NATIONAL INCIDENT MANAGEMENT SYSTEM
INCIDENT COMMAND SYSTEM

ICS FORMS BOOKLET
FEMA 502-2

August 28, 2009

For Public Review Only

INTRODUCTION TO ICS FORMS

The National Incident Management System (NIMS) Incident Command System (ICS) Forms Booklet, FEMA 502-2, is designed to assist emergency response personnel in the use of ICS and corresponding documentation during incident operations. This booklet is a companion document to the NIMS ICS Field Operations Guide (FOG), FEMA 502-1, which provides general guidance to emergency responders on implementing ICS. 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 NIMS, including 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 in the spirit of NIMS, 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 forms with these ICS Forms, such as resource management and/or ordering forms that are used to support incidents. Examples of these include the following Emergency Management Assistance Compact (EMAC) forms: REQ-A (Interstate Mutual Aid Request), Reimbursement Form R-1 (Interstate Reimbursement Form), and Reimbursement Form R-2 (Intrastate Reimbursement Form).

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 used to develop 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 205A**	**Communications List**	Communications Unit Leader
***ICS 206**	**Medical Plan**	Medical Unit Leader (reviewed by Safety Officer)
ICS 207	**Incident Organization Chart** *(wall-mount size, optional 8½" x 14")*	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** *(optional 8½" x 14" and 11" x 17")*	Resources Unit/Check-In Recorder
ICS 213	**General Message** *(3-part form)*	Any Message Originator
ICS 214	**Activity Log** *(optional 2-sided form)*	All Sections and Units
ICS 215	**Operational Planning Worksheet** *(optional 8½" x 14" and 11" x 17")*	Operations Section Chief
ICS 215A	**Incident Action Plan Safety Analysis**	Safety Officer
ICS 218	**Support Vehicle/Equipment Inventory** *(optional 8½" x 14" and 11" x 17")*	Ground Support Unit
ICS 219-1 to ICS 219-8, ICS 219-10 *(Cards)*	**Resource Status Card (T-Card)** *(may be printed on cardstock)*	Resources Unit
ICS 220	**Air Operations Summary Worksheet**	Operations Section Chief or Air Branch Director
ICS 221	**Demobilization Check-Out**	Demobilization Unit Leader
ICS 225	Incident Personnel Performance Rating	Supervisor at the incident

ICS FORM ADAPTION, EXTENSION, AND APPENDIXES

The ICS Forms in this booklet are designed to serve all-hazards, cross-discipline needs for incident management across the Nation. 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 NIMS should allow for needs outside this foundation, so the following are possible mechanisms to add to, extend, or adapt ICS Forms when needed.

Because the goal of NIMS is to have 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 some unique reason. If changes are needed, the focus on essential information elements should remain, 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 from 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 fuel model number.

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.

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

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)**:**

5. Situation Summary (for briefings or transfer of command)**:**

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:

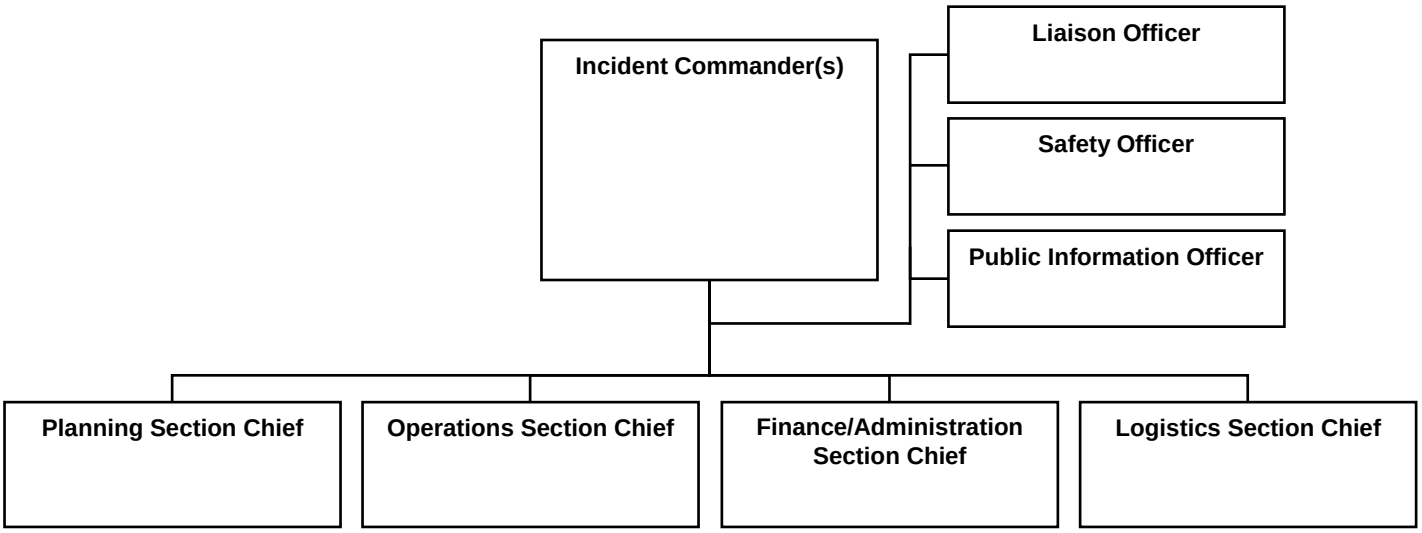
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 2 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

9. Current Organization (fill in additional organization as appropriate)**:**



6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 3 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
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6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 4 Date/Time: _____

ICS 201
Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

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

Notes:

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

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Date/Time Initiated** • Date, Time	Enter date initiated (month/day/year) and time 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** (for briefings or transfer of command)	Self-explanatory.
6	**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).
7	**Current and Planned Objectives**	Enter the objectives used on the incident and note any specific problem areas.
8	**Current and Planned Actions, Strategies, and Tactics** • 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.

Block Number	Block Title	Instructions
9	**Current Organization** (fill in additional organization as appropriate) • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief	• 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.
	• Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	• Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	• Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	• Arrived	Enter an “X” or a checkmark upon arrival to the incident.
	• Notes (location/ assignment/status)	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. Operational Period:** Date From: Date To: Time From: Time To:

3. Objective(s):

4. Operational Period Command Emphasis:

General Situational Awareness

5. Site Safety Plan Required? Yes ☐ No ☐

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan)**:**

☐ ICS 202	☐ ICS 206	Other Attachments:
☐ ICS 203	☐ ICS 207	☐ _____
☐ ICS 204	☐ ICS 208	☐ _____
☐ ICS 205	☐ Map/Chart	☐ _____
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____

7. Prepared by: Name: _____ Position/Title: _____ Signature: _____

8. Approved by Incident Commander: Name: _____ Signature: _____

ICS 202	**IAP Page** _____	Date/Time: _____

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 reproduced with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident. If needed, an incident number can be added.
2	**Operational Period** • 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	**Objective(s)**	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.
4	**Operational Period Command Emphasis**	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	**Site Safety Plan Required?** Yes ☐ No ☐	Safety Officer should check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	**Incident Action Plan** (the items checked below are included in this Incident Action Plan): ☐ ICS 202 ☐ ICS 203 ☐ ICS 204 ☐ ICS 205 ☐ ICS 205A ☐ ICS 206 ☐ ICS 207 ☐ ICS 208 ☐ Map/Chart ☐ Weather Forecast/ Tides/Currents <u>Other Attachments</u>:	Check appropriate forms and list other relevant documents that are included in the IAP. ☐ ICS 202 – Incident Objectives ☐ ICS 203 – Organization Assignment List ☐ ICS 204 – Assignment List ☐ ICS 205 – Incident Radio Communications Plan ☐ ICS 205A – Communications List ☐ ICS 206 – Medical Plan ☐ ICS 207 – Incident Organization Chart ☐ ICS 208 – Safety Message/Plan
7	**Prepared by** • Name • Position/Title • Signature	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	**Approved by Incident Commander** • Name • Signature • Date/Time	In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Incident Commander(s) and Command Staff:	
IC/UCs	
Deputy	
Safety Officer	
Public Info. Officer	
Liaison Officer	

4. Agency/Organization Representatives:	
Agency/Organization	Name

5. Planning Section:	
Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	

6. Logistics Section:	
Chief	
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. Operations Section:		
Chief		
Deputy		
Staging Area		
Branch		
Branch Director		Deputy
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		Deputy
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		Deputy
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Air Operations Branch		
Air Ops Branch Dir.		

