### **INCIDENT BRIEFING (ICS FORM 201)**

**Purpose:** The Incident Briefing form provides the Incident Commander (and the Command and General Staffs assuming command of the incident) with basic information regarding the incident situation and the resources allocated to the incident. It also serves as a permanent record of the initial response to the incident.

**Preparation:** The briefing form is prepared by the initial attack Incident Commander for presentation to the Incident Commander along with a more detailed oral briefing. Proper symbology, should be used when preparing a map of the incident.

**Distribution:** After the initial briefing of the Incident Commander and General Staff members, the Incident Briefing is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The sketch map and summary of current action portions of the briefing form are given to the Situation Unit while the Current Organization and Resources Summary portion are given to the Resources Unit.

#### **ITEM TITLE - INSTRUCTIONS**

- Incident Name Print the name assigned to the incident.
- Date Prepared Enter date prepared (month, day, and year).
- **Time Prepared** Enter time prepared (24-hour clock).
- **Map Sketch** Show perimeter and control lines, resource assignments, incident facilities, and other special information on a map sketch or attached to the topographic or the photomap.
- **Current Organization** Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary.
- **Prepared By** Enter the name and position of the person completing the form.
- **Resources Summary** Enter the following information about the resources allocated to the incident. Enter the number and type of resource ordered.
- **Resources Ordered** Enter the number and type of resource ordered.
- **Resource Identification** Enter the agency three-letter designator, S/T, Kind/Type and resource designator.
- **ETA/On Scene** Enter the estimated arrival time and place the arrival time or an "X" in the "On Scene" column upon arrival.
- Location/Assignment Enter the assigned location of the resource and/or the actual assignment.
- **Summary of Current Actions** Enter the strategy and tactics used on the incident and note any specific problem areas.

\*Additional pages may be added to ICS-201 if needed.

Incident Briefing	1. Incident Name	2. Date Prepared	3. Time Prepared
	4. MAP SK	кетсн	
ICS 201 Page 1of 4	5. Prepared By	(Name and Positio	n)
Revised – 3- 10	J. Troparou By		

6. SUMMARY OF CURRENT ACTIONS	



8. Resources Summary           Resources         ETA         ON         Location /													
Resources Ordered	Resources Identification	ETA	ÖN SCENE	Location / Assignment									
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#### **INCIDENT ACTION PLAN**

### **INCIDENT OBJECTIVES (ICS FORM 202)**

**Purpose:** An Incident Action Plan documents the actions developed by the Incident Commander and Command and General Staff during the Planning Meeting. When all attachments are included, the plan specifies the control objectives, tactics to meet the objectives, resources, organization, communications plan, medical plan, and other appropriate information for use in tactical operations.

#### INCIDENT ACTION PLAN

- 1. Incident Objectives (ICS Form 202)
- 2. Organization Assignment List (ICS Form 203)
- 3. Incident Map (top of section or sketch)
- 4. Division Assignment List (ICS Form 204)
- 5. Radio Communications Plan (ICS Form 205)
- 6. Traffic Plan (internal and external to the incident)
- 7. Medical Plan (ICS Form 206)

**Preparation:** An Incident Action Plan is completed following each formal planning meeting conducted by the Incident Commander and the Command and General Staff. The Incident Commander must approve the plan prior to distribution.

**Distribution:** Sufficient copies of the Incident Action plan will be reproduced and given to all supervisory personnel at the Section, Branch, Division/Group and Unit leader levels. The Incident Objectives Form (ICS Form 202) is the first page of an Incident Action Plan.

**The Incident Objectives:** Form describes the basic incident strategy, control objectives, and provides weather information and safety considerations for use during the next operational period.

NOTE: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered complete until attachments are included.

#### **ITEM TITLE - INSTRUCTIONS**

Incident Name - Print the name assigned to the incident.

**Date Prepared** - Enter date prepared (month, day, and year).

**Time Prepared** - Enter time prepared (24-hour clock).

**Operational Period** - Enter the time interval for which the form applies. Record the start time, end time, and include date.

**General Control Objectives (include alternatives)** - Enter short, clear and concise statements of the objectives for managing the incident including alternatives. The control objectives usually apply for the duration of the incident.

**Weather Forecast for Operational Period** - Enter weather prediction information for the specified operational period.

**General/Safety Message** - Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached.

**Attachments** - The form is ready for distribution when appropriate attachments are completed and attached to the form.

