLICABLE.</p> <ul style="list-style-type: none"> • Enter the county, parish, where the incident originated. • If other counties or jurisdictions are involved, enter them in Block 25 or Block 47. |
| *18 | City | <p>REQUIRED BLOCK WHEN APPLICABLE.</p> <ul style="list-style-type: none"> • Enter the city where the incident originated. • If other cities or jurisdictions are involved, enter them in Block 25 or Block 47. |
| 19 | Unit or Other | <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 | Incident Jurisdiction | <p>REQUIRED BLOCK WHEN APPLICABLE.</p> <p>Enter the jurisdiction where the incident originated (the entry may be general, such as Federal, municipal, or Provincial, or may specifically identify agency names such as Pictou County, Canadian Coast Guard, City of Fredericton, RCMP).</p> |
| 21 | Incident Location Ownership (if different than jurisdiction) | <ul style="list-style-type: none"> • When relevant, indicate the ownership of the area where the incident originated, especially if it is different than the agency having jurisdiction. • 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. |
| 22 | <p>Longitude (indicate format):</p> <p>Latitude (indicate format):</p> | <ul style="list-style-type: none"> • Enter the longitude and latitude where the incident originated, if available and normally used by the authority having jurisdiction for the incident. • 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.” |
| 23 | Datum | <ul style="list-style-type: none"> • What Datum is being used on this incident. WGS84, NAD83, NB Stereo-geographic, etc. |
| 24 | Legal Description (township, section, range) | <ul style="list-style-type: none"> • Enter the legal description where the incident originated, if available and commonly used by the agencies/jurisdictions with primary responsibility for the incident. • Clearly label the data (e.g., N 1/2 SE 1/4, SW 1/4, S24, T32N, R18E). |
| *25 | Short Location or Area Description (list all affected areas or a reference point) | <p>REQUIRED BLOCK.</p> <ul style="list-style-type: none"> • 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 New Brunswick,” “in Bay of Fundy, 10 nautical miles south of Partridge Island,” or “within a 5 km radius of Wapske, NB”). • 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. • Other location information may also be listed here if needed or relevant |
| 26 | UTM Coordinates | <p>Indicate Universal Transverse Mercator reference coordinates if used by the discipline or jurisdiction.</p> |

| Block Number | Block Title | Instructions |
|-------------------------|--|--|
| 27 | <p>Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels)</p> | <ul style="list-style-type: none"> • Indicate whether and how geospatial data is included or attached. • Utilize common and open geospatial data standards. • WARNING: 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. • NOTE: 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). • NOTE: Indicate the data format (e.g., .shp, .kml, .kmz, or .gml file) and any relevant information about projection, etc. • NOTE: 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. • NOTE: Include a point of contact for getting geospatial incident information, if included in the ICS 209 or available and supporting the incident. |
| INCIDENT SUMMARY | | |
| *28 | <p>Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.)</p> | <p>REQUIRED BLOCK.</p> <ul style="list-style-type: none"> • Describe significant events that occurred during the period being reported in Block 6. Examples include: <ul style="list-style-type: none"> ○ Road closures. ○ Evacuations. ○ Progress made and accomplishments. ○ Incident command transitions. ○ Repopulation of formerly evacuated areas and specifics. ○ Containment. • 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. • 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. • This block may be used for a single-paragraph synopsis of overall incident status. |
| 29 | <p>Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.)</p> | <ul style="list-style-type: none"> • 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. • Examples include hazardous chemicals, wildland fuel models, biohazards, explosive materials, oil, gas, structural collapse, avalanche activity, criminal activity, etc. |
| | Other | Enter any miscellaneous issues which impacted Critical Infrastructure and Key Resources. |

| Block Number | Block Title | Instructions |
|--------------|---|---|
| 30 | Damage Assessment Information (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"> • Include a short summary of damage or use/access restrictions/limitations caused by the incident for the reporting period, and cumulatively. • Include if needed any information on the facility status, such as operational status, if it is evacuated, etc. when needed. • 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. • Refer to more specific or detailed damage assessment forms and |
| | A. Structural Summary | 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, |
| | 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 |
|--|--|---|
| ADDITIONAL INCIDENT DECISION SUPPORT INFORMATION (PAGE 2) | | |
| *31 | Public Status Summary | <ul style="list-style-type: none"> • This section is for summary information regarding incident-related injuries, illness, and fatalities for civilians (or members of the public); see 31C–N below. • Explain or describe the nature of any reported injuries, illness, or other activities in Life, Safety, and Health Status/Threat Remarks (Block 33). • Illnesses include those that may be caused through a biological event such as an epidemic or an exposure to toxic or radiological substances. • <u>NOTE:</u> <i>Do not estimate any fatality information.</i> • <u>NOTE:</u> 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. • <u>NOTE:</u> 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"> ○ Only the authority having jurisdiction should submit reports for these actions, to mitigate multiple/conflicting reports. ○ 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. • <u>NOTE:</u> When providing an estimated value, denote in parenthesis: "est." <p><u>Handling Sensitive Information</u></p> <ul style="list-style-type: none"> • 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. • 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. • Information regarding fatalities should be cleared with the Incident Commander and/or an organizational administrator prior to submission of the ICS 209. |
| | 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"> • Enter the total number of individuals impacted in each category for the entire duration of the incident. • This is a cumulative total number that should be adjusted each reporting period. |
| | C. Indicate Number of Civilians (Public) Below | <ul style="list-style-type: none"> • For lines 31D–M below, enter the number of civilians affected for each category. • Indicate if numbers are estimates, for those blocks where this is an option. • 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. |
| | D. Fatalities | <ul style="list-style-type: none"> • Enter the number of <i>confirmed</i> civilian/public fatalities. • See information in introductory instructions (“Distribution”) and in Block 31 instructions regarding sensitive handling of fatality information. |