8. Finance/Administration Section:	
Chief	
Deputy	
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 203 | **IAP Page** _____ | Date/Time: _____

ICS 203
Organization Assignment List

Purpose. The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

Distribution. The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

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

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • 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	**Incident Commander(s) and Command Staff** • IC/UCs • Deputy • Safety Officer • Public 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.
4	**Agency/Organization Representatives** • 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.
5	**Planning Section** • 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
6	**Logistics Section** • Chief • Deputy **Support Branch** • Director • Supply Unit • Facilities Unit • Ground Support Unit **Service Branch** • Director • Communications Unit • Medical Unit • Food Unit	Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title. 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.
7	**Operations Section** • Chief • Deputy • Staging Area **Branch** • Branch Director • Deputy • Division/Group **Air Operations Branch** • Air Operations Branch Director	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. 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. 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.
8	**Finance/Administration Section** • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit	Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title. 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.
9	**Prepared by** • 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).

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:	**3.** **Branch:** **Division:** **Group:** **Staging Area:**

4. Operations Personnel: Name Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment)**:**

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
/	
/	
/	
/	

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 204	**IAP Page** _____	Date/Time: _____

ICS 204
Assignment List

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

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

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

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • 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** **Division** **Group** **Staging Area**	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., “Branch 1,” “Division D,” “Group 1A”) in large letters for easy referencing.
4	**Operations Personnel** • Name, Contact Number(s) – Operations Section Chief – Branch Director – Division/Group Supervisor	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	**Resources Assigned**	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader’s name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	**Work Assignments**	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	**Special Instructions**	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	**Communications** (radio and/or phone contact numbers needed for this assignment) • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Enter specific communications information (including emergency numbers) for this Branch/Division/Group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed.
9	**Prepared by** • 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 RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	**2. Date/Time Prepared:** Date: Time:	**3. Operational Period:** Date From: Date To: Time From: Time To:

4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader)**:** Name: _____ Signature: _____

ICS 205 | **IAP Page** _____ | Date/Time: _____

ICS 205
Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

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

Distribution. The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	**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** • 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 Use**	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talkgroup.
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will assigned.
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
4 (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
5	**Special Instructions**	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
6	**Prepared by** (Communications Unit Leader) • Name • Signature • Date/Time	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

3. Basic Local Communications Information:

Section/ Division/ Group	Position Assigned	Name	Method(s) of Contact (radio frequency, phone, pager, cell, etc.)

4. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 205A | **IAP Page** _____ | Date/Time: _____

ICS 205A
Communications List

Purpose. The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation. The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution. The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • 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	**Basic Local Communications Information**	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	• Section/Division/Group	Enter the relevant ICS Section or indicate Command Staff.
	• Position Assigned	Enter the ICS organizational assignment.
	• Name	Enter the name of the assigned person.
	• Method(s) of Contact (radio frequency, phone, pager, cell, etc.)	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	**Prepared by** • 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).

MEDICAL PLAN (ICS 206)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Medical Aid Stations:

Name	Location	Contact Number(s)	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground)**:**

Ambulance Service	Location	Contact Number(s)	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader)**:** Name: _____ Signature: _____

8. Approved by (Safety Officer)**:** Name: _____ Signature: _____

ICS 206	**IAP Page** _____	Date/Time: _____

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	**Operational Period** • 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	**Medical Aid Stations**	Enter the following information on the incident medical aid station(s):
	• Name	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)	Enter the contact number(s) for the medical aid station(s).
	• Paramedics on Site? ☐ Yes ☐ No	Indicate (yes or no) if paramedics are at the site indicated.
4	**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)	Enter the contact number(s) for the ambulance service.
	• Level of Service ☐ ALS ☐ 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
5	**Hospitals**	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.

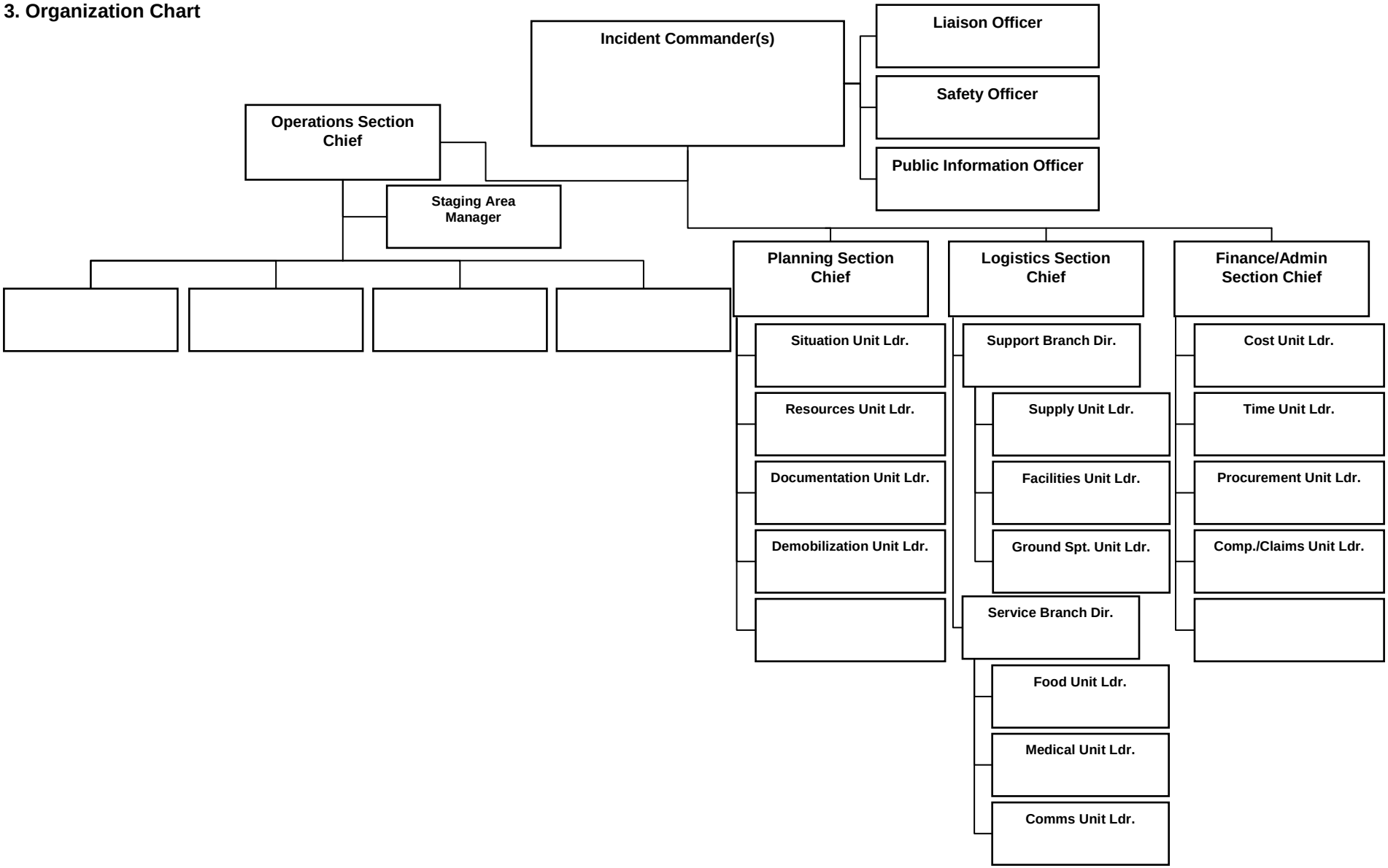
	• Travel Time
	  • Air
	  • Ground
		Enter the travel time by air and ground from the incident to the hospital.

