



Incident Name / Incident Number

Location

Date / Time

IAP # _____ of _____

Incident Action Plan Organization

Kenton County Kentucky

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ICS FORMS LIST

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

Notes:

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

Completed / Included ✓	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 <i>(wall-mount size, optional 8½" x 14")</i>	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 <i>(optional 8½" x 14" and 11" x 17")</i>	Resources Unit/Check-In Recorder
	ICS 213	General Message <i>(3-part form)</i>	Any Message Originator
	ICS 214	Activity Log <i>(optional 2-sided form)</i>	All Sections and Units
	ICS 215	Operational Planning Worksheet <i>(optional 8½" x 14" and 11" x 17")</i>	Operations Section Chief
	ICS 215A	Incident Action Plan Safety Analysis	Safety Officer
	ICS 218	Support Vehicle/Equipment Inventory <i>(optional 8½" x 14" and 11" x 17")</i>	Ground Support Unit
	ICS 219-1 to ICS 219-8, ICS 219-10 <i>(Cards)</i>	Resource Status Card (T-Card) <i>(may be printed on cardstock)</i>	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

FACILITY / EVENT FUNCTION	LOCATION DESCRIPTION	STREET ADDRESS/ PHONE	LAT / LONG	MAP LABEL
Primary Incident Location				PIL
Primary Command Post				CP
Primary Rally Point				Primary Rally Point
Staging				Staging
Causality Collection Point				CCP.
Triage / Treatment / Transportation Area(s)				T3
Landing Zone(s)				LZ
Family Reunification Center				FRC
Media Collection Area				Media Area
Perimeter Point #1				Control Point
Perimeter Point #2				Control Point
Perimeter Point #3				Control Point
Perimeter Point #4				Control Point
Perimeter Point #5				Control Point
Community Evacuation Point				CEP

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Incident Briefing (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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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 and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

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

INCIDENT BRIEFING (ICS 201)

1. Incident Name:

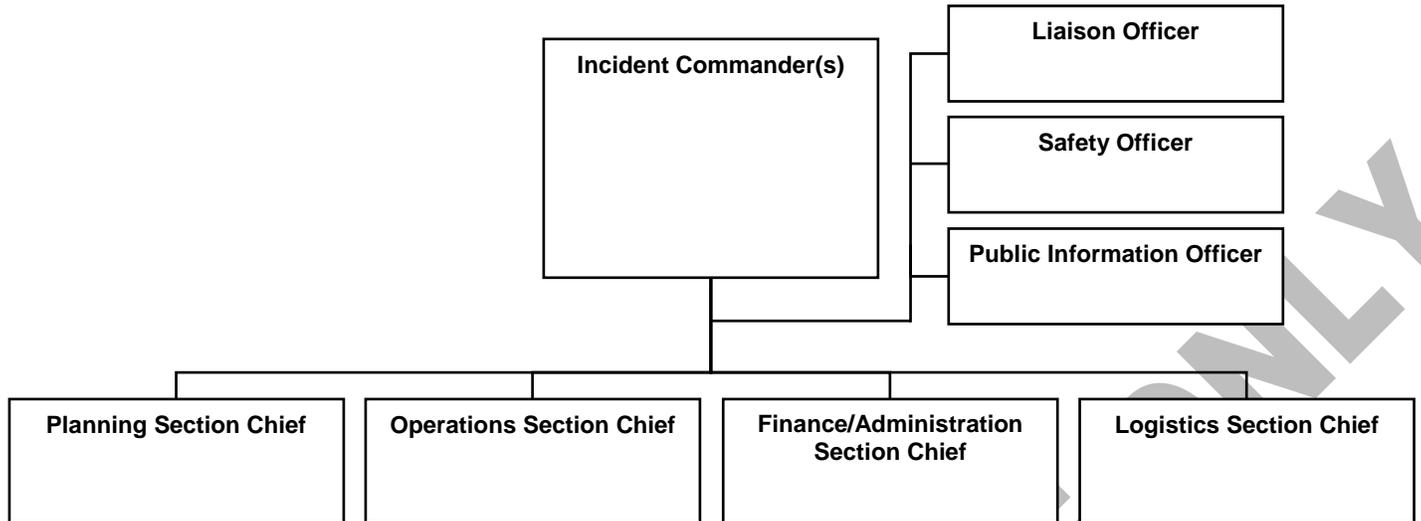
2. Incident Number:

3. Date/Time Initiated:

Date:

Time:

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



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

Date/Time: _____

Incident Objectives (ICS 202)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Objective(s):		
4A. Incident Priorities <i>(In priority order):</i> <ol style="list-style-type: none">1) Life Safety, Health & Wellbeing;2) Incident Stabilization;3) Preserving and Protecting the Environment & Property Conservation;4) Return to Normalcy		
4B. Operational Priorities: <ol style="list-style-type: none">1) Life2) Safety3) Health / Wellbeing4) Coordination Among all Levels of Government5) Environmental Protection6) Sustain / Restoration of Essential Functions and Services7) Property Conservation and Protection8) Restoration of Non-Essential Functions and Services9) Recovery - Return to Normalcy		
4C. Operational Period Command Priorities:		