| 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 | 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 | 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 | Responder Status Summary | <ul style="list-style-type: none"> • This section is for summary information regarding incident-related injuries, illness, and fatalities for responders; see 32C–N. • 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. • Explain or describe the nature of any reported injuries, illness, or other activities in Block 33. • NOTE: <i>Do not estimate any fatality information or responder status information.</i> • NOTE: 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. • NOTE: 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. <p><u>Handling Sensitive Information</u></p> <ul style="list-style-type: none"> • 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. • 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. • Information regarding fatalities should be cleared with the Incident Commander and/or an organizational administrator prior to submission of the ICS 209. |

| 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"> Enter the total number of individuals impacted in each category for the <i>entire duration</i> of the incident. This is a <i>cumulative</i> total number that should be adjusted each reporting period. |
| | C. Indicate Number of Responders Below | <ul style="list-style-type: none"> For lines 32D–M below, enter the number of responders relevant for each category. Responders are those personnel included as part of Unified Command partnerships and those organizations and agencies assisting and cooperating with response efforts. |
| | D. Fatalities | <ul style="list-style-type: none"> Enter the number of <i>confirmed</i> responder fatalities. See information in introductory instructions (“Distribution”) and for Block 32 regarding sensitive handling of fatality information. |
| | E. With Injuries/Illness | <ul style="list-style-type: none"> Enter the number of incident responders with serious injuries or illnesses due to the incident. <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> |
| | 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. Evacuated | 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 | 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. In Temporary Shelters | 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. Received 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 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 | Life, Safety, and Health Status/Threat Remarks | <ul style="list-style-type: none"> 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. This information should be reported as accurately as possible as a snapshot in time, as much of the information is subject to frequent change. Evacuation information can be very sensitive to local residents and officials. Be accurate in the assessment. 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. Provide additional explanation or information as relevant in Blocks 28, 36, 38, 40, 41, or in Remarks (Block 47). |

| Block Number | Block Title | Instructions |
|--------------|---|---|
| *34 | Life, Safety, and Health Threat Management | 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. |
| | Notes | Note any specific details, or include in Block 33 |
| | Check if Active | Check any applicable blocks in 34C–P based on currently available information regarding incident activity and potential. |
| | A. No Likely Threat | Check if there is no likely threat to life, health, and safety. |
| | B. Potential Future Threat | Check if there is a potential future threat to life, health, and safety. |
| | C. Mass Notifications In Progress | <ul style="list-style-type: none"> • 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. • These may include use of threat and alert systems such as the Emergency Alert System or a “reverse 911” system. • Please indicate the areas where mass notifications have been completed (e.g., “mass notifications to postal codes E1V 2L6, E1V 2M8, E1V 2M9,” or “notified all residents within a 5 km radius of Regina”). |
| | D. Mass Notifications | Check if actions referred to in Block 34E above have been completed. |
| | E. No Evacuation(s) Imminent | Check if evacuations are not anticipated in the near future based on current information. |
| | F. Planning for Evacuation | Check if evacuation planning is underway in relation to this incident. |
| | G. Planning for Shelter-in- Place | Check if planning is underway for shelter-in-place activities related to this incident. |
| | H. Evacuation(s) in Progress | Check if there are active evacuations in progress in relation to this incident. |
| | I. Shelter-In-Place in Progress | Check if there are active shelter-in-place actions in progress in relation to this incident. |
| | J. Repopulation in Progress | Check if there is an active repopulation in progress related to this incident. |
| | K. Mass Immunization in Progress | Check if there is an active mass immunization in progress related to this incident. |
| | L. Mass Immunization Complete | Check if a mass immunization effort has been completed in relation to this incident. |
| | M . Quarantine in Progress | Check if there is an active quarantine in progress related to this incident. |
| | N. 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 | Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern) | <ul style="list-style-type: none"> • Complete a short synopsis/discussion on significant weather factors that could cause concerns for the incident when relevant. • Include current and/or predicted weather factors, and the timeframe for predictions. • Include relevant factors such as: <ul style="list-style-type: none"> ○ Wind speed (label units, such as mph). ○ 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”). ○ Temperature (label units, such as C). ○ Relative humidity (label %). ○ Watches. ○ Warnings. ○ Tides. ○ Currents. • Any other weather information relative to the incident, such as flooding, hurricanes, etc. |
| 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 | <ul style="list-style-type: none"> • 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. • 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. • Include an estimate of the acreage or area that will likely be affected. • If known, provide the above information in 12-, 24-, 48- and 72-hour timeframes, and any activity anticipated after 72 hours. |
| 37 | Strategic Objectives (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 |
|--|--|--|
| ADDITIONAL INCIDENT DECISION SUPPORT INFORMATION (continued) (PAGE 3) | | |
| 38 | <p>Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.</p> <p>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>12 hours</p> <p>24 hours</p> <p>48 hours</p> <p>72 hours</p> <p>Anticipated after 72 hours</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>39</p> | <p>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:</p> <p>12 hours 24 hours 48 hours 72 hours Anticipated after 72 hours</p> | <ul style="list-style-type: none"> • List the specific critical resources and numbers needed, in order of priority. <i>Be specific as to the need.</i> • Use plain language and common terminology for resources, and indicate resource category, kind, and type (if available or known) to facilitate incident support. • If critical resources are listed in this block, there should be corresponding orders placed for them through appropriate resource ordering channels. • 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. • More than one resource need may be listed for each timeframe. For example, a list could include: <ul style="list-style-type: none"> ○ <u>24 hrs</u>: 3 Type 2 firefighting helicopters, 2 Type I HUSAR Teams ○ <u>48 hrs</u>: Mobile Communications Unit (Law/Fire) ○ <u>After 72 hrs</u>: 1 Type 2 Incident Management Team • 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"> ○ 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. ○ 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”). • Do not use this block for noncritical resources. |
| <p>40</p> | <p>Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:</p> <p>1) critical resource needs identified above, 2) the Incident Action Plan and management objectives and targets, 3) anticipated results.</p> <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p> | <ul style="list-style-type: none"> • Wording should be consistent with Block 39 to justify critical resource needs, which should relate to planned actions in the Incident Action Plan. • Give a short assessment of the likelihood of meeting the incident management targets, given the current management strategy and currently known constraints. • 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. • Explain major problems and concerns as indicated. |