	• Trauma Center ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a trauma center.
	• Burn Center ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a helipad.
6	**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.
	☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory.
7	**Prepared by** (Medical Unit Leader) • 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).
8	**Approved by** (Safety Officer) • 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: Date To: Time From: Time To:

3. Organization Chart



ICS 207	IAP Page _____	4. Prepared by: Name:_____ Position/Title: _____ 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. For detailed information about positions, consult the NIMS ICS Field Operations Guide. 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).
- Also available as 8½ x 14 (legal size) chart.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.
- Use additional pages if more than three branches are activated.

Block Number	Block Title	Instructions
1	**Incident Name**	Print the name assigned to the incident.
2	**Operational Period** • 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**	• 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** • 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).

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

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

5. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 208	**IAP Page** _____	Date/Time: _____

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 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** • 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 ☐ No ☐	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** • 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 Number:**	
***3. Report Version** (check one box on left)**:** ☐ Initial ☐ Update ☐ Final Rpt # (if used):	***4. Incident Commander(s) & Agency or Organization:**	**5. Incident Management Organization:**	***6. Incident Start Date/Time:** Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., "sq mi," "city block")**:**	**8. Percent (%) Contained or Completed** (circle one)**:** / ***9. Incident Definition:**	**10. Incident Complexity Level:**	***11. For Time Period:** From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

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

Incident Location Information

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

Incident Summary

***28. Significant Events for the Time Period Reported** (summarize significant progress made, evacuations, incident growth, etc.)**:**
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.)**:**

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.)**:**

A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
E. Single Residences			
F. Nonresidential Commercial Property			
G. Other Minor Structures			

ICS 209, Page 1 of ___	** Required when applicable.*

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:

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 Responders 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		
H. Evacuated *(note if estimated)*			H.		
I. Sheltering in Place *(note if estimated)*			I. Sheltering in Place		
J. In Temporary Shelters *(note if est.)*			J.		
K. Have Received Mass Immunizations			K. Have Received Immunizations		
L. Require Immunizations *(note if est.)*			L. Require Immunizations		
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 Management:	A. Check if Active	B. Notes
C. No Likely Threat		
D. Potential Future Threat		
E. Mass Notifications in Progress		
F. Mass Notifications Completed		
G. No Evacuation(s) Imminent		
H. Planning for Evacuation		
I. Planning for Shelter-in-Place		
J. Evacuation(s) in Progress		
K. Shelter-in-Place in Progress		
L. Repopulation in Progress		
M. Mass Immunization in Progress		
N. Mass Immunization Complete		
O. Quarantine in Progress		
P. 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. Strategic Objectives (define planned end-state for incident)**:**

ICS 209, Page 2 of ___	** Required when applicable.*

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:

Additional Incident Decision Support Information *(continued)*

38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

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

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

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

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

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

41. Planned Actions for Next Operational Period:

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

43. Anticipated Incident Management Completion Date:

44. Projected Significant Resource Demobilization Start Date:

45. Estimated Incident Costs to Date:

46. Projected Final Incident Cost Estimate:

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

ICS 209, Page 3 of ___	* *Required when applicable.*

INCIDENT STATUS SUMMARY (ICS 209)

1. Incident Name:	2. Incident Number:

Incident Resource Commitment Summary

48. Agency or Organization:	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):																					50. # of Personnel not assigned to a resource:	51. Total Personnel (includes those associated with resources – e.g., aircraft or engines – *and* individual overhead):
52. Total Resources																							

53. Additional Cooperating and Assisting Organizations Not Listed Above:

ICS 209, Page ___ of ___	** Required when applicable.*

ICS 209
Incident Status Summary

Purpose. To support the needs of the incident, the Incident Status Summary (ICS 209) collects basic incident decision support information at the incident level. It is the primary mechanism for reporting incident decision support information above the incident level to incident coordination and support organizations, including agency/organizational managers and executives. As such, the ICS 209 contains basic information elements needed to support decisionmaking at all levels above the incident to support the incident. Decisionmakers may include the agency having jurisdiction, but also all multiagency coordination system (MACS) elements and parties, such as cooperating and assisting agencies/organizations, dispatch centers, emergency operations centers, administrators, elected officials, and local, tribal, county, State, and Federal agencies. Once ICS 209 information has been submitted from the incident, decisionmakers and others at all incident support and coordination points may transmit and share the information (based on its sensitivity and appropriateness) for access and use at local, regional, State, and national levels as it is needed to facilitate support.

Accurate and timely completion of the ICS 209 is necessary to identify appropriate resource needs, determine allocation of limited resources when multiple incidents occur, and secure additional capability when there are limited resources due to constraints of time, distance, or other factors. The information included on the ICS 209 influences the priority of the incident, and thus its share of available resources and incident support.

The ICS 209 is 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 is designed to provide a “snapshot in time” to effectively move incident decision support information where it is needed. It should contain the most accurate and up-to-date information available at the time it is prepared. However, readers of the ICS 209 may have access to more up-to-date or real-time information in reference to certain information elements on the ICS 209. Coordination among communications and information management elements within ICS and among MACS should delineate authoritative sources for more up-to-date and/or real-time information when ICS 209 information becomes outdated in a quickly evolving incident.

Reporting Requirements. The ICS 209 is intended to be used when an incident reaches a certain threshold where it becomes significant enough to merit special attention, require additional resource support needs, or cause media attention, increased public safety threat, etc. Agencies or organizations may set reporting requirements and, therefore, ICS 209s should be completed according to each jurisdiction or discipline’s policies, mobilization guide, or preparedness plans. It is recommended that consistent ICS 209 reporting parameters be adopted and used by jurisdictions or disciplines for consistency over time, documentation, efficiency, trend monitoring, incident tracking, etc.

For example, an agency or MAC (Multiagency Coordination) Group may require the submission of an initial ICS 209 when a new incident has reached a certain predesignated level of significance, such as when a given number of resources are committed to the incident, when a new incident is not completed within a certain timeframe, or when impacts/threats to life and safety reach a given level.

Typically, ICS 209 forms are completed either once daily or for each operational period – in addition to the initial submission. Jurisdictional or organizational guidance may indicate frequency of ICS 209 submission for particular definitions of incidents or for all incidents. This specific guidance may help determine submission timelines when operational periods are extremely short (e.g., 2 hours) and it is not necessary to submit new ICS 209 forms for all operational periods.

Any plans or guidelines should also indicate parameters for when it is appropriate to stop submitting ICS 209s for an incident, based upon incident activity and support levels.

Preparation. When an Incident Management Organization (such as an Incident Management Team) is in place, the Situation Unit Leader or Planning Section Chief prepares the ICS 209 at the incident. On other incidents, the ICS 209 may be completed by a dispatcher in the local communications center, or by another staff person or manager. This form should be completed at the incident or at the closest level to the incident.