**Prepared By** - Enter the name and position of the person completing the form (usually the Planning Section Chief).

**Approved By** - Enter the name and position of the person approving the form (usually the Incident Commander).

### ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME		2. DATE	3. TIME									
4. OPERATIONAL PERIOD (DATE/TIME)	1												
5. GENERAL CONTROL OBJECTIVES FOR TH	E INCIDENT (INCLUDE A	LTERNATI	VES)										
6. WEATHER FORECAST FOR OPERATIONAL	PERIOD												
7. GENERAL SAFETY MESSAGE													
8. Attachments (☑ if attached)													
	cal Plan (ICS 206)		Veather Forecast										
	ent Map												
Communications Plan (ICS 205)													
9. PREPARED BY (PLANNING SECTION CHIE	9. PREPARED BY (PLANNING SECTION CHIEF) 10. APPROVED BY (INCIDENT COMMANDER)												
ICS 202 Revised Page 1 of 1 3-10				Ì									

### Organization Assignment List, ICS Form 203

ORGANI	ZATION	ASSIGMENT LIST	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED							
POSITION		NAME	4. OPERATIONAL PERIOD (DATE/TIME)									
	COMMAND AND	STAFF	9. OPERATIONS SEC	TION								
INCIDENT COM	MANDER		CHIEF									
DEPUTY	D		DEPUTY									
SAFETY OFFICE INFORMATION			a. BRANCH I- DIVISION/GROUPS BRANCH DIRECTOR									
LIAISON OFFIC			BRANCH DIRECTOR DEPUTY									
LIAISON OFFIC	EK		DEPUTY DIVISION/GROUP									
6 ACENCY PE	PRESENTATIVI	FS	DIVISION/GROUP									
AGENCY	NAME		DIVISION/ GROUP									
Adentei	INAME		DIVISION/GROUP									
			DIVISION/GROUP									
			b. BRANCH II- DIVISIO	NS/GROUPS								
			BRANCH DIRECTOR	-,								
			DEPUTY									
			DIVISION/GROUP									
7. PLANNING	SECTION		DIVISION/GROUP									
CHIEF			DIVISION/GROUP									
DEPUTY			DIVISION/GROUP									
RESOURCES UN	IIT		,									
SITUATION UNI	T		c. BRANCH III- DIVISIO	NS/GROUPS								
DOCUMENTATI	ON UNIT		C. BRANCH III- DIVISIONS/GROUPS       BRANCH DIRECTOR       DEPUTY       DIVISION/GROUP									
DEMOBILIZATION UNIT			DEPUTY									
TECHNICAL SPECIALISTS			DIVISION/GROUP									
			DIVISION/GROUP									
			DIVISION/GROUP									
8. LOGISTICS	SECTION		d. AIR OPERATIONS BR	ANCH								
CHIEF	SECTION	1	AIR OPERATIONS BR. I									
DEPUTY			AIR TACTICAL GROUP									
DEFUT			AIR SUPPORT GROUP S									
			HELICOPTER COORDIN									
a. SUPPORT B	PANCH		AIR TANKER/FIXED W	-								
DIRECTOR			THE TRUER FILED W.									
SUPPLY UNIT		+										
FACILITIES UNI	Т											
GROUND SUPPO			10. FINANCE/ADMIN	ISTRATION SECTION	I							
			CHIEF									
			DEPUTY									
b. SERVICE BE	RANCH	1	TIME UNIT									
DIRECTOR			PROCUREMENT UNIT									
COMMUNICATI	ONS UNIT	1	COMPENSATION/CLAI	MS UNIT								
MEDICAL UNIT		1	COST UNIT									
FOOD UNIT		1	1	I								
PREPARED BY	(RESOURCES	UNIT)										
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1. BRANCH	[			2. DI	VISION/	ISION/GROUP ASSIGNMENT LIST									
3. INCIDEN	IT NAME	Ξ				4.	OPERAT	<b>FIONAL PI</b>	ERIOD						
						D	ATE		TIM E						
					5. OPERA	TIONAL	PERSO	NNEL							
OPERATIO						SION/GRO									
BRANCH D	IRECTOR				AIR T	ACTICAL	GROUP S	UPERVISO	R						
				6. RES	OURCES	ASSIGNI	ED TO TI	HIS PERIC	DD						
STRIKE	TEAM/T ORCE/	ASK				NUM		TRANS.	PICK		DROP OFF PT./TIME				
RESOURCE	E DESIG	NATOR	EMT	L	EADER	PERS	UNS	NEEDED	PT./1	IME	P1./IIME				
7. CONTRO	L OPERA	ATIONS													
8. SPECIAI	INSTRU	JCTION	s												
			9. DI	VISIO	N/GROUI	р сомм	UNICAT	IONS SUM	MARY						
FUNCTION	[	FREQ	SYSTE	M	CHAN.	FUNCT	ION	FREQ	SYST	EM	CHAN.				
	LOCAL	•					LOCA								
COMMAND	REPEA					SUPPORT	LOCA REPEA		+						
DIV /CROUT	T DIV./GROUP					GROUN									
TACTICAL PREPARED		UDCEIN	JFT	AD		TO AIR BY (PLANN		<u>ר א</u>	ATE	TIM	IF				
LEADER)	51 (RE3U	UNCE UP	11	CH		JI (FLAINI	IING SEU	,,,, D	ALL		LE .				
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### Assignment List, ICS Form 204