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

| Block Number | Block Title | Instructions |
|--------------|--|---|
| 47 | Remarks (or continuation of any blocks above – list block number in notation) | <ul style="list-style-type: none"> • 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. • List the block number for any information continued from a previous block. • 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. • For Complexes that include multiple incidents, list all sub-incidents included in the Complex. • 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"> ○ By size (e.g., 35 hectares in City of Winnipeg, 250 hectares in Jasper National Park), and/or ○ By geography (e.g., incident area on the west side of the river is in jurisdiction of City of Moncton; area on east side of river is Town of Dieppe jurisdiction). • Explain any reasons for incident size reductions or adjustments (e.g., reduction in acreage due to more accurate mapping). • 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). • Attach additional pages if it is necessary to include additional comments in the Remarks section. |

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

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

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 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To | 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 | Resource Number | Enter the resource identification (ID) number (this may be a letter and number combination) assigned by either the sending unit or the incident. |
| 4 | New Status (Available, Assigned, Out of Service) | Indicate the current status of the resource: <ul style="list-style-type: none"> • Available – Indicates resource is available for incident use immediately. • Assigned – Indicates resource is checked in and assigned a work task on the incident. • 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). |
| 5 | From (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 | To (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 | Time and Date of Change | 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 | Comments | 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 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time | 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). |

ICS 211 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:

- 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.

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 1 | Incident Name Incident Number | Enter the name and number assigned to the incident. |
| 2 | Check-In Location <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Camp | 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... |
| 3 | Start Date/Time • Date • Time | Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started. |

| Block Number | Block Title | Instructions |
|--------------|--|--|
| | Check-In Information | Self-explanatory. |
| 4 | List single resource personnel (overhead) by agency and name, OR list resources by the following format | 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. |
| | • Agency | Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NBDNR). |
| | • Single | Use this section if the resource checking in is a "single" resource. (e.g., PSC, STL, IO) |
| | • Kind | Use this section to list the resource kind based on discipline, or jurisdiction guidance. |
| | • Type | Use this section to list the resource type based on discipline, or jurisdiction guidance. |
| | • Resource Name or Identifier Number | 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. |
| 5 | Order Request # | 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. |
| 6 | Date/Time Check-In | Enter date (month/day/year) and time of check-in (24-hour clock) to the incident. |
| 7 | Leader's Name | <ul style="list-style-type: none"> • For equipment, enter the operator's name. • Enter the Strike Team or Task Force leader's name. • Leave blank for single resource personnel (overhead). |
| 8 | Total Number of Personnel | Enter total number of personnel associated with the resource. Include leaders. |
| 9 | Home Unit or Agency | Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location). |
| 10 | Departure Point, Date and Time | Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock. |
| 11 | Method of Travel | Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.). |
| 12 | Incident Assignment | Enter the incident assignment at time of dispatch. |
| 13 | Other Qualifications | 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 |
|--------------|---|--|
| 14 | Sent to Resources Unit | 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. |
| 15 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time | 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). |
| 16 | Page ___ of ___ | Enter number of page number and total pages being submitted in package. |
| 17 | Prepared By | Name and Position of person completing form |



General Message (ICS 213)

| | | | |
|-----------|------|--------------------|------|
| TO | | POSITION | |
| FROM | | POSITION | |
| SUBJECT | | DATE | TIME |
| MESSAGE | | | |
| SIGNATURE | | POSITION | |
| REPLY | | | |
| DATE | TIME | SIGNATURE/POSITION | |

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 or can be created in booklets using carbon-less 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.

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 1 | To (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. |
| 2 | From (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. |
| 3 | Subject | Enter the subject of the message. |
| 4 | Date | Enter the date (month/day/year) of the message. |
| 5 | Time | Enter the time (using the 24-hour clock) of the message. |
| 6 | Message | Enter the content of the message. Try to be as concise as possible. |
| 7 | Signature <ul style="list-style-type: none"> • Name • Signature • Position/Title | Enter the name, signature, and ICS position/title of the person approving the message. |
| 8 | Reply | The intended recipient will enter a reply to the message and return it to the originator. |
| 9 | Replied by <ul style="list-style-type: none"> • Date • Time • Signature | 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 using the continuation sheet if required.
- Use additional copies of the continuation sheet as needed, and indicate pagination as used.