The ICS 209 should be completed with the best possible, currently available, and verifiable information at the time it is completed and signed.

This form is designed to serve incidents impacting specific geographic areas that can easily be defined. It also has the flexibility for use on ubiquitous events, or those events that cover extremely large areas and that may involve many jurisdictions and ICS organizations. For these incidents, it will be useful to clarify on the form exactly which portion of the larger incident the ICS 209 is meant to address. For example, a particular ICS 209 submitted during a statewide outbreak of mumps may be relevant only to mumps-related activities in Story County, Iowa. This can be indicated in both the incident name, Block 1, and in the Incident Location Information section in Blocks 16–26.

While most of the "Incident Location Information" in Blocks 16–26 is optional, the more information that can be submitted, the better. Submission of multiple location indicators increases accuracy, improves interoperability, and increases information sharing between disparate systems. Preparers should be certain to follow accepted protocols or standards when entering location information, and clearly label all location information. As with other ICS 209 data, geospatial information may be widely shared and utilized, so accuracy is essential.

If electronic data is submitted with the ICS 209, do not attach or send extremely large data files. Incident geospatial data that is distributed with the ICS 209 should be in simple incident geospatial basics, such as the incident perimeter, point of origin, etc. Data file sizes should be small enough to be easily transmitted through dial-up connections or other limited communications capabilities when ICS 209 information is transmitted electronically. Any attached data should be clearly labeled as to format content and collection time, and should follow existing naming conventions and standards.

Distribution. ICS 209 information is meant to be completed at the level as close to the incident as possible, preferably at the incident. Once the ICS 209 has been submitted outside the incident to a dispatch center or MACS element, it may subsequently be transmitted to various incident support and coordination entities based on the support needs and the decisions made within the MACS in which the incident occurs.

Coordination with public information system elements and investigative/intelligence information organizations at the incident and within MACS is essential to protect information security and to ensure optimal information sharing and coordination. There may be times in which particular ICS 209s contain sensitive information that should not be released to the public (such as information regarding active investigations, fatalities, etc.). When this occurs, the ICS 209 (or relevant sections of it) should be labeled appropriately, and care should be taken in distributing the information within MACS.

All completed and signed original ICS 209 forms MUST be given to the incident's Documentation Unit and/or maintained as part of the official incident record.

Notes:

- To promote flexibility, only a limited number of ICS 209 blocks are typically required, and most of those are required only when applicable.
- Most fields are optional, to allow responders to use the form as best fits their needs and protocols for information collection.
- For the purposes of the ICS 209, responders are those personnel who are assigned to an incident or who are a part of the response community as defined by NIMS. This may include critical infrastructure owners and operators, nongovernmental and nonprofit organizational personnel, and contract employees (such as caterers), depending on local/jurisdictional/discipline practices.
- For additional flexibility only pages 1–3 are numbered, for two reasons:
  - Possible submission of additional pages for the Remarks Section (Block 47), and
  - Possible submission of additional copies of the fourth/last page (the "Incident Resource Commitment Summary") to provide a more detailed resource summary.

Block Number	Block Title	Instructions
***1**	**Incident Name**	**REQUIRED BLOCK.** • 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**	• Enter the appropriate number based on current guidance. The incident number may vary by jurisdiction and discipline. • Examples include: o A computer-aided dispatch (CAD) number. o An accounting number. o A county number. o A disaster declaration number. o A combination of the State, unit/agency ID, and a dispatch system number. o A mission number. o 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)	**REQUIRED BLOCK.** • 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").
	☐ Initial	Check "Initial" if this is the first ICS 209 for this incident.
	☐ 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).
	☐ Final	• 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 47).
	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**	**REQUIRED BLOCK.** • 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 – Minneapolis FD, R. Domanski – Minneapolis PD, C. Taylor – St. Paul PD, Y. Martin – St. Paul FD, S. McIntyre – U.S. Army Corps, J. Hartl – NTSB
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 mi," "city block")	• Enter the appropriate incident descriptive size or area involved (acres, number of buildings, square miles, 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 of expectation outlining management bounds.
8	**Percent (%) Contained or Completed** (circle one)	• 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.** • 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 on agency/organizational reporting requirements.
	From Date/Time	• Enter the start date (month/day/year). • Enter the start time (using the 24-hour clock).
	To Date/Time	• 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 Leader").
	Date/Time Prepared	Enter the date (month/day/year) and time (using the 24-hour clock) the form was prepared. Enter the time zone if appropriate.
***13**	**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		
• 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**	**State**	**REQUIRED BLOCK WHEN APPLICABLE.** • Enter the State where the incident originated. • If other States or jurisdictions are involved, enter them in Block 25 or Block 44.

Block Number	Block Title	Instructions
***17**	**County / Parish / Borough**	**REQUIRED BLOCK WHEN APPLICABLE.** • Enter the county, parish, or borough where the incident originated. • If other counties or jurisdictions are involved, enter them in Block 25 or Block 47.
***18**	**City**	**REQUIRED BLOCK WHEN APPLICABLE.** • 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**	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.
***20**	**Incident Jurisdiction**	**REQUIRED BLOCK WHEN APPLICABLE.** Enter the jurisdiction where the incident originated (the entry may be general, such as Federal, city, or State, or may specifically identify agency names such as Warren County, U.S. Coast Guard, Panama City, NYPD).
21	**Incident Location Ownership** (if different than jurisdiction)	• 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	**22. Longitude** (indicate format)**:** **Latitude** (indicate format)**:**	• 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	**US National Grid Reference**	• Enter the US National Grid (USNG) reference where the incident originated, if available and commonly used by the agencies/jurisdictions with primary responsibility for the incident. • Clearly label the data.
24	**Legal Description** (township, section, range)	• 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)	**REQUIRED BLOCK.** • List all affected areas as described in instructions for Blocks 16–24 above, OR summarize a general location, OR list a reference point for the incident (e.g., “the southern third of Florida,” “in ocean 20 miles west of Catalina Island, CA,” or “within a 5 mile radius of Walden, CO”). • 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 for incident support (e.g., base meridian).
26	**UTM Coordinates**	Indicate Universal Transverse Mercator reference coordinates if used by the discipline or jurisdiction.

Block Number	Block Title	Instructions
27	**Note any electronic geospatial data included or attached** (indicate data format, content, and collection time information and labels)	• 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**	**Significant Events for the Time Period Reported** (summarize significant progress made, evacuations, incident growth, etc.)	**REQUIRED BLOCK.** • Describe significant events that occurred during the period being reported in Block 6. Examples include: o Road closures. o Evacuations. o Progress made and accomplishments. o Incident command transitions. o Repopulation of formerly evacuated areas and specifics. o 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	**Primary Materials or Hazards Involved** (hazardous chemicals, fuel types, infectious agents, radiation, etc.)	• 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.

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.)	• 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 packages when they are used and/or relevant.
	A. Structural Summary	Complete this table as needed based on the definitions for 30B–G below. Note in table or in text block if numbers entered are estimates or are confirmed.
	B. # Threatened (72 hrs)	Enter the number of structures potentially threatened by the incident within the next 72 hours, based on currently available information.
	C. # Damaged	Enter the number of structures damaged by the incident.
	D. # Destroyed	Enter the number of structures destroyed beyond repair by the incident.
	E. Single Residences	Enter the number of single dwellings/homes/units impacted in Columns 30B–D. Note any specifics in the text block if needed, such as type of residence (apartments, condominiums, single-family homes, etc.).
	F. Nonresidential Commercial Properties	Enter the number of buildings or units impacted in Columns 30B–D. This includes any primary structure used for nonresidential purposes, excluding Other Minor Structures (Block 30G). Note any specifics regarding building or unit types in the text block.
	G. 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.