1. Incident Name:

2. Operational Period: Date From:
Time From:

Date To:
Time To:

4D. Operational Period Command Emphasis:

4E. Priority Emphasis:

4F. 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):

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 |
| <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 |
| <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart |
| <input type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents |
| <input type="checkbox"/> ICS 206 | |

Other Attachments:

- | | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |

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

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

ICS 202

IAP Page _____

Date/Time: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

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

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ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3. Branch:
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____				Division: Group: Staging Area:
5. Resources Assigned:			Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader	# of Persons		Contact (e.g., phone, pager, radio frequency, etc.)
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: _____		

INCIDENT MEDICAL PLAN (ICS 206A)

Incident Name: Incidentnamehere	Incident Number:	Date/Time: Date1	Time: Time1	
Emergency Medical Services Branch / <u>Group Leader</u> / Supervisor:		Contact Information:		
Medical Aid Stations:				
Name	Staging Location	Contact Number(s)/Frequency	Paramedics on Site?	
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Causality Collection Point(s):		Triage / Treatment / Transportation (T3) Location(s):		
Emergency Haz-Mat Decontamination / Mass-Decon Location:		Landing Zone(s):		
A. Emergency River Take Out Points for EMS Access				
B. Aeromedical Services:				
Name	Location	Dispatch Phone #	Capability / Type / Kind	
University of Cincinnati AirCare	910 Wenstrup Lane, Walton KY	(513) 585-2273	RN & MD / EC145 / Type III / Rotary Aircraft	
Air Evac EMS, Inc.	110 Mercedes Dr. Williamstown, KY	(800) 247-3822	ALS / Bell 206 Long Ranger / Type III / Rotary Aircraft	
Air Methods, Inc.	Lebanon Ohio	(513) 932-1384	ALS / Unknown / Type III / Rotary Aircraft	
C. Ambulance Services				
Name	Mailing Address or Incident Location	Dispatch Phone Number	No. of Units	Capability / Type / Kind
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team

Incident Name: Incidentnamehere	Incident Number:	Date/Time: Date1	Time: Time1
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Name	Mailing Address or Incident Location	Dispatch Phone Number	No. of Units	Capability / Type / Kind
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team
				ALS / Type II / Kind Vehicle-Team

Hospitals:

Hospital Name	Address / Location	Travel Time		Trauma Center / Level	Burn Center	Helipad
		Air	Ground			
University of Cincinnati Medical Center	234 Goodman St. Cincinnati, Oh	8	10	<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cincinnati Children's Hospital Medical Ctr.	3333 Burnet Ave. Cincinnati, Oh	8	10	<input checked="" type="checkbox"/> Yes Level: 1 Pedi	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St. Elizabeth Medical Center - Covington	1500 James Simpson Jr Way, Covington, KY	-	5	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St. Elizabeth Medical Center - Edgewood	1 Medical Village Drive Edgewood, Ky	10	11	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St. Elizabeth Medical Center – Ft. Thomas	85 North Grand Ave. Ft. Thomas, Ky	10	14	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St. Elizabeth Medical Center – Florence	4900 Houston Road Florence, Ky	15	15	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Good Samaritan Hospital - Cincinnati	375 Dixmyth Avenue Cincinnati, OH	9	11	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The Christ Hospital	2139 Auburn Ave Cincinnati, OH	8	10	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mercy Health - Anderson Hospital	7500 State Rd., Cincinnati, OH	14	18	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mercy Health – West Hospital	3300 Mercy Health Blvd. Cincinnati, OH	12	16	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