| Block Number | Block Title | Instructions |
|--------------|--|--|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Date Prepared • Date | Enter the start date (month/day/year). |
| 3 | Time Prepared | Enter the time using 24-hour clock |
| 4 | Unit Name | Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team). |
| 5 | ICS Position | Enter the name and ICS position of the individual in charge of the Unit. |
| 6 | Operational Period | Enter the date and time of for the operational period; From/To |
| 7 | Resources Assigned | Enter the following information for resources assigned: |
| | • Name | 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. |
| | • ICS Position | Use this section to enter the resource's ICS position (e.g., Finance Section Chief). |
| | • Home Agency (and Unit) | Use this section to enter the resource's home agency and/or unit (e.g., City of Vancouver Public Works Department, Water Management |
| 8 | Activity Log • Date/Time • Notable Activities/Major Activities | <ul style="list-style-type: none"> • 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. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc. |
| 9 | Prepared by • Name • Position/Title • Signature • Date/Time | 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). |

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.
- It can be reproduced as 8½ x 14 (legal size) and 11 x 17 chart.
- If additional pages are needed, use a blank ICS 215 and re-paginate as needed.

| Block Number | Block Title | Instructions |
|--------------|--|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To | 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 | Branch | Enter the Branch of the work assignment for the resources. |
| 4 | Division, Group, or Other | Enter the Division, Group, or other location (e.g., Staging Area) of the work assignment for the resources. |
| 5 | Work Assignment & Special Instructions | Enter the specific work assignments given to each of the Divisions/Groups and any special instructions, as required. |
| 6 | Resources | Complete resource headings for description, category, kind/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 | Overhead Position(s) | 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 | Special Equipment & Supplies | List special equipment and supplies, including aviation support, used or needed. This may be a useful place to monitor span of control. |
| 9 | Reporting Location | Enter the specific location where the resources are to report (Staging Area, location at incident, etc.). |
| 10 | Requested Arrival Time | Enter the time (24-hour clock) that resources are requested to arrive at the reporting location. |

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 11 | Total Resources Required | 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 | Total Resources Have on Hand | 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 | Total Resources Need To Order | 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 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

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.

Like the ICS 215 form, use separate sheets for each "Branch" level of organization

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 | Incident Name | Enter the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter the date the form was prepared |
| 3 | Operational Period | For the operational period, enter the time (using the 24-hour clock) start and end of operational period. |
| 4 | Incident Area | Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Division, or Group. |
| 5 | Hazards/Risks | 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. |
| 6 | Mitigations | 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). |
| 7 | Prepared by (Safety Officer and Operations Section Chief) <ul style="list-style-type: none"> • Name • Signature • Date/Time | 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. |



Radio Requirements Worksheet (ICS 216)

| | | | | | |
|--|-----------------------|---|--------------------|-----------------------|--------------------|
| 1. INCIDENT NAME | | 2. DATE | | 3. TIME | |
| 4. BRANCH | 5. AGENCY | 6. OPERATIONAL PERIOD <small>Date From Time From Date To Time To</small> | | 7. TACTICAL FREQUENCY | |
| 8. DIVISION/GROUP (A) | 8. DIVISION/GROUP (B) | 8. DIVISION/GROUP (C) | | 8. DIVISION/GROUP (D) | |
| AGENCY | AGENCY | AGENCY | | AGENCY | |
| 9. SECTOR /SEGMENT | 9. SECTOR /SEGMENT | 9. SECTOR /SEGMENT | 9. SECTOR /SEGMENT | 9. SECTOR /SEGMENT | 9. SECTOR /SEGMENT |
| RADIO REQUIREMENTS | RADIO REQUIREMENTS | RADIO REQUIREMENTS | RADIO REQUIREMENTS | RADIO REQUIREMENTS | RADIO REQUIREMENTS |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10. PREPARED BY (Name and Position) | | | | | |
| SIGNATURE | | | | | |

ICS 216

Radio Requirement Worksheet

Purpose. The Radio Requirements Worksheet is used to develop the total number of personal portable radios required for each Division/Group and Branch. It provides a listing of all units assigned to each Division, and thus depicts the total incident radio needs

Preparation. The worksheet is prepared by the Communications Unit for each operational period and can only be completed after specific resource assignments are made and designated on Assignment Lists. This worksheet need not be used if the Communications Unit Leader can easily obtain the information directly from Assignment Lists.

Distribution. The worksheet is for internal use by the Communications Unit and therefore there is no distribution of the form.

| Block Number | Block Title | Instructions |
|--------------|---------------------------------|--|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Date | Enter the date (month/day/year) form was prepared |
| 3 | Time | Enter the time (24 hour) form was prepared |
| 4 | Branch | Enter the number or function of the branch for which the radio requirements are being prepared |
| 5 | Agency | Enter abbreviation of agency staffing the Branch Director position (PD, FD, DNR) |
| 6 | Operational Period | Enter the time interval for which the assignment applies |
| 7 | Tactical Frequency | Enter the radio frequency to be used by Branch Director to communicate with each Division Group Supervisor in the Branch |
| 8 | Division/Group (A/B/C/D) | Enter for each Division/Group in the Branch the Division/Group identifier and agency assigned |
| 9 | Sector/Segment | Enter for each Sector/Segment in the Division, the identifier assigned |
| 10 | Prepare By | Enter the name and position the person completing the worksheet. |

ICS 217

Communications Resource Availability Worksheet

Purpose. Communications Resource Availability Worksheet (ICS 217) provides an inventory of all radio frequencies available for use, but not yet assigned to the IAP. The information is developed and used by the Communications Unit Leader in anticipation of additional communication needs of the incident

Preparation. The ICS 217 is prepared by Communications Unit personnel at intervals specified by the Communications Unit Leader.

Distribution. Initial information recorded on the form should be given to the Resources Unit. Subsequent changes to the use of frequencies be provided to the Resources Unit immediately and then relayed to the Communications Unit.