Block Number	Block Title	Instructions
ADDITIONAL INCIDENT DECISION SUPPORT INFORMATION (PAGE 2)		

***31**	**Public Status Summary**	• 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.
		• NOTE: *Do not estimate any fatality information*.
		• 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 *not directly responsible* for these actions (such as evacuations, sheltering, immunizations, etc.) *even if they are related to the incident*.
		  o Only the authority having jurisdiction should submit reports for these actions, to mitigate multiple/conflicting reports.
		  o 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.
		
		Handling Sensitive Information
		• 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	• 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	• 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	• Enter the number of *confirmed* civilian/public fatalities. • See information in introductory instructions ("Distribution") and in Block 31 instructions regarding sensitive handling of fatality information.
	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).

Block Number	Block Title	Instructions
***31** (continued)	F. Trapped/In Need of Rescue	Enter the number of civilians who are trapped or in need of rescue due to the incident.
	G. Missing (note if estimated)	Enter the number of civilians who are missing due to the incident. Indicate if an estimate is used.
	H. Evacuated (note if estimated)	Enter the number of civilians who are evacuated due to the incident. These are likely to be best estimates, but indicate if they are estimated.
	I. Sheltering-in-Place (note if estimated)	Enter the number of civilians who are sheltering in place due to the incident. Indicate if estimates are used.
	J. In Temporary Shelters (note if estimated)	Enter the number of civilians who are in temporary shelters as a direct result of the incident, noting if the number is an estimate.
	K. Have Received Mass Immunizations	Enter the number of civilians who have received mass immunizations due to the incident and/or as part of incident operations. Do not estimate.
	L. Require Mass Immunizations (note if estimated)	Enter the number of civilians who require mass immunizations due to the incident and/or as part of incident operations. Indicate if it is an estimate.
	M. In Quarantine	Enter the number of civilians who are in quarantine due to the incident and/or as part of incident operations. Do not estimate.
	N. Total # Civilians (Public) Affected	Enter sum totals for Columns 31A and 31B for Rows 31D–M.
***32**	**Responder Status Summary**	• 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: *Do not estimate any fatality information or responder status information.* • 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 *not directly responsible* 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. **Handling Sensitive Information** • 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	• 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 Responders Below	• 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	• Enter the number of *confirmed* responder fatalities. • See information in introductory instructions ("Distribution") and for Block 32 regarding sensitive handling of fatality information.
	E. With Injuries/Illness	• Enter the number of incident responders with serious injuries or illnesses due to the incident. • *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.
	F. Trapped/In Need Of Rescue	Enter the number of incident responders who are in trapped or in need of rescue due to the incident.
	G. Missing	Enter the number of incident responders who are missing due to incident conditions.
	H.	(BLANK; use however is appropriate.)
	I. Sheltering in Place	Enter the number of responders who are sheltering in place due to the incident. Once responders become the victims, this needs to be noted in Block 33 or Block 47 and handled accordingly.
	J.	(BLANK; use however is appropriate.)
	L. Require Immunizations	Enter the number of responders who require immunizations due to the incident and/or as part of incident operations.
	M. In Quarantine	Enter the number of responders who are in quarantine as a direct result of the incident and/or related to incident operations.
	N. Total # Responders Affected	Enter sum totals for Columns 32A and 32B for Rows 32D–M.
33	**Life, Safety, and Health Status/Threat Remarks**	• 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).
	A. Check if Active	Check any applicable blocks in 34C–P based on currently available information regarding incident activity and potential.
	B. Notes	Note any specific details, or include in Block 33.
	C. No Likely Threat	Check if there is no likely threat to life, health, and safety.
	D. Potential Future Threat	Check if there is a potential future threat to life, health, and safety.
	E. Mass Notifications In Progress	• 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 ZIP codes 50201, 50014, 50010, 50011,” or “notified all residents within a 5-mile radius of Gatlinburg”).
	F. Mass Notifications Completed	Check if actions referred to in Block 34E above have been completed.
	G. No Evacuation(s) Imminent	Check if evacuations are not anticipated in the near future based on current information.
	H. Planning for Evacuation	Check if evacuation planning is underway in relation to this incident.
	I. Planning for Shelter-in-Place	Check if planning is underway for shelter-in-place activities related to this incident.
	J. Evacuation(s) in Progress	Check if there are active evacuations in progress in relation to this incident.
	K. Shelter-In-Place in Progress	Check if there are active shelter-in-place actions in progress in relation to this incident.
	L. Repopulation in Progress	Check if there is an active repopulation in progress related to this incident.
	M. Mass Immunization in Progress	Check if there is an active mass immunization in progress related to this incident.
	N. Mass Immunization Complete	Check if a mass immunization effort has been completed in relation to this incident.
	O. Quarantine in Progress	Check if there is an active quarantine in progress related to this incident.
	P. Area Restriction in Effect	Check if there are any restrictions in effect, such as road or area closures, especially those noted in Block 28.

Block Number	Block Title	Instructions
35	**Weather Concerns** (synopsis of current and predicted weather; discuss related factors that may cause concern)	• 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: o Wind speed (label units, such as mph). o 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"). o Temperature (label units, such as F). o Relative humidity (label %). o Watches. o Warnings. o Tides. o 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**	• 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	**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**	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.

Block Number	Block Title	Instructions
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**	• List the specific critical resources and numbers needed, in order of priority. *Be specific as to the need.* • 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: o 24 hrs: 3 Type 2 firefighting helicopters, 2 Type I Disaster Medical Assistance Teams o 48 hrs: Mobile Communications Unit (Law/Fire) o After 72 hrs: 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. o 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. o 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.
40	**Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:** 1) critical resource needs identified above, 2) the Incident Action Plan and management objectives and targets, 3) anticipated results. **Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.**	• 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**	• Provide a short summary of actions planned for the next operational period. • Examples: o "The current Incident Management Team will transition out to a replacement IMT." o "Continue to review operational/ engineering plan to facilitate removal of the partially collapsed west bridge supports." o "Continue refining mapping of the recovery operations and damaged assets using GPS." o "Initiate removal of unauthorized food vendors."
42	**Projected Final Incident Size/Area** (use unit label – e.g., "sq mi")	• 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 acres, hectares, square miles, 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**	• 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**	• 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**	• 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)	• 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: o By size (e.g., 35 acres in City of Gatlinburg, 250 acres in Great Smoky Mountains), and/or o By geography (e.g., incident area on the west side of the river is in jurisdiction of City of Minneapolis; area on east side of river is City of St. Paul jurisdiction; river is joint jurisdiction with USACE). • 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 State, local, county, city, or Federal responders together under such headings, or
  - Group resources from one jurisdiction together and list only individual jurisdictions (e.g., list the public works, police, and fire department resources for a city under that city's name).
- On a large incident, it may also be helpful to group similar categories, kinds, or types of resources together for this summary.

Block Number	Block Title	Instructions
48	**Agency or Organization**	• 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 may be 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. o 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. o For example: ▪ *Resource:* Type 2 Helicopters… 3/8 (indicates 3 aircraft, 8 personnel). ▪ *Resource:* 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)	• 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. o 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. o 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. o For example: ▪ *Resource:* Type 2 Helicopters… 3/8 (indicates 3 aircraft, 8 personnel). ▪ *Resource:* 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. o 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	**# of Personnel** not assigned to a resource	List the number of *additional* individuals (or overhead) that are not assigned to a specific resource by agency or organization.