# Incident Communications Plan, ICS Form 205

INCI	DENT RAI	DIO	1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time
COMMUN	NICATION	S PLAN			
			4. Basic Ra	dio Channel Utilization	
System/Cache	Channel	Function	Frequency/To ne	Assignment	Remarks
5. Prepared by	/ (Commu	nications Un	it)		
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MEDICA PLAN		1. In	icident Name	2. I	Date Prepared	3.	Time Prepared	4. 0	Period						
				5. Incio	dent Medical Ai	d Stati	on								
Medical Aid Stat	tions			Locatio	n				Parar Yes						
			6. Emerge	ncy Me	dical Services C	ontact	Information								
Telephone	Conta	act:				Phor	ne:	Alt#							
Radio	Conta	act:				Net:		CHAN	Paramedics     Yes No     Paramedics     Yes No     Paramedics     Yes No     Paramedics     Yes No     Paramedics     Yes No						
Other															
				7.	Ambulance Serv	vices									
Name			Address				Phone								
				B. 1	Incident Ambula	ances	1								
Name			Location												
					7. Hospitals										
Name		Address			Travel Ti Air Gi	ne ound	Phone	Helipad Yes	No						
			8	. Medio	cal Emergency F	roced	ures	11							
Prepared by (Me	edical Uni	t Leader)			10. Revie	wed by (	Safety Officer)								
ICS 206 F	Revised	206	Page 1 of 1								INC THE COL				
	-									OFFICE					

					IN	ICI	DE	:NT	S	ΓΑΊ	rus	5 SU	JM	[ <b>M</b> /	\R'	Y							
1. Date/Time				2.	]	Initial		3.	Incide	ent Na	ame					4	. Incie	dent N	Jumbe	er			
					U	pdate																	
						Final																	
5. Incident Commander		6. RM N	lumb	er		7. N	Iunic	ipality	r		8. Ty	pe inc	iden	t	9	9. Loc	ation			10	o. Star	ted Da	ate/Time
11. Cause	12. Area	Involved	1;	3. % C	Contro	lled	14 D	4. Exp ate/T	ected 'ime	Conta	ainme	nt	1 I	5. Esti Date/T	imate 'ime	d Con	trolle						
17. Current T	hreat						18. Control Problems																
19. Est. Loss		20. Es	st. Sa	aving	s	21	. Inju	ıries			Dea	ths				22. L	ine B	uilt		2	3. Lin	e to I	Build
WS						icted	Т	lemp			26.	Cost t	to D	ate				27.	Est.'	Total	Cost		
WD	RI	1		WD			F	RH	28	3. Age	encies	5											
Res	ources											_											Totals
Kind of Re			SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	
DOZERG																							
DOZERS	Number o	f																					
CREWS	Crews:									<u> </u>				-				-	-				
Number of Crew Personnel:																		<u> </u>					
									<u> </u>														
TOTAL PERSO		ina																					
	30. Cooperating Agencies																						
31. Remarks																							
32. Prepared	by					33	3. Apj	prove	d by							34. S	ent to	):					
																Date			Time	e		By	

Incident Sta	ntus	1. Incident	t Name	2 Date	Prepared		3 Time Pı	repared							
Summary															
4. RM # or Muni	icipality	5. Inciden	t Number	6. Star	t of Inciden	t (D	ate and Tiı	ne)							
7. Location		8. Inciden Command		9. Estir	mated Conc	lusion	(Date ar	me Prepared nd Time) pate and Time) Totals							
10. Short Descrij		ident													
11. Summary of A	11. Summary of Actions 13 Resource Summary														
Agency	Type Resou	of irce						Totals							
						_									
						_									
						_									
Total Personnel															
13. Remarks															
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## Check In List

IN	CIDEN	лт сн	ECK-I	N LIST	1. In	cident	ent Name 2. Check-In Location (complete all that apply)										3. Date/Time				
<ul> <li>Personr</li> <li>Engines</li> <li>Helicop</li> </ul>		<i>Check</i> ] Hando ] Dozer ] Aircra	crew S	🗌 Misc.						□ I	Base 🗆	Camp	☐ Staging Area	☐ ICP Restat	☐ Helibase						
								Check-	In Info	rmatior	1										
4. List Pe & Name - following Agency	OR-Lis   forma 	t equip t: 	rhead) oment   Type		Order/ Request	Date/ Time	7. Leader's Name	8. Total No. Personn el	Yes	<u>nifest</u> No	10. Crew or Individ ual's Weight	Ho Ba	me   re Poin	13. Itu Method of Trave	l Assignm	16. Other Qualifica tions	16. Sent to RESTAT Time/Int				
	1	1	1	17. Pre	pared by (N	ame and	Position) U	Use back	for re	mark	s or com	ments	5 5	_		1					
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