Notes:

- The ICS 217 is an extension of the ICS 205.
- Frequencies listed on ICS 205 will still be listed on ICS 217. It will be noted under the "remarks" column as "Assigned Tactical", or "Assigned-Air to Ground".

| Block Number | Block Title | Instructions |
|--------------|-------------------------|--|
| 1 | Frequency Band | The frequency band (Lowband, VHF, UHF, 700 MHz. or 800 MHz. is provided. |
| 2 | Description | A description of the communications information entered on the worksheet (a Province's, agency's, county or city's local channels or talkgroups, etc.) |
| 3 | Channel/Talk Group Name | The nomenclature or commonly used name for the channel or talkgroup is provided |
| 4 | Channel Configuration | Conventional channels will have the configuration of the channel provided such as "Repeater Pair", "Simplex-Mobile Only", Simplex-Base/Mobile" etc. |
| 5 | Users | The discipline or user group to whom this channel/talkgroup may be assigned (e.g. "law", "fire", "any public safety", "provincial agencies", etc.) |
| 6 | RX Freq N/W | The receive frequency as the mobile or portable subscriber would be programmed using xxx.xxx out to four decimal places followed by a "N" designating narrowband or a "W" designating wideband emissions is provided. The name of the specific trunked radio system from which the talkgroup is associated may be entered across all fields on the ICS 217 normally used for a conventional channel programming information. |
| 7 | PL Tone / NAC | The receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone or Network Access Code for the receive frequency as the mobile or portable subscriber would be programmed is provided. |
| 8 | TX Freq N/W | The transmit frequency as the mobile or portable subscriber would be programmed using xxx.xxx out to four decimal places followed by a "N" designating narrowband or a "W" designating wideband emissions is provided |
| 9 | PL Tone / NAC | The receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone or Network Access Code for the receive frequency as the mobile or portable subscriber would be programmed is provided. |
| 10 | Mode A/D/M | The mode of operation: "A" for analog operation, "D" for digital operation or "M" for Mixed mode operation is provided. |
| 11 | Remarks | Information concerning limitations on use such |

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.

| Block Number | Block Title | Instructions |
|--------------|--|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Incident Number | Enter the number assigned to the incident. |
| 3 | Date/Time Prepared | Enter the date (month/day/year) and time (using the 24-hour clock) the form is prepared. |
| 4 | Vehicle/Equipment Category | 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 | Vehicle/Equipment Information | 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 agency specified 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 |
|------------------|--|--|
| 5 (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. |
| 6 | Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature | Enter the name, ICS position/title, and signature of the person preparing the form. |



Air Operations Summary (ICS 220)

| | | | | | | | |
|---|--|-------------------------------------|--|---|------------|--------------------|------------|
| 1. INCIDENT NAME: | | 2. OPERATIONAL PERIOD | | From: Date _____ | Time _____ | To: Date _____ | Time _____ |
| 3. REMARKS (safety notes, hazards, etc.) | | | | | | | |
| 4. MEDIVAC AIRCRAFT | | | | 5. NOTAM (Use "Remarks" to list geographic points if defining an area and attach map) | | | |
| Sunrise | | Sunset | | Radius nm | | Altitude ASL | |
| PHONE # | | AM | | FM | | Center Point | |
| NAME | | 7. FREQUENCIES | | Reg. | | Model | |
| 8. FIXED WING AIRCRAFT | | Remarks | | Base | | Start | |
| Reg. | | Make/Model | | Reg. | | Make/Model | |
| Base | | Start | | Remarks | | Reg. | |
| 9. HELICOPTERS (attach additional sheets if required) | | Base | | Start | | Remarks | |
| Reg. | | Make/Model | | Reg. | | Make/Model | |
| Base | | Start | | Remarks | | Reg. | |
| 10. Page _____ of _____ | | 11. Prepared by (Name and Position) | | Signature | | Prepared Date/Time | |

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 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none"> • Date and Time Start • Date and Time End | 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 | Remarks (safety notes, hazards, air operations special equipment, etc.) | Enter special instructions or information, including safety notes, hazards, and priorities for Air Operations personnel. |
| 4 | Medivac Aircraft <ul style="list-style-type: none"> • Medivac | Identify ready alert aircraft that will be used as Medivac for incident assigned personnel and indicate on the Medical Plan (ICS 206). |
| 5 | Notice to Airmen (NOTAM) <ul style="list-style-type: none"> • Radius nm • Altitude ASL • Center Point • Latitude • Longitude | Enter the radius in nautical miles of the restricted airspace Enter the Altitude from "above sea level" of the restricted airspace Geographic description of the center point of the restriction Latitude (use DD-MM.mmmm) Longitude (use DD-MM.mmmm) *If NOTAM area is the shape of of polygon, list each point of the polygon, ending the list with the same point as the first which indicates the shape is closed. List the points in Block #3 or attach a separate sheet. |
| 6 | Personnel <ul style="list-style-type: none"> • Name • Phone Number | 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 |
|--------------|---|---|
| 7 | Frequencies <ul style="list-style-type: none"> • AM • FM | 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 | |
| 8 | Fixed-Wing (registration make/model, remarks) | Enter the registration, make/model of air assets allocated to the incident. |
| 9 | Helicopters | Enter the following information about the helicopter resources allocated to the incident. |
| | Registration | Enter the Transport Canada registration |
| | Make/Model | Enter the make and model of the helicopter. |
| | Base | Enter the Base the helicopter is located |
| | Start | Enter the time the helicopter becomes operational |
| | Remarks | |
| 10 | Page | Enter the page number if multiple sheets are required. |
| 11 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |



Demobilization Checkout (ICS 221)

| | | | |
|---|--------------|--|---|
| 1. INCIDENT NAME/NUMBER | 2. DATE/TIME | 3. DEMOB. NUMBER | |
| 4. UNIT/PERSONNEL RELEASED | | | |
| 5. TRANSPORTATION TYPE/NUMBER | | | |
| 6. ACTUAL RELEASE DATE/TIME | | | |
| 8. DESTINATION | | 9. Notify <input type="checkbox"/> HQ <input type="checkbox"/> Agency <input type="checkbox"/> Region <input type="checkbox"/> | 7. MANIFEST COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO Area <input type="checkbox"/> Dispatch <input type="checkbox"/> |
| 10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING | | | |
| 11. UNIT/PERSONNEL | | | |
| <p>You and your resources have been released subject to Sign-Off from the following: Demobilization Unit Leader - Check the appropriate box</p> | | | |
| LOGISTICS SECTION | | | |
| <input type="checkbox"/> Supply Unit | | | |
| <input type="checkbox"/> Communication Unit | | | |
| <input type="checkbox"/> Facilities Unit | | | |
| <input type="checkbox"/> Ground Support Unit Leader | | | |
| PLANNING SECTION | | | |
| <input type="checkbox"/> Documentation Unit | | | |
| FINANCE SECTION | | | |
| <input type="checkbox"/> Time Unit | | | |
| OTHER | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| REMARKS | | | |
| | | | |
| Page | of | 13. PREPARED BY (Name and Position) | |
| | | SIGNATURE | |

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 details in Block 11 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 11 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 | Incident Name/Number | Enter the name/number assigned to the incident. |
| 2 | Date Time | Enter the Date and Time the form was prepared |
| 3 | Demobilization Number | Each ICS 221 form will be assigned a consecutive number. |
| 4 | Unit or Personnel | Enter name of the individual or resource being released. |
| 5 | Transportation Type/Number | Enter flight number, bus number, name of transportation service if applicable – enter N/A if travelling in POV. |
| 6 | Actual Release/Date Time | Enter the actual date of release and time resource was released |
| 7 | Manifest Completed? Y or N | Manifests for crews will be required for any agency aircraft, charter flights, buses, as an inventory of personnel travelling with the group. Not all resources will require manifests. |
| 8 | Destination | Enter the final destination of the resource being released |
| 9 | Notify | Enter location, date and name of the contact from the agency the person is returning to |
| 10 | Unit Leader Responsible for Collecting Performance | Self-explanatory |
| 11 | Resource or Personnel You and your resources are in the process of being released. Subject to Sign-Off from the following | 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.). |
| | Logistics Section <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Ground Support 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. |

| Block Number | Block Title | Instructions |
|--------------------------|--|--|
| 11 (continued) | Finance/Administration Section <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. |
| | Other Section/Staff <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. |
| | Planning Section <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. |
| | Remarks | 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. |
| | Prepared by | Enter the Name and signature of person creating the form and include the Date and Time form was completed. |



Crew Performance Rating (ICS 224)

INSTRUCTIONS: This is a wildfire crew rating form. If rating crew for All Hazard, edit "Rating Factors" to meet the needs of the incident. All blocks must be completed. Crew will be rated by the immediate supervisor, not crew representative. If deficiencies are indicated for items 9 and 10, explain in item 11.

| | | | | | | |
|---|--------------------------|-----------------------------|--|---|----------|--------------------------|
| 1. CREW NAME AND NUMBER | | 2. INCIDENT NAME AND NUMBER | | 3. CREW LEADER (name) | | |
| 4. CREW HOME UNIT AND ADDRESS | | | 5. LOCATION OF INCIDENT (complete address) | | | |
| 6. AGENCY REPRESENTATIVE | | 7. DATES ON INCIDENT | | 8. NUMBER OF SHIFTS WORKED | | |
| 9. CREW EVALUATION | | | | 11. AREAS NEEDING IMPROVEMENT | | |
| Rating Factors | Excellent | Satisfactory | Deficient | | | Needs to Improve |
| Physical Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Hot Line Construction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Mop-Up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Off Line Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Use of Safe Practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Crew Organization and Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| 10. SUPERVISORY PERFORMANCES | | | | | | |
| Crew Leader | | | | | | |
| Squad Bosses | | | | | | |
| 12. NAMES OF OUTSTANDING WORKERS (comment) | | | | 13. NAMES OF INDIVIDUALS NEEDING IMPROVEMENT (indicate area(s)) | | |
| 14. REMARKS | | | | | | |
| 15. CREW LEADER (signature) This rating has been discussed with me. | | | | | 16. DATE | |
| 17. RATED BY (signature) | | | | | 18. DATE | |

ICS 224 Crew Performance Rating

Purpose. The Crew Performance Rating (ICS 224) gives supervisors the opportunity to evaluate crews on wildland fire assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING A CREWS PERFORMANCE ON AN INCIDENT/EVENT. If crew rating is required for an "All Hazard" incident, then the IMT can edit the rating factors to reflect activities significant to the incident.

Preparation. The ICS 224 is normally prepared by the supervisor for each crew, using the evaluation standard given in the form. The ICS 224 will be reviewed with the Crew Leader, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

Distribution. The ICS 224 is provided to the Planning Section Chief before the rater leaves the incident.