Block Number	Block Title	Instructions
51	**Total Personnel** (includes those associated with resources – e.g., aircraft or engines – *and* individual overhead)	• Enter the total personnel for each agency, organization, or grouping in the Total Personnel column. • WARNING: Do not simply add the numbers across! • The number of Total Personnel for each row should include both: o The total number of personnel assigned to each of the resources listed in Block 49, and o The total number of additional individual overhead personnel from each agency, organization, or group listed in Block 50.
52	**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 *resources* in Block 49, as personnel totals will be counted under Block 51.
53	**Additional Cooperating and Assisting Organizations Not Listed Above**	• List all agencies and organizations that are not directly involved in the incident, but are providing support. • Examples may include ambulance services, Red Cross, DHS, 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).

RESOURCE STATUS CHANGE (ICS 210)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Resource Number	**4. New Status** (Available, Assigned, O/S)	**5. From** (Location and Status)**:**	**6. To** (Location and Status)**:**	**7. Time and Date of Location and Resource Status Change:**	

8. Comments:

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 210 Date/Time: _____

ICS 210
Resource Status Change

Purpose. The Resource Status Change (ICS 210) is used by the Incident Communications Center Manager to record status change information received on resources assigned to the incident. This information could be transmitted with a General Message (ICS 213). The form could also be used by Operations as a worksheet to track entry, etc.

Preparation. The ICS 210 is completed by radio/telephone operators who receive status change information from individual resources, Task Forces, Strike Teams, and Division/Group Supervisors. Status information could also be reported by Staging Area and Helibase Managers and fixed-wing facilities.

Distribution. The ICS 210 is maintained by the Resources Unit, and a second copy is retained by the Communications 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** • 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: • 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** (Location 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** (Location 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 Location and Resource Status 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.

Block Number	Block Title	Instructions
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).

INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Incident Number:	3. Check-In Location (complete all that apply): ☐ Base ☐ Staging Area ☐ ICP ☐ Helibase ☐ Other	4. Start Date/Time: Date: Time:

Check-In Information (use reverse of form for remarks or comments)

5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:							6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point and Time	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Data Provided to Resources Unit
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF											

ICS 211	17. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____

ICS 211
Incident Check-In List

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

Preparation. The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

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

Distribution. ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.

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	**Check-In Location** ☐ Base ☐ Staging Area ☐ ICP ☐ Helibase ☐ Other	Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post.
4	**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.
5	**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.
	• State	Use this section to list the home State for the resource.
	• Agency	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	• Category	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	• Kind	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	• Type	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	• Resource Name or Identifier	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.
	• ST or TF	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.
6	**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.
7	**Date/Time Check-In**	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
8	**Leader's Name**	• For equipment, enter the operator's name. • Enter the Strike Team or Task Force leader's name. • Leave blank for single resource personnel (overhead).
9	**Total Number of Personnel**	Enter total number of personnel associated with the resource. Include leaders.
10	**Incident Contact Information**	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
11	**Home Unit or Agency**	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
12	**Departure Point and Time**	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
13	**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.).
14	**Incident Assignment**	Enter the incident assignment at time of dispatch.
15	**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
16	**Data Provided 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.
17	**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).

GENERAL MESSAGE (ICS 213)

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

ICS 213
General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

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

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

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.

Block Number	Block Title	Instructions
1	**Incident Name** (Optional)	Enter the name assigned to the incident. This block is optional.
2	**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.
3	**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.
4	**Subject**	Enter the subject of the message.
5	**Date**	Enter the date (month/day/year) of the message.
6	**Time**	Enter the time (using the 24-hour clock) of the message.
7	**Message**	Enter the content of the message. Try to be as concise as possible.
8	**Approved by** • Name • Signature • Position/Title	Enter the name, signature, and ICS position/title of the person approving the message.
9	**Reply**	The intended recipient will enter a reply to the message and return it to the originator.
10	**Replied by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

7. Activity Log (continuation)**:**

Date/Time	Notable Activities

ICS 214
Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • 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	**Name**	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	**ICS Position**	Enter the name and ICS position of the individual in charge of the Unit.
5	**Home Agency** (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	**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., Des Moines Public Works Department, Water Management Unit).
7	**Activity Log** • Date/Time • Notable Activities	• 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.
8	**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).

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:	2. Operational Period: Date From: Time From: Date To: Time To:

3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources													7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.																
			Have																
			Need																
			Req.																
			Have																
			Need																
			Req.																
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			Have																
			Need																
			Req.																
			Have																
			Need																
		11. Total Resources Required															14. Prepared by:		
		12. Total Resources Have on Hand															Name: _____		
		13. Total Resources Need To Order															Position/Title: _____		
																	Signature: _____		
ICS 215																	Date/Time: _____		

ICS 215
Operational Planning Worksheet

Purpose. The Operational Planning Worksheet (ICS 215) communicates the decisions made by the Operations Section Chief during the Tactics Meeting concerning resource assignments and needs for the next operational period. The ICS 215 is used by the Resources Unit to complete the Assignment Lists (ICS 204) and by the Logistics Section Chief for ordering resources for the incident.

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

Distribution. When the Branch, Division, or Group work assignments and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the ICS 204. The Logistics Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

Notes:

- This worksheet can be made into a wall mount.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.
- If additional pages are needed, use a blank ICS 215 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • 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 category, kind, and type as appropriate for the incident. The use of a slash indicates a single resource in the upper portion of the slash and a Strike Team or Task Force in the bottom portion of the slash.
	• Required	Enter, for the appropriate resources, the number of resources by type (engines, crew, 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., engines, crews, dozers, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams 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 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 in the bottom portion of the slash.
14	**Prepared by** • 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 ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:	**2. Incident Number:**
3. Date/Time Prepared: Date: Time:	**4. Operational Period:** Date From: Date To: Time From: Time To:

5. Incident Area	**6. Hazards/Risks**	**7. Mitigations**

8. Prepared by (Safety Officer)**:** Name: _____ Signature: _____

Prepared by (Operations Section Chief)**:** Name: _____ Signature: _____

ICS 215A Date/Time: _____

ICS 215A
Incident Action Plan Safety Analysis

Purpose. The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

Preparation. The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

Distribution. When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

Notes:

- This worksheet can be made into a wall mount, and can be part of the IAP.
- If additional pages are needed, use a blank ICS 215A and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Date/Time Prepared**	Enter date (month/day/year) and time (using the 24-hour clock) prepared.
4	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies.
5	**Incident Area**	Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.
6	**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.
7	**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).
8	**Prepared by** (Safety Officer and Operations Section Chief) • 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.

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

1. Incident Name:	2. Incident Number:	3. Date/Time Prepared: Date: Time:	4. Vehicle/Equipment Category:

5. Vehicle/Equipment Information

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

ICS 218 **6. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

ICS 218
Support Vehicle/Equipment Inventory

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

Preparation. The ICS 218 is prepared by Ground Support Unit personnel at intervals specified by the Ground Support Unit Leader.

Distribution. Initial inventory information recorded on the form should be given to the Resources Unit. Subsequent changes to the status or location of transportation and support vehicles and equipment should be provided to the Resources Unit immediately.

Notes:

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

Block Number	Block Title	Instructions
1	**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 EMAC order request number.
	Incident Identification Number	Enter any special incident identification numbers or agency radio identifier assigned to the piece of equipment used only during the incident, if this system if 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** • Name • Position/Title • Signature	Enter the name, ICS position/title, and signature of the person preparing the form.