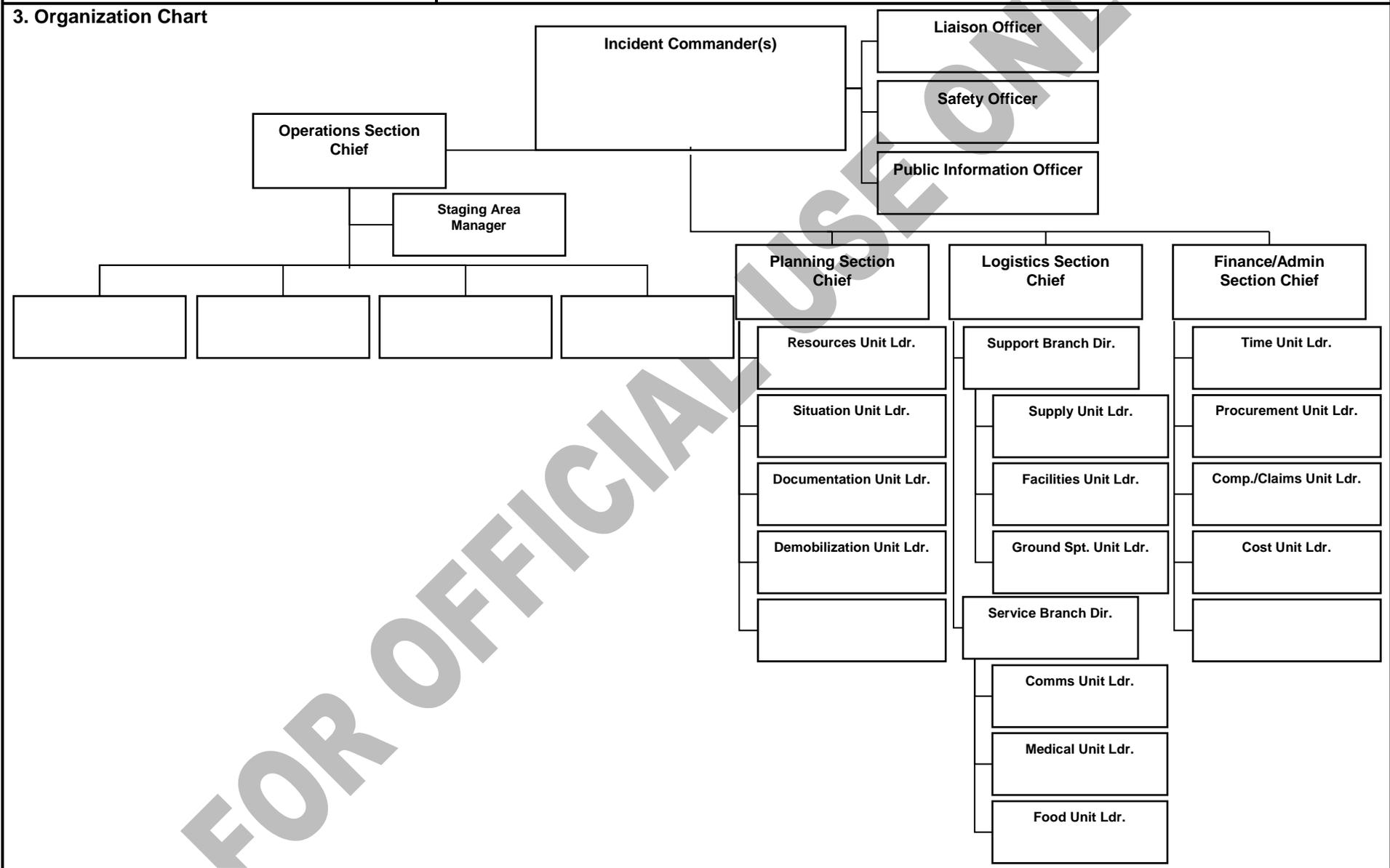
Special Medical Emergency Procedures: If any responder/employee needs first aid care, call command (or 911) and the First Response units will be dispatched/respond.

Personnel should be aware of potential traffic disruptions and consider alternative routes to incidents and to hospitals if necessary.

Prepared by: Name: _____ Position/Title: Planning / _____ Date/Time: _____

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
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ICS 207	IAP Page _____	4. Prepared by: Name: _____ Position/Title: _____	Signature: _____	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:

2. Operational Period: Date From: _____
Time From: _____

Date To: _____
Time To: _____

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

FOR OFFICIAL USE ONLY

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: _____

FOR OFFICIAL USE ONLY

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		2. Incident Number:	
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final		*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 Completed _____	*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			
	Other Minor Structures			
	Other			

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
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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
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing <i>(note if estimated)</i>			G. Missing		
H. Evacuated <i>(note if estimated)</i>			H. Sheltering in Place		
I. Sheltering in Place <i>(note if estimated)</i>			I. Have Received Immunizations		
J. In Temporary Shelters <i>(note if est.)</i>			J. Require Immunizations		
K. Have Received Mass Immunizations			K. In Quarantine		
L. Require Immunizations <i>(note if est.)</i>					
M. In Quarantine					
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		

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

36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

37. Strategic Objectives (define planned end-state for incident):

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:

2. Incident Number:

Additional Incident Decision Support Information (continued)

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

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

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

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

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

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

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

41. Planned Actions for Next Operational Period:

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

43. Anticipated Incident Management Completion Date:

44. Projected Significant Resource Demobilization Start Date:

45. Estimated Incident Costs to Date:

46. Projected Final Incident Cost Estimate:

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

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INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Incident Number:	3. Check-In Location (complete all that apply): <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other					4. Start Date/Time: Date: _____ Time: _____
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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, Date 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: _____
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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: _____

FOR OFFICIAL USE ONLY

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:				2. Operational Period: Date From: _____ Date To: _____ Time From: _____ 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.																	
			Have																	
			Need																	
			Req.																	
			Have																	
			Need																	
			Req.																	
			Have																	
			Need																	
		11. Total Resources Required	/ / / / / / / / / / / / / / / /																	
		12. Total Resources Have on Hand	/ / / / / / / / / / / / / / / /																	
		13. Total Resources Need To Order	/ / / / / / / / / / / / / / / /																	
ICS 215																				
																14. Prepared by:				
																Name: _____				
																Position/Title: _____				
																Signature: _____				
																Date/Time: _____				

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