Notes:

- Use a blank ICS 224 for each crew.
- Additional pages can be added based on need.

| Block Number | Block Title | Instructions |
|--------------|---|---|
| 1 | Crew Name and Number | Enter the "C" number of the crew and crew name of crew being |
| 2 | Incident Name and Number | Enter the name and number assigned to the incident. |
| 3 | Crew Leader | Enter the name of the Crew Leader |
| 4 | Home Unit Address | Enter the physical address of the home unit for the individual being rated. |
| 5 | Location of Incident | Enter the name and address of the authority having jurisdiction for the incident, or the incident coordinates |
| 6 | Agency Representative | Enter the name of the agency's representative if one was present with the crew |
| 7 | Date(s) of Assignment <ul style="list-style-type: none"> • From • To | Enter the date(s) (month/day/year) the individual was assigned to the incident. |
| 8 | Number of Shifts Worked | Enter the number of shifts the crew worked. Indicate if number is the number for "day" or "night" shifts. |
| 9 | Crew Evaluation | Enter "X" under the appropriate column indicating the crew's level of performance for each duty listed. |
| 10 | Supervisory Performance | Enter a general comment regarding supervisory performance. |
| 11 | Areas Needing Improvement | Enter any areas needing improvement based on "crew" performance |
| 12 | Names of Outstanding Workers | List names of outstanding workers and short comments on each |
| 13 | Names of Individuals Needing Improvement | List names of individuals needing improvement and specify areas for each |
| 14 | Remarks | Enter any other remarks to be included in this performance assessment |
| 15 | Crew Leader | Enter signature of the Crew Leader |
| 16 | Date | Enter date as Month/Day/Year signed by Crew Leader |
| 17 | Rated By | Enter name of person performing the evaluation |
| 18 | Date | Enter date as Month/Day/Year form completed by evaluator |
| | | |
| | | |



Incident Personnel Performance Rating (ICS 225)

| 1. NAME | | 2. INCIDENT NAME | | | 3. INCIDENT NUMBER. | |
|---|--------------------------|---|--------------------------|---|--------------------------|--|
| 4. HOME UNIT NAME & ADDRESS | | | | 5. INCIDENT AGENCY & ADDRESS | | |
| 6. POSITION HELD ON INCIDENT | | 7. DATE(S) OF ASSIGNMENT From To | | 8. INCIDENT COMPLEXITY Type 1 2 3 4 5 | | 9. INCIDENT DEFINITION |
| 10. EVALUATION | | | | | | |
| RATING FACTORS | NA | A - UNACCEPTABLE | B | C - MET STANDARDS | D | E - EXCEEDED EXPECTATIONS |
| 11. KNOWLEDGE OF THE JOB/PROFESSIONAL COMPETENCE Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.) | <input type="checkbox"/> | Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs. | <input type="checkbox"/> | Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs. | <input type="checkbox"/> | Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work. |
| 12. ABILITY TO OBTAIN PERFORMANCE/RESULTS Quality, quantity, timeliness, and impact of work. | <input type="checkbox"/> | Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve. | <input type="checkbox"/> | Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness. | <input type="checkbox"/> | Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement. |
| 13. PLANNING/ PREPAREDNESS Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT). | <input type="checkbox"/> | Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information. | <input type="checkbox"/> | Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed. | <input type="checkbox"/> | Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact. |
| 14. USING RESOURCES Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics). | <input type="checkbox"/> | Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods. | <input type="checkbox"/> | Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste. | <input type="checkbox"/> | Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency. |
| 15. ADAPTABILITY/ATTITUDE Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles. | <input type="checkbox"/> | Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations. | <input type="checkbox"/> | Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities. | <input type="checkbox"/> | Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change. |
| 16. COMMUNICATION SKILLS Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly. | <input type="checkbox"/> | Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread. | <input type="checkbox"/> | Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously. | <input type="checkbox"/> | Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives. |



Incident Personnel Performance Rating (ICS 225)

| | | |
|---------|------------------|-----------------|
| 1. NAME | 2. INCIDENT NAME | 3. INCIDENT NO. |
|---------|------------------|-----------------|

10. EVALUATION

| RATING FACTORS | NA | A - UNACCEPTABLE | B | C - MET STANDARDS | D | E - EXCEEDED EXPECTATIONS |
|--|----|---|---|--|---|--|
| 17. ABILITY TO WORK ON A TEAM Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps. | | Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness. Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals. | | Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals. | | Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult situations. Major contributor to team effort. Established relationships and networks across a broad range of people and groups, raising accomplishments of mutual goals to a remarkable level. |
| 18. CONSIDERATION FOR PERSONNEL/TEAM WELFARE Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills. | | Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members. | | Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate. Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members. | | Always accessible. Enhanced overall quality of life. Actively contributed to achieving balance among IMT requirements and professional and personal responsibilities. Strong advocate for subordinates; ensured appropriate and timely recognition, both formal and informal. |
| 19. DIRECTING OTHERS Ability to influence or direct others in accomplishing tasks or missions. | | Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment. | | A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task. | | An inspirational leader who motivated others to achieve results not normally attainable. Won people over rather than imposing will. Clearly articulated vision; empowered subordinates to set goals and objectives to accomplish tasks. Modified leadership style to best meet challenging situations. |
| 20. JUDGMENT/DECISIONS UNDER STRESS Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought. | | Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization. | | Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information. | | Combined keen analytical thought, an understanding of political processes, and insight to make appropriate decisions. Focused on the key issues and the most relevant information. Did the right thing at the right time. Actions indicated awareness of impact of decisions on others. Not afraid to take reasonable risks to achieve positive results. |
| 21. INITIATIVE Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision. | | Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements in methods, services, or products went unexplored. | | Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods. | | Aggressively sought out additional responsibility. A self-learner. Made worthwhile ideas and practices work when others might have given up. Extremely innovative. Optimized use of new ideas and methods to improve work processes and decisionmaking. |
| 22. PHYSICAL ABILITY FOR THE JOB Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others. | | Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need. | | Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional wellbeing. Recognized and managed stress effectively. | | Remarkable vitality, enthusiasm, alertness, and energy. Consistently contributed at high levels of activity. Optimized personal performance through involvement in activities that supported physical and emotional well-being. Monitored and helped others deal with stress and enhance health and well-being. |
| 23. ADHERENCE TO SAFETY Ability to invest in the IMT's future by caring for the safety of self and others. | | Failed to adequately identify and protect personnel from safety hazards. | | Ensured that safe operating procedures were followed. | | Demonstrated a significant commitment toward safety of personnel. |

| |
|-------------|
| 24. REMARKS |
|-------------|

| | |
|---|------|
| 25. RATED INDIVIDUAL (This rating has been discussed with me) | |
| Signature | Date |

| | |
|---------------------|------|
| 26. RATED BY (Name) | |
| Signature | Date |

ICS 225 Incident Personnel Performance Rating

Purpose. The Incident Personnel Performance Rating (ICS 225) gives supervisors the opportunity to evaluate subordinates on incident assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.

Preparation. The ICS 225 is normally prepared by the supervisor for each subordinate, using the evaluation standard given in the form. The ICS 225 will be reviewed with the subordinate, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

Distribution. The ICS 225 is provided to the Planning Section Chief before the rater leaves the incident.

Notes:

- Use a blank ICS 225 for each individual.
- Additional pages can be added based on individual need.

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 1 | Name | Enter the name of the individual being rated. |
| 2 | Incident Name | Enter the name assigned to the incident. |
| 3 | Incident Number | Enter the number assigned to the incident. |
| 4 | Home Unit Address | Enter the physical address of the home unit for the individual being rated. |
| 5 | Incident Agency and Address | Enter the name and address of the authority having jurisdiction for the incident. |
| 6 | Position Held on Incident | Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated. |
| 7 | Date(s) of Assignment <ul style="list-style-type: none"> • From • To | Enter the date(s) (month/day/year) the individual was assigned to the incident. |
| 8 | Incident Complexity Level <ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | Indicate the level of complexity for the incident. |
| 9 | Incident Definition | 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 | Evaluation | Enter "X" under the appropriate column indicating the individual's level of performance for each duty listed. |
| | N/A | The duty did not apply to this incident. |
| | 1 – Unacceptable | Does not meet minimum requirements of the individual element. Deficiencies/Improvements needed must be identified in Remarks. |
| | 2 – Needs Improvement | Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS. |
| | 3 – Met Standards | Satisfactory. Employee meets all requirements of the individual element. |

| Block Number | Block Title | Instructions |
|--------------|--|--|
| | 4 – Fully Successful | Employee meets all requirements and exceeds one or several of the requirements of the individual element. |
| 10 | 5 – Exceeded Expectations | Superior. Employee consistently exceeds the performance requirements. |
| 11 | Knowledge of the Job/ Professional Competence: | Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.) |
| 12 | Ability to Obtain Performance/Results: | Quality, quantity, timeliness, and impact of work. |
| 13 | Planning/Preparedness: | Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT). |
| 14 | Using Resources: | Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics). |
| 15 | Adaptability/Attitude: | Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles. |
| 16 | Communication Skills: | Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly. |
| 17 | Ability to Work on a Team: | Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps. |
| 18 | Consideration for Personnel/Team Welfare: | Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of work life concepts and skills. |
| 19 | Directing Others: | Ability to influence or direct others in accomplishing tasks or missions. |
| 20 | Judgment/Decisions Under Stress: | Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought. |
| 21 | Initiative | Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision. |
| 22 | Physical Ability for the Job: | Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others. |
| 23 | Adherence to Safety: | Ability to invest in the IMT's future by caring for the safety of self and others. |
| 24 | Remarks | Enter specific information on why the individual received performance levels. |
| 25 | Rated Individual (This rating has been discussed with me) <ul style="list-style-type: none"> • Signature • Date/Time | Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed. |
| 26 | Rated by <ul style="list-style-type: none"> • Name • Signature • Date/Time | Enter the name, signature of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared. |

ICS 309 Communications Log

Purpose. The Communications Log (ICS 309) provides for a process to document significant radio messages and transmissions at a radio base station. The information documented by the Communication Unit to maintain a record of significant events or conversations conducted over the incident/event radio net(s). Communications Logs are filed daily with the Documentation Unit.

Preparation. The ICS 309 is completed and signed off by each Radio Operator/Dispatcher operating a base station during their operational shift.

Distribution. Completed Communications Logs are to be reviewed by the Communications Unit Leader before filing with the Documentation Unit.

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period | Enter the date (month/day/year) and time (using the 24-hour clock) |
| 3 | Radio Net Name | If it is required to track transmissions by individual networks indicate the name of network in this field. If this is a general communications log for all radio traffic, draw a line through this block or write "N/A" |
| 4 | Radio Operator | Name of Radio Operator. Include call sign if applicable |
| 5 | Time From <ul style="list-style-type: none"> • Call Sign/ID • Msg # To <ul style="list-style-type: none"> • Call Sing/ID • Message # Message | Time transmission/reception was made (24 hr clock) <ul style="list-style-type: none"> • Call sign or identification of the message being received or sent from • Include the corresponding number matching the message in the "message" column. • Call sign or identification of the message being received or sent to • Include the corresponding number matching the message in the "message" column Enter the message being receive or transmitted and ensure each message is matched with a corresponding number found in the From/To columns |
| 6 | Prepared By | Include the name of the operator completing the form |
| 7 | Date & Time Prepared | Include the date and time this form was completed. |