ICS 219
Resource Status Card (T-Card)

Purpose. Resource Status Cards (ICS 219) are also known as "T-Cards," and are used by the Resources Unit to record status and location information on resources, transportation, and support vehicles and personnel. These cards provide a visual display of the status and location of resources assigned to the incident.

Preparation. Information to be placed on the cards may be obtained from several sources including, but not limited to:

- Incident Briefing (ICS 201).
- Incident Check-In List (ICS 211).
- General Message (ICS 213).
- Agency-supplied information or electronic resource management systems.

Distribution. ICS 219s are displayed in resource status or "T-Card" racks where they can be easily viewed, retrieved, updated, and rearranged. The Resources Unit typically maintains cards for resources assigned to an incident until demobilization. At demobilization, all cards should be turned in to the Documentation Unit.

Notes. There are eight different status cards (see list below) and a header card, to be printed front-to-back on cardstock. Each card is printed on a different color of cardstock and used for a different resource category/kind/type. The format and content of information on each card varies depending upon the intended use of the card.

- 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

Acronyms. Abbreviations utilized on the cards are listed below:

- AOV: Agency-owned vehicle
- ETA: Estimated time of arrival
- ETD: Estimated time of departure
- ETR: Estimated time of return
- O/S Mech: Out-of-service for mechanical reasons
- O/S Pers: Out-of-service for personnel reasons
- O/S Rest: Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft
- POV: Privately owned vehicle

Prepared by:

Date/Time:

ICS 219-1 HEADER CARD (GRAY)

Prepared by:

Date/Time:

ICS 219-1 HEADER CARD (GRAY)

ICS 219-1: Header Card

Block Title	Instructions
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked In:

Leader Name:

Primary Contact Information:

Crew/Team ID #(s) or Name(s):

Manifest: ☐ Yes ☐ No

Total Weight:

Method of Travel to Incident:
☐ AOV ☐ POV ☐ Bus ☐ Air ☐ Other

Home Base:

Departure Point:

ETD: **ETA:**

Transportation Needs at Incident:
☐ Vehicle ☐ Bus ☐ Air ☐ Other

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-2 CREW/TEAM (GREEN)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Prepared by:

Date/Time:

ICS 219-2 CREW/TEAM (GREEN)

ICS 219-2: Crew/Team Card

Block Title	Instructions
ST/Unit	Enter the State and/or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work
# Pers	Enter total number of personnel associated with the crew/team. Include leaders.
Order #	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.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Crew/Team ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for this crew/team (e.g., Air Monitoring Team 2, Entry Team 3).
Manifest ☐ Yes ☐ No	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Total Weight	Enter the total weight for the crew/team. This information is necessary when the crew/team are transported by charter air.
Method of Travel to Incident ☐ AOV ☐ POV ☐ Bus ☐ Air ☐ Other	Check the box(es) for the appropriate method(s) of travel the individual used to bring himself/herself to the incident. AOV is "agency-owned vehicle." POV is "privately owned vehicle."
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the crew/team's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the crew/team's estimated time of arrival (using the 24-hour clock) at the incident.

Block Title	Instructions
Transportation Needs at Incident ☐ Vehicle ☐ Bus ☐ Air ☐ Other	Check the box(es) for the appropriate method(s) of transportation at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the crew/team was ordered to the incident.
Remarks	Enter any additional information pertaining to the crew/team.
BACK OF FORM	
Incident Location	Enter the location of the crew/team.
Time	Enter the time (24-hour clock) the crew/team reported to this location.
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the crew/team's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the crew/team's current location or status.
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked In:

Leader Name:

Primary Contact Information:

Resource ID #(s) or Name(s):

Home Base:

Departure Point:

ETD: **ETA:**

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-3 ENGINE (ROSE)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Prepared by:

Date/Time:

ICS 219-3 ENGINE (ROSE)

ICS 219-3: Engine Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	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.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Resource ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for the resource(s).
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the resource's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.

Block Title	Instructions
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked In:

Pilot Name:

Home Base:

Departure Point:

ETD: **ETA:**

Destination Point:

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-4 HELICOPTER (BLUE)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Prepared by:

Date/Time:

ICS 219-4 HELICOPTER (BLUE)

ICS 219-4: Helicopter Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include the pilot.
Order #	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.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Pilot Name:	Enter pilot's name (use at least the first initial and last name).
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the destination point.
Destination Point	Use this section to enter the location at the incident where the resource has been requested to report.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the resource's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	Name:	Position/Title:

Front

Date/Time Checked In:

Name:

Primary Contact Information:

Manifest: ☐ Yes ☐ No

Total Weight:

Method of Travel to Incident:
☐ AOV ☐ POV ☐ Bus ☐ Air ☐ Other

Home Base:

Departure Point:

ETD: **ETA:**

Transportation Needs at Incident:
☐ Vehicle ☐ Bus ☐ Air ☐ Other

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-5 PERSONNEL (WHITE CARD)

ST/Unit:	Name:	Position/Title:

Back

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Prepared by:

Date/Time:

ICS 219-5 PERSONNEL (WHITE CARD)

ICS 219-5: Personnel Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
Name	Enter the individual's first initial and last name.
Position/Title	Enter the individual's ICS position/title.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Name	Enter the individual's full name.
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Manifest ☐ Yes ☐ No	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Total Weight	Enter the total weight for the crew. This information is necessary when the crew are transported by charter air.
Method of Travel to Incident ☐ AOV ☐ POV ☐ Bus ☐ Air ☐ Other	Check the box(es) for the appropriate method(s) of travel the individual used to bring himself/herself to the incident. AOV is "agency-owned vehicle." POV is "privately owned vehicle."
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the crew's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the crew's estimated time of arrival (using the 24-hour clock) at the incident.
Transportation Needs at Incident ☐ Vehicle ☐ Bus ☐ Air ☐ Other	Check the box(es) for the appropriate method(s) of transportation at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the crew was ordered to the incident.
Remarks	Enter any additional information pertaining to the crew.
BACK OF FORM	
Incident Location	Enter the location of the crew.
Time	Enter the time (24-hour clock) the crew reported to this location.

Block Title	Instructions
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the crew's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the crew's current location or status.
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked-In:

Pilot Name:

Home Base:

Departure Point:

ETD: **ETA:**

Destination Point:

Date/Time Ordered:

Manufacturer:

Remarks:

Prepared by:

Date/Time:

ICS 219-6 FIXED-WING (ORANGE)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Prepared by:

Date/Time:

ICS 219-6 FIXED-WING (ORANGE)

ICS 219-6: Fixed-Wing Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include the pilot.
Order #	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.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Pilot Name:	Enter pilot's name (use at least the first initial and last name).
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the destination point.
Destination Point	Use this section to enter the location at the incident where the resource has been requested to report.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Manufacturer	Enter the manufacturer of the aircraft.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the resource's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked In:

Leader Name:

Primary Contact Information:

Resource ID #(s) or Name(s):

Home Base:

Departure Point:

ETD: **ETA:**

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-7 EQUIPMENT (YELLOW)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:

☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Prepared by:

Date/Time:

ICS 219-7 EQUIPMENT (YELLOW)

ICS 219-7: Equipment Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	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.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Resource ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for this resource.
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the resource's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.

Block Title	Instructions
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked In:

Leader Name:

Primary Contact Information:

Resource ID #(s) or Name(s):

Home Base:

Departure Point:

ETD: **ETA:**

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-8 MISCELLANEOUS EQUIPMENT/TASK FORCE (TAN)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: ____

Notes:

Prepared by:

Date/Time:

ICS 219-8 MISCELLANEOUS EQUIPMENT/TASK FORCE (TAN)

ICS 219-8: Miscellaneous Equipment/Task Force Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available work day that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	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.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Resource ID #(s) or Name(s)	Provide the identifier number or name for this resource.
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the resource's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.

Block Title	Instructions
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked In:

Leader Name:

Primary Contact Information:

Resource ID #(s) or Name(s):

Home Base:

Departure Point:

ETD: **ETA:**

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-10 GENERIC (LIGHT PURPLE)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location: **Time:**

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Prepared by:

Date/Time:

ICS 219-10 GENERIC (LIGHT PURPLE)

ICS 219-10: Generic Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	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.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Resource ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for this resource.
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the resource's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.

Block Title	Instructions
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:	**3. Sunrise:** **Sunset:**

4. Remarks (safety notes, hazards, air operations special equipment, etc.)**:**	**5. Ready Alert Aircraft:** Medivac: New Incident:			**6. Temporary Flight Restriction Number:** Altitude: Center Point:
	8. Frequencies:	AM	FM	**9. Fixed-Wing** (category/kind/type, make/model, N#, base)**:**
	Air/Air Fixed-Wing			Air Tactical Group Supervisor Aircraft:
	Air/Air Rotary-Wing – Flight Following			
	Air/Ground			
	Command			Other Fixed-Wing Aircraft:
	Deck Coordinator			
	Take-Off & Landing Coordinator			
	Air Guard			

7. Personnel:	Name:	Phone Number:
Air Operations Branch Director		
Air Support Group Supervisor		
Air Tactical Group Supervisor		
Helicopter Coordinator		
Helibase Manager		

10. Helicopters (use additional sheets as necessary)**:**

FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks

11. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 220, Page 1 Date/Time: _____

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:	3. Sunrise: Sunset:

12. Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.)**:**

Category/Kind/Type and Function	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	Mission Start	Fly From	Fly To

11. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 220, Page 2 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** • 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	**Sunrise/Sunset**	Enter the sunrise and sunset times.
4	**Remarks** (safety notes, hazards, air operations special equipment, etc.)	Enter special instructions or information, including safety notes, hazards, and priorities for Air Operations personnel.
5	**Ready Alert Aircraft** • Medivac • New Incident	Identify ready alert aircraft that will be used as Medivac for incident assigned personnel and indicate on the Medical Plan (ICS 206). Identify aircraft to be used for new incidents within the area or new incident(s) within an incident.
6	**Temporary Flight Restriction Number** • Altitude • Center Point	Enter Temporary Flight Restriction Number, altitude (from the center point), and center point (latitude and longitude). This number is provided by the Federal Aviation Administration (FAA) or is the order request number for the Temporary Flight Restriction.
7	**Personnel** • 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
8	**Frequencies** • 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	
9	**Fixed-Wing** (category/kind/type, make/model, N#, base)	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance, make/model, N#, and base of air assets allocated to the incident.
	Air Tactical Group Supervisor Aircraft	
	Other Fixed-Wing Aircraft	
10	**Helicopters**	Enter the following information about the helicopter resources allocated to the incident.
	FAA N#	Enter the FAA N#.
	Category/Kind/Type	Enter the helicopter category/kind/type based on NIMS, discipline, or jurisdiction guidance.
	Make/Model	Enter the make and model of the helicopter.
	Base	Enter the base where the helicopter is located.
	Available	Enter the time the aircraft is available.
	Start	Enter the time the aircraft becomes operational.
	Remarks	
11	**Prepared by** • 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).
12	**Task/Mission/Assignment** (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.)	Enter the specific assignment (e.g., water or retardant drops, logistical support, or availability status for a specific purpose, support backup, recon, Medivac, etc.). If applicable, enter the primary air/air and air/ground radio frequency to be used. Mission assignments may be listed by priority.
	Category/Kind/Type and Function	
	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	
	Mission Start	
	Fly From	Enter the incident location or air base the aircraft is flying from.
	Fly To	Enter the incident location or air base the aircraft is flying to.

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name:	2. Incident Number:	
3. Planned Release Date/Time: Date: Time:	**4. Resource or Personnel Released:**	**5. Order Request Number:**

6. Resource or Personnel:

You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).

LOGISTICS SECTION

	Unit/Manager	Remarks	Name	Signature
☐	Supply Unit			
☐	Communications Unit			
☐	Facilities Unit			
☐	Ground Support Unit			
☐	Security Manager			
☐				

FINANCE/ADMINISTRATION SECTION

	Unit/Leader	Remarks	Name	Signature
☐	Time Unit			
☐				
☐				

OTHER SECTION/STAFF

	Unit/Other	Remarks	Name	Signature
☐				
☐				

PLANNING SECTION

	Unit/Leader	Remarks	Name	Signature
☐				
☐	Documentation Leader			
☐	Demobilization Leader			

7. Remarks:

8. Travel Information:

Room Overnight: ☐ Yes ☐ No

Estimated Time of Departure: _____

Actual Release Date/Time: _____

Destination: _____

Estimated Time of Arrival: _____

Travel Method: _____

Contact Information While Traveling: _____

Manifest: ☐ Yes ☐ No

Number: _____

Area/Agency/Region Notified: _____

9. Reassignment Information: ☐ Yes ☐ No

Incident Name: _____

Incident Number: _____

Location: _____

Order Request Number: _____

10. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 221

Date/Time: _____

ICS 221
Demobilization Check-Out

Purpose. The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation. The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Planned Release Date/Time**	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	**Resource or Personnel Released**	Enter name of the individual or resource being released.
5	**Order Request Number**	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	**Resource or Personnel** You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative). • Unit/Leader/Manager/Other • Remarks • Name • Signature	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 ☐ Supply Unit ☐ Communications Unit ☐ Facilities Unit ☐ Ground Support Unit ☐ Security Manager	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.

Block Number	Block Title	Instructions
6 (continued)	**Finance/Administration Section** ☐ 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 ☐	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 ☐ Documentation Leader ☐ 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.
7	**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.
8	**Travel Information**	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest ☐ Yes ☐ No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
	Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.
9	**Reassignment Information** ☐ Yes ☐ No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.

Block Number	Block Title	Instructions
10	**Prepared by** • 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 (using the 24-hour clock).

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT

1. Name:	**2. Incident Name:**	**3. Incident Number:**
4. Home Unit Name and Address:	**5. Incident Agency and Address:**	
6. Position Held on Incident:	**7. Date(s) of Assignment:** From: To:	**8. Incident Complexity Level:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
		9. Incident Definition:

10. Evaluation

Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – 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.)	☐	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. ☐	☐	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. ☐	☐	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.	☐	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. ☐	☐	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. ☐	☐	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).	☐	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. ☐	☐	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. ☐	☐	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).	☐	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. ☐	☐	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. ☐	☐	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.	☐	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. ☐	☐	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. ☐	☐	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.	☐	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. ☐	☐	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. ☐	☐	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 Number:

10. Evaluation

Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – 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 well-being. 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/Time: _____

26. Rated by: Name: _____ Signature: _____

Home Unit: _____ Position Held on This Incident: _____

ICS 225 Date/Time: _____

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. It will be delivered to the Planning Section before the rater leaves the incident. The ICS 225 will be reviewed with the subordinate, who will sign at the bottom.

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.

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** • From • To	Enter the date(s) (month/day/year) the individual was assigned to the incident.
8	**Incident Complexity Level** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 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.
	4 – Fully Successful	Employee meets all requirements and exceeds one or several of the requirements of the individual element.

Block Number	Block Title	Instructions
10 (continued)	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 worklife 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) • 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** • Name • Signature • Home Unit • Position Held on This Incident • Date/Time	Enter the name, signature, home unit, and position held on the incident of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared.