SECTION 10: RESOURCE ORDERING PROCESS

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THE EOC RESOURCE ORDERING PROCESS

One of the most important duties performed by the Logistics Section is to obtain and deliver critical resources. Critical resource needs arise when demand exceeds supply of any item used in disaster response operations, which if not available, could significantly impact or jeopardize the response organization's ability to accomplish the incident objectives. The success or failure of the Logistics Section will, in part, hinge on its ability to efficiently receive, process, and deliver requested resources.

> **To assist the Logistic Section, an ordering process has been developed to clarify responsibilities, streamline flow of information, and provide necessary documentation.**

Two ordering forms will be used for this purpose. The first is the Resource Request Message (ICS Form-307).
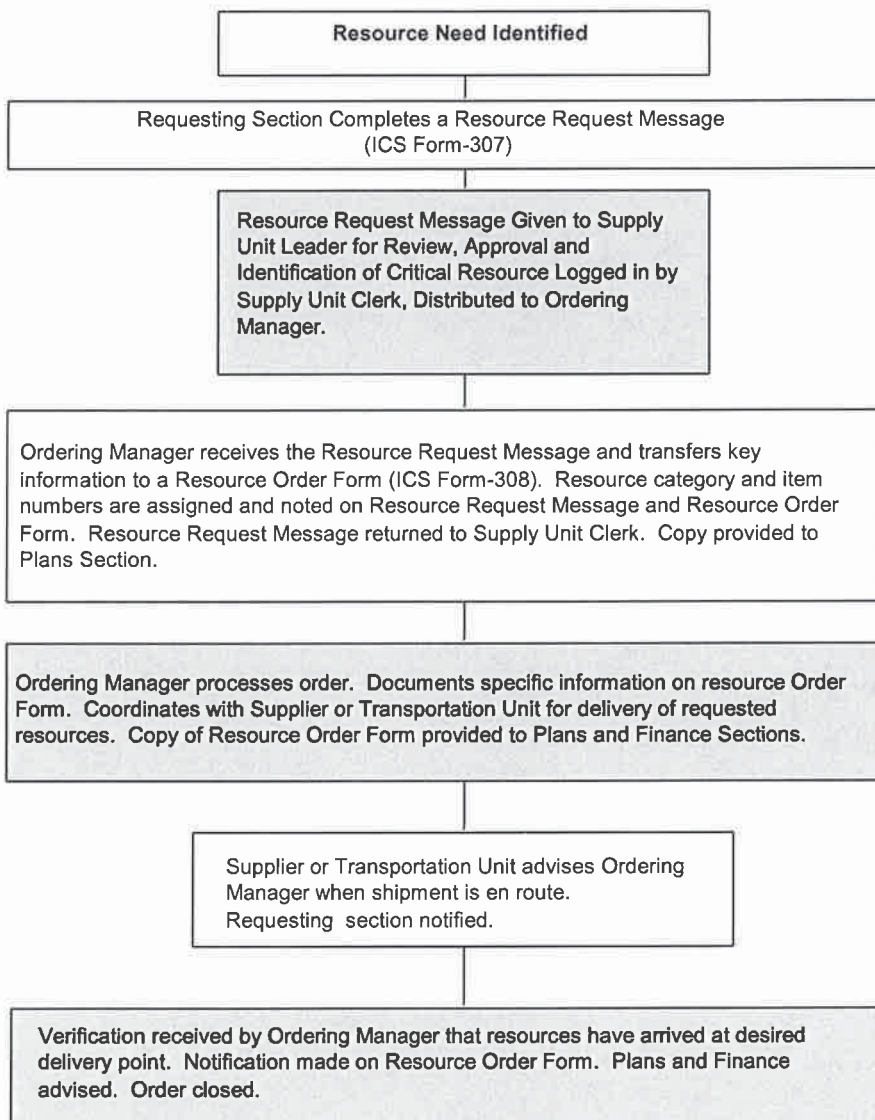
The Resource Request Message (ICS Form-307) is used by Unit Leaders, Operations personnel, Section Chiefs, Communications Center personnel, and others to request resources from the Supply Unit Leader. Because the resource request will be forwarded to an Ordering Manager within the Supply Unit, it is imperative that information necessary to process the request be documented in a consistent format.

The Resource Order Form (ICS Form-308) documents all processing activities performed by the Ordering Manager within the Supply Unit. Five distinct categories have been identified for resources. They are: personnel, equipment, supplies, aircraft, and facilities. This form is used to order resources.

For incidents being managed solely by the borough, the standard borough procurement and ordering forms may be used. A separate and unique order number system will be used to allow the cost unit and Grants Manager to monitor costs and expedite future reimbursement.

EOC RESOURCE ORDERING FLOW

Resource Need Identified

Requesting Section Completes a Resource Request Message (ICS Form-307)

Resource Request Message Given to Supply Unit Leader for Review, Approval and Identification of Critical Resource Logged in by Supply Unit Clerk, Distributed to Ordering Manager.

Ordering Manager receives the Resource Request Message and transfers key information to a Resource Order Form (ICS Form-308). Resource category and item numbers are assigned and noted on Resource Request Message and Resource Order Form. Resource Request Message returned to Supply Unit Clerk. Copy provided to Plans Section.

Ordering Manager processes order. Documents specific information on resource Order Form. Coordinates with Supplier or Transportation Unit for delivery of requested resources. Copy of Resource Order Form provided to Plans and Finance Sections.

Supplier or Transportation Unit advises Ordering Manager when shipment is en route. Requesting section notified.

Verification received by Ordering Manager that resources have arrived at desired delivery point. Notification made on Resource Order Form. Plans and Finance advised. Order closed.

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ICS Form No.	Form Title	Originator	Required Approval
ICS-200	Incident Action Plan Cover Sheet	Resource Unit Leader	Incident Commander
ICS-201	Initial Incident Briefing	Initial Response Incident Commander	None
ICS-202	Incident Objectives	Incident Commander	None
ICS-203	Organization Assignment List	Resource Unit Leader	None
ICS-204	Division/Group Assignment List	Operations Chief and Resource Unit Leader	Planning Section Chief
ICS-205	Incident Radio Communications Plan	Communications Unit Leader	None
ICS-206	Medical Plan	Medical Unit Leader	Safety Officer
ICS-207	Incident Organization Chart	Resource Unit Leader	Planning Section Chief
ICS-209	Incident Status Summary	Situation Unit Leader	Planning Section Chief
ICS-211	Check-In List	Status Check-In Recorder/ Resource Unit Leader	None
ICS-213	General Message	Anyone	None
ICS-214	Unit Log	All Section Chiefs, Command Staff, Unit Leaders, Division/Group Supervisors	None
ICS-215	Operations Planning Work Sheet	Operations Section Chief, Planning Section Chief	Incident Commander
ICS-216	Radio Requirements Work Sheet	Communications Unit Leader	None
ICS-217	Radio Frequency Assignment Work Sheet	Communications Unit Leader	None

Forms Responsibility (cont)

ICS Form No.	Form Title	Originator	Required Approval
ICS-220	Air Operations Summary	Air Operations Director	None
ICS-221	Demobilization Checkout	Demobilization Unit Leader	Planning Section Chief
ICS-223	Health and Safety Message	Safety Officer	None
ICS-225	Incident Map	Situation Unit Leader	Planning Section Chief
ICS-226	Master EOC Message Log	Message Center Manager	None
ICS-307	Resource Request Message	Ordering Manager	None
ICS-308	Resource Order Form	Ordering Manager	None

EMERGENCY OPERATIONS CENTER INCIDENT ACTION PLAN

Date/Time Plan Prepared: _____

Operational Period Covered by Plan: _____

DATE: _____   _____
START   FINISH

TIME: _____   _____
START   FINISH

Attachments

- ❑ IC Objectives (ICS-202)
- ❑ Organization List (ICS-203)
- ❑ Group Assignment (ICS-204)

- ❑ Communications Plan (ICS-205)
- ❑ Medical Plan (ICS-206)
- ❑ Health & Safety Message (ICS-223)

- ❑ Incident Map
- ❑ Environmental Message (ICS-224)
- ❑ _____

Prepared by: _____
(Resource and Situation Status Unit Leaders)

Reviewed by: _____
(Planning Section Chief)

Approved by: _____
(Incident Commander)

INCIDENT ACTION PLAN COVER: FORM NUMBER ICS-200

Name of form: Incident Action Plan Cover (ICS-200)

Prepared by: Resource Unit Leader

Frequency: Once/Shift or Once/Day

Contents and information supplied by:

Incident Name: Incident Commander

Operational Period: Planning Section Chief

Attachments: As indicated on individual forms

Reviewed by: Planning Section Chief prior to submittal to Incident Commander

Approved by: Incident Commander as part of Incident Action Plan

Distributed to: Recipients of Action Plan

INITIAL INCIDENT BRIEFING (ICS-201)

ICS-201 Initial Incident Briefing		(Page 1 of 4)
1. Incident Name:	2. Date Prepared:	3. Time Hours
4. Map		
8. Prepared by:		

5. Summary of Current Actions	ICS-201 Initial Incident Briefing Page 2 of 4

6. Current Organization	ICS-201 Initial Incident Briefing Page 3 of 4

Incident Commander

Command Staff

Planning

Logistics
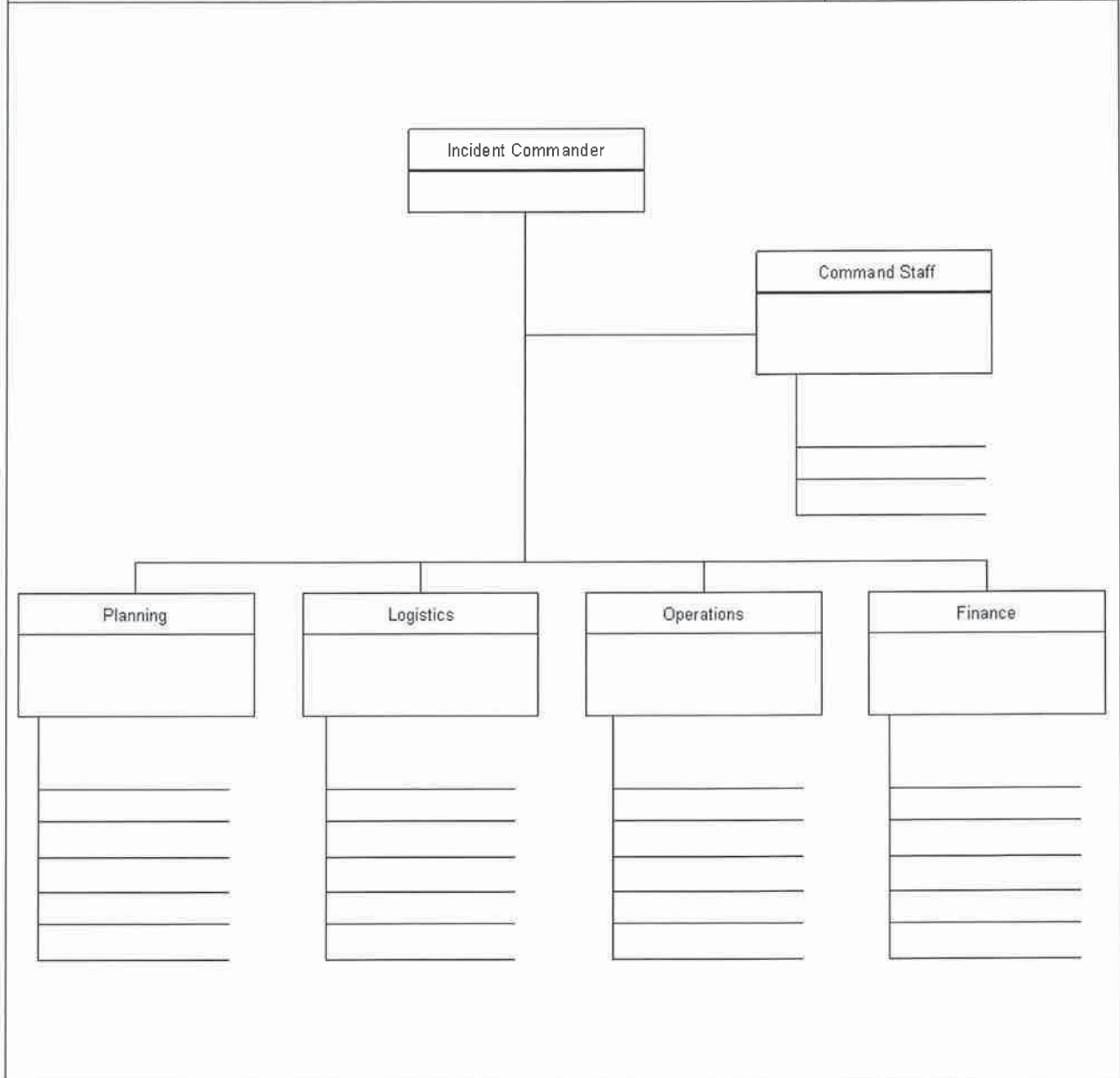
Operations

Finance

7. Resources Summary				ICS-201 Initial Incident Briefing Page 2 of 4
Resources Ordered	Resources Identification	ETA (Hours)	On-Scene	Location/Assignment

INSTRUCTIONS FOR COMPLETING THE INITIAL INCIDENT BRIEFING FORM (ICS-201)

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

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INCIDENT OBJECTIVES (ICS-202)

Incident Objectives ICS-202	1. Incident Name	2. Date Prepared	3. Time Prepared

4. Operational Period (Date/Time)

5. General Objectives/Priorities for the incident (include alternatives)

6. Weather forecast for operational period

7. General safety message

8. Attachments (if attached):

❑ Organization List (ICA-203)	❑ Medical Plan (ICS-206)	❑ _____
❑ Division Assignment Lists (ICS-204)	❑ Incident Map	❑ _____
❑ Communications Plan (ICS-205)	❑ Transportation Plan	❑ _____

	9. Prepared by (Planning Section Chief)	10. Approved by (Incident Commander)

Item Number	Item Title	Instructions
1.	Incident Name	NOTE: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered completed until attachments are included. Print the name assigned the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24 hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5.	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.
6.	Weather Forecast for Operational Period	Enter weather prediction information for the specified operational period.
7.	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.
8.	Attachments	The form is ready for distribution when appropriate attachments are completed and attached to the form.
9.	Prepared By	Enter the name and position of the person completing the form (usually the Planning Section Chief).
10.	Approved By	Enter the name and position of the person approving the form (usually the Incident Commander).

ORGANIZATION ASSIGNMENT LIST (ICS-203)

Organization Assignment List ICS-203	1. Incident Name	2. Date Prepared	3. Time Prepared

5. Incident Commander and Staff		4. Operational Period (Date/Time)		
Position	Name	**9. Operations Section**		
Incident Commander		Chief		
Deputy		Deputy		
Safety Officer		**a. Branch I Divisions/Groups**		
Information Officer		Branch Director		
Liaison Officer		Deputy		
Legal Officer		Division/Group		
6. Agency Representative		Division/Group		
Agency	Name	Division/Group		
		Division/Group		
		Division/Group		
		b. Branch II Divisions/Groups		
		Branch Director		
7. Planning Section		Deputy		
Chief		Division/Group		
Deputy		Division/Group		
Resources Unit		Division/Group		
Situation Unit		Division/Group		
Document Unit		Division/Group		
Demobilization Unit		**c. Branch III Divisions/Groups**		
		Branch Director		
		Deputy		
8. Logistics Section		Division/Group		
Chief		Division/Group		
Deputy		Division/Group		
a. Support Branch		**d. Air Operations Branch**		
Director		Air Ops Branch Director		
Supply Unit		Air Attack Supervisor		
Facilities Unit		Air Support Svs.		
Transportation Unit		Helicopter Coord.		
b. Service Branch		Air Tanker Coord.		
Director		**10. Finance Section**		
Communications Unit		Chief		
Medical Unit		Deputy		
Food Unit		Time Unit		
11. Prepared by (Resources Unit):		Procurement Unit		
		Compensation/Claims Unit		
		Cost Unit		

INSTRUCTIONS FOR COMPLETING THE ORGANIZATION ASSIGNMENT LIST (ICS-203)

Item Number	Item Title	Instructions
		An Organization Assignment List may be completed any time the number of personnel assigned to the incident increase or decrease or a change in assignment occurs.
1.	Incident Name	Print the name assigned the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24 hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5. through 10.		Enter the names of personnel staffing each of the listed positions. Use at least first initial and last name. For Units indicate Unit Leader and for Divisions/Groups circle which one and indicate Division/Group Supervisor. Use an additional page if more than three branches are activated.
11.	Prepared By	Enter the name of the Resources Unit member preparing the form. Attach form to the Incident Objectives.

GROUP ASSIGNMENT LIST (ICS-204)

Group Assignment List ICS-204	1. Branch		2. Division/Group	
3. Incident Name		4. Operational Period Date: _____ Time: _____		

5. Operational Personnel

Operations Chief: _____   Division/Group Supervisor: _____

Branch Director: _____   Air Attack Supervisor: _____

6. Resources Assigned This Period					
Strike Team/Task Force Resource Designator	Leader	Number of Persons	Type of Trans Needed	Drop off point/ Date Time (Hrs)	Pick up Point/ Date Time (Hrs)

7. Control Operations

8. Special Instructions

9. Division/Group Communication Summary							
Command	Local			Logistics	Local		
	Repeat				Repeat		
Division/Group				Ground to Air			
Tactical							

10. Prepared by (Resource Unit Leader)	11. Approved by (Planning Chief)
Date:	Time (Hours):

Item Number	Item Title	Instructions
1.	Branch	A separate sheet is used for each division or group. Enter the number (Roman Numeral) assigned the branch.
2.	Division/Group	The identification letter of the Division/Group is entered in the form title. Circle Division or Group.
3.	Incident Name	Print the name assigned the incident.
4.	Operational Period	Enter the time interval for which the information applies. Record the start time and end time and include date(s).
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director and Division/Group Supervisor. Circle Division or Group.
6.	Resources Assigned Strike Team/Task Force/Resource Designator	List resource designators, leader name, and total number of personnel for Strike Teams, Task Forces or single resources assigned to the Division/Group.
7.	Control Operations	Provide a statement of the tactical objectives to be achieved within the operational period. Include any special instructions for single resources working within the Division/Group.
8.	Special Instructions	Enter statement calling attention to any safety problems or specific precautions to be exercised or other important information.
9.	Division Communication Summary	The Communications Unit provides this information on the form for Command, Division/Group, Tactical, Support, and Ground to Air frequencies.
10.	Prepared By	Enter the name of the Resources Unit Member completing the form.
11.	Approved By	Enter the name of the person approving the form (usually the Planning Section Chief).

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INCIDENT RADIO COMMUNICATION PLAN (ICS-205)

Incident Radio Communication Plan ICS-205	1. Incident Name	2. Date/Time Prepared	3. Operational Period (Date/Time)

4. Basic Radio Channel Utilization

System/Cache	Channel	Function	Frequency	Assignment	Remarks

5. Prepared by (Communication Unit Leader):

INSTRUCTIONS FOR COMPLETING THE INCIDENT RADIO COMMUNICATIONS PLAN (ICS-205)

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned the incident.
2.	Date/Time Prepared	Enter date (month, day, year) and time prepared.
3.	Operational Period Date/Time	Enter the date and time interval for which the Radio Communications Plan applies. Record the start time and end time and date(s).
4.	Basic Radio Channel Utilization System/Cache	Enter the radio cache system(s) assigned and used on the incident (e.g., Boise Cache, FIREMARS, Region 5 Emergency Cache, etc.).
	Channel Number	Enter the radio channel numbers assigned.
	Function	Enter the function each channel number is assigned (i.e., command, support, division tactical, and ground to air).
	Frequency	Enter the radio frequency number assigned to each specified function (e.g., 153.400)
	Assignment	Enter the ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A).
	Remarks	This section should include narrative information regarding special situations.
5.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.

MEDICAL PLAN (ICS-206)

Medical Plan (ICS-206)	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period Date/Time (Hrs)

5. Incident Medical Aid Stations			
Medical Aid Stations	Location	EMT Yes	No

6. Transportation

a. Ambulance Services

Name	Address	Phone	EMT Yes	No

b. Incident Ambulance

Name	Location	EMT Yes	No

7. Hospitals

Name	Address	Travel Time Air(Hrs) Ground	Phone	Helipad Yes No	Burn Center Yes No

8. Medical Emergency Procedures

9. Prepared by (Medical Unit)	10. Reviewed by (Safety Officer)

INSTRUCTIONS FOR COMPLETING THE MEDICAL PLAN (ICS-206)

Item Number	Item Title		Instructions
1.	Incident Name		Print the name assigned the incident.
2.	Date Prepared		Enter date prepared (month, day, year).
3.	Time Prepared		Enter time prepared (24 hour clock).
4.	Operational Period Date/Time		Record the date and time of the Operational Period for which this Plan is in effect.
5.	Incident Medical Aid Stations		Enter name and location of incident medical aid stations, e.g., Cajon Staging Area, Cajon Camp Ground, and indicate with a √ if paramedics are located at the site.
6.	Transportation		
	A.	Ambulance Services	List name and address of ambulance services, e.g., Shaeffer, 4358 Brown Parkway, Corona. Provide phone number and indicate if ambulance company has EMTs.
	B.	Incident Ambulances	Name of organization providing ambulances and the incident location. Also indicate if EMTs are aboard.
7.	Hospitals		List hospitals that could serve this incident. Incident name, address, the travel time by air and ground from the incident to the hospital, phone number, and indicate with a √ if the hospital is a burn center and has a helipad.
8.	Medical Emergency Procedures		Note any special emergency instructions for use by incident personnel.
9.	Prepared By		Enter the name of Medical Unit Leader preparing the plan.
10.	Reviewed By		Obtain the name of the Safety Officer who must review the plan.

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Incident Status Summary (ICS-209)	1. Incident Name		2. Incident #	3. Reported by	4. Jurisdiction
5. Type Incident	6. Location				7. Started (Date/Time)

8. Cause	9. Area Involved	10. Percent Contained	11. Expected Containment	12. Percent Controlled	13. Expected Control Date: _____ Time: _____

14. Current Threat	15. Control Problems

16. Estimated Damage/Loss	a. Property	b. Utilities	c. Transportation	d. Food	e. Fuel	f. Injuries	g. Death

17. Current Weather WS Temp WD RH	18. Predicted Weather Next Period WS Temp WD RH	19. Incident Costs Previous Day	20. Total Cost to Date

21. Size of are evacuated		26. Agencies						Total
		27. Type of Resource	Inc|St	Inc|St	Inc|St	Inc|St	Inc|St	Inc|St
22. # of people evacuated		Fire/Rescue						
		EMS						
		Police						
23. # of shelters		Public Works						
		Hazmat Teams						
		Amateur Radio						
24. # of people sheltered		Helicopters						
		Fixed Wing						
25. # of people hospitalized								
		Total Personnel						

28. Cooperating Agencies

29. Remarks

30. Prepared by	31. Approved by	32. Date	33. ❑ Initial ❑ Update ❑ Final	34. Sent to: Date: _____ Time: _____ By: _____

INSTRUCTIONS FOR COMPLETING THE INCIDENT STATUS SUMMARY (ICS-209)

Item Number	Item Title	Instructions
1.	Incident Name	Enter the name assigned the incident.
2.	Incident Number	Enter number assigned to the incident.
3.	Reported By	Responsible party for this report.
4.	Jurisdiction	Area report is covering, e.g., municipality, city, town, and village or bush locality.
5.	Type Incident	Enter type of incident (i.e. hazmat, flood, release, spill).
6.	Location	Describe location with incident noting landmarks. Be as specific as possible.
7.	Date/Time	Actual date and time of report.
8.	Cause	State probable cause if known.
9.	Area Involved	Enter acreage or size as of the time of report.
10.	Percent Contained	Enter percent of the perimeter contained at the time of the report.
11.	Expected Containment	Enter date and time estimates if known. Enter UNK if unknown.
12.	Percent Controlled	Enter percent of the incident considered under control at the time of the report.
13.	Expected Control	Enter date and time estimates if known. Enter UNK if unknown.
14.	Current Threat	Provide a brief summary of the threat situation as it applies at the time of the report.
15.	Control Problems	Describe control problems that may have an effect on containment/control action.
16.	Estimate Damage/Loss	a. Enter percentage of total property destroyed/damaged.
		b. Enter percentage of total utilities destroyed/damaged.
		c. Enter percentage of total transportation systems destroyed/damaged.
		d. Enter percentage of food stores destroyed/damaged.
		e. Enter percentage of fuel stores destroyed/damaged.
		f. Enter approximately number of people injured.
		g. Enter number of deaths.

Item Number	Item Title	Instructions
17.	Current Weather	Describe weather at the time of the report.
18.	Predicted Weather	Enter predictions based on weather forecast or other observations.
19.	Incident Costs - Previous Day	Enter total dollar cost associated with incident activity. Includes cost for incident assigned personnel, equipment, and supplies.
20.	Total Cost to Date	Summary of all daily costs.
21. through 25.		Self-explanatory.
26.	Agencies	List each agency committing resources.
27.	Type of Resource	Under each agency identified enter number of resources committed to incident (INC) and/or staging area (ST).
28.	Cooperating Agencies	List other agencies who are providing liaison and non-resource support to the incident.
29.	Remarks	Use this section to include any additional information necessary for a better understanding of the Incident Status Summary.
30.	Prepared By	Enter name of Situation Unit Leader responsible for obtaining information and preparing the report.
31.	Approved By	The Incident Status Summary must be approved by the Planning Section Chief.
32.	Date/Time	Enter date and time that report is being prepared.
33.	Initial/Update/Final	Check appropriate box.
34.	Sent To	Include the three-letter designator of the agency receiving the report. Indicate date and time report is being sent and initials of person sending the report.

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CHECK-IN LIST (ICS-211)

| INCIDENT CHECK-IN LIST | 1. Incident Name | 2. Check-In Location (complete all that apply) | 3. Date/Time |

Check one:
- ☐ Personnel
- ☐ Engines
- ☐ Helicopters
- ☐ Handcrew
- ☐ Dozers
- ☐ Aircraft
- ☐ Misc.

2. Check-In Location (complete all that apply):
- ☐ Base
- ☐ Camp
- ☐ Staging Area
- ☐ ICP Restat
- ☐ Helibase

4. List Personnel (overhead) by Agency & Name -OR-
List equipment by the following format:

Check-In Information

Agency Single	Kind	Type	5. Order/Request Number	6. Date/Time Check-In	7. I.D. No/Name Leader's Name	8. Total No. Personnel	9. Manifest Yes No	10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Sent to RESTAT Time/Int

17. Prepared by (Name and Position) Use back for remarks or comments

Page ___ of ___

INSTRUCTIONS FOR COMPLETING THE CHECK-IN LIST (ICS-211)

Item Number	Item Title	Instructions
		Incident Dispatchers, upon receipt of a check-in message by radio, record the information on the Check-In List (ICS Form 211) and then give the information to the Resources Unit.
		Resources Unit Recorders, upon receipt of information on an in-person check in, record the information directly onto the Check-In List form.
1.	Incident Name	Print the name assigned the incident.
2.	Check-In Location	Place a check mark in the appropriate box indicating where the resource or person checked in at the incident.
3.	Date/Time Prepared	Enter date/time prepared (month, day, year).
4.	List Personnel (Overhead) by Agency Name	Use this section to list agency three-letter designator and individual names for all overhead (supervisory) personnel. When listing equipment, use three-letter designator, indicate if resource is a Task Force or Strike Team; enter kind of resource (letter for single resources) enter type of resource (1-4) designated identification number and Strike Team letter designator code. (Reference ICS 020-1)
5.	Order/Request Number	Order number will be assigned by Agency dispatching the resources or personnel to the incident.
6.	Date/Time Check In	Self-explanatory.
7.	Leader's Name	Self-explanatory.
8.	Total Number Personnel	Enter total number of personnel in Strike Teams, Task Forces or manning single resources. Include leaders.
9.	Manifest	Indicate if a manifest was prepared.

Item Number	Item Title	Instructions
10.	Crew Weight or Individual's Weight	Self-explanatory.
11.	Home Base	Location at which the resource/individual is normally assigned. (May not be departure location.)
12.	Departure Point	Location from which resource/individual departed for this incident.
13.	Method of Travel	Means of travel to incident (bus, truck, engine, personal vehicle, etc.).
14.	Incident Assignment	Assignment at time of dispatch.
15.	Other qualifications	List any other ICS position the individual has been trained to fill.
16.	Sent To	Enter initials and time that the information pertaining to that entry was sent to the Resources Unit.
17.	Page	Indicate page number and number of pages being used for Check-In at this location.
18.	Prepared By	Enter name of Check-In Recorder.

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Unit Log (ICS-214)

Unit Log (ICS-214) Page 1 of ___	1. Incident Name		2. Date Prepared	3. Time Prepared
4. Unit Name/Designator	5. Unit Leader (Name and position)			6. Operational Period

7. Personnel Roster		
Name	ICS Position	Home Base

8. Activity Log (continue on ICS-214 page 2)	
Time/Date	Major Events

Unit Log (ICS-214) Page 2 of ____	Activity Log (continued)
Time/Date	Major Events
9. Prepared by (name and position)	

INSTRUCTIONS FOR COMPLETING THE UNIT LOG (ICS-214)

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24 hour clock).
4.	Unit Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
5.	Unit Leader	Enter the name of the individual in charge of the Unit.
6.	Operational Period	Enter time span covered by the log (e.g., 1800 Oct 12 to 0600 Oct 13).
7.	Personnel Roster	List the name, position, and home base of each member assigned to the unit during the operational period.
8.	Activity Log	Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completion, injuries, difficulties encountered, etc.).
9.	Prepared By	Enter the name and title person approving the log. Provide log to immediate supervisor at the end of each operational period.

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OPERATIONAL PLANNING WORKSHEET (ICS-215)

Operational Planning Worksheet (ICS-215)	1. Incident Name	2. Date Prepared	3. Time Prepared	3. Operational Period (Date/Time)

5. Work Assignments		6. Equipment		Personnel	

4. Division/Group Name		Req			
		Have			
		Need			
		Req			
		Have			
		Need			
		Req			
		Have			
		Need			
		Req			
		Have			
		Need			
		Req			
		Have			
		Need			
		Req			
		Have			
		Need			
		Req			
		Have			
		Need			
		Req			
		Have			
		Need			

7. Reporting Location	8. Requested Arrival Time

9. Total Resources Required:

Total Resources on Hand:

Total Resources Needed:

10. Prepared by (name and position)

INSTRUCTIONS FOR COMPLETING THE OPERATIONAL PLANNING WORKSHEET (ICS-215)

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned the incident.
2.	Date/Time Prepared	Enter date (month, day, year) and time (24 hour clock) prepared.
3.	Operational Period	Enter the time interval for which the information applies. Record the start time and end time and date.
4.	Division or Other Location	Enter the Division or Group and the letter or location of the work assignment for the resources.
5.	Work Assignments	Enter the specific work assignments given to each of the Divisions/Groups.
6.	Resource	Enter in the appropriate header box the resource type (i.e. aircraft, ambulance, law enforcement officers). Under the resource type listed, enter the number of resources required (REQ); resources available (HAVE) to perform the work assignment. Then record the number of resources needed (NEED) by subtracting the number in the (HAVE) row from the number in the (REQ) row.
7.	Reporting Location	Enter the specific location the "needed" resources are to report for the work assignment (staging area, location on the fire line, etc.).
8.	Requested Arrival Time	Enter time the resources are requested to arrive at the reporting location.
9.	Total Resources Required On Hand Ordered	Enter the total number of resources by type (engines, crews, dozers, etc.,) required, on hand, and ordered.
10.	Prepared By	Record the name and position of the person preparing the form.

RADIO FREQUENCY ASSIGNMENT WORKSHEET (ICS-217)

RADIO FREQUENCY ASSIGNMENT WORKSHEET

1. INCIDENT NAME

2. DATE

3. OPERATIONAL PERIOD (DATE/TIME)

4. INCIDENT ORGANIZATION

Column headers: BRANCH | DIVISION | DIVISION | DIVISION | BRANCH | DIVISION | DIVISION | DIVISION | BRANCH | DIVISION | DIVISION | DIVISION | INCIDENT COMMANDER | SAFETY OFFICER | OPERATIONS SECTION CHIEF | AIR OPERATIONS | AIR TACTICAL SUPERVISOR | PLANNING SECTION CHIEF | GROUND SUPPORT UNIT | BASE UNIT | COMM CENTER | TOTAL BY REQ.

5. RADIO DATA: SOURCE | FUNCTION | CH# | FREQUENCY

6. AGENCY: ID | CH# | FREQUENCY

7. TOTAL RADIOS REQUIRED

8. PREPARED BY (NAME/POSITION)

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INSTRUCTIONS FOR COMPLETING THE RADIO FREQUENCY ASSIGNMENT WORKSHEET (ICS-217)

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned the incident.
2.	Date	Enter date (month, day, year) prepared.
3.	Operational Period	Enter the time interval for which the assignment Applies. Record the start and end time and date if end time is different from start date.
4.	Incident Organization	List frequencies allocated for each channel for each organizational element activated, record the number of radios required to perform the designated function on the specified frequency.
5.	Radio Data	For each radio cache and frequency assigned, record the associated function. Functional assignments are: Command Support Division/Group tactical Ground-to-air
6.	Agency	List the frequencies for each major agency assigned to the incident. Also list the function and channel number assigned.
7.	Total Radios Required	Total each column. This provides the number of radios required by each organizational unit. Also total each row that provides the number of radios using each available frequency.
8.	Prepared By	Enter the name and position of the person completing the worksheet.

Emergency Operations Center Guide

AIR OPERATIONS SUMMARY WORKSHEET (ICS-220)

Air Operations Summary (ICS-220)	1. Incident Name	2. Operational Period (Date and Time)	3. Distribution: Helibases: Fixed Wing Bases: _____

4. Personnel and Communications

Name	Air/Air Frequency	Air/Ground Frequency	5. Remarks (Special instructions, safety notes, funds, priorities)
Air Operations Director			
Helicopter Coordinator			
Fixed Wing Coordinator			

6. Location/Function	7. Assignment	8. Fixed Wing		9. Helicopter		10. Time		11. Aircraft Assigned	12. Operating Base
		No.	Type	No.	Type	Available	Commence		
13. Totals									

14. Air Operations Support Equipment

15. Prepared by (Include date and time):

INSTRUCTIONS FOR COMPLETING THE AIR OPERATIONS SUMMARY WORKSHEET (ICS 220)

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned the incident.
2.	Operational Period	Enter the time interval for which the assignment applies. Record the start and end time and date if end time is different from start date.
3.	Air Operations Distribution	Check the block and enter the time and date when Form 220 and attachments were sent to all fixed wing bases and helibases supporting the incident.
4.	Personnel and Communications	Enter the name of the individuals in Air Operations and the primary air/air and air/ground (if applicable) radio frequencies to be used.
5.	Remarks	Enter special instructions or information, including safety notes, hazards and priorities for Air Operations personnel.
6.	Location/Function	Enter area on incident where air resources will be assigned (e.g., DIV., A, BRANCH II, STANDBY) or function e.g., Air Attack Supervisor, Situation Unit, MEDEVAC, etc.) to which they will be assigned.
7.	Assignment	Enter the specific assignment (e.g., water or retardant drops, logistical support, or availability status for a specific purpose, support backup, recon, MEDEVAC, etc.). If applicable, enter the primary air/air and air/ground radio frequency to be used.
8.	Fixed Wing	Enter the number and type (1, 2, or 3) of air tankers allocated to the location/function.
9.	Helicopters	Enter the number and type (1, 2, 3, or 4) of helicopters allocated to the location/function.
10.	Time Available/ Commence	As applicable, enter the time (24 hour clock), when allocated air resources would be available and when they should commence their assignment.

Item Number	Item Title	Instructions
11.	Aircraft Assigned	Enter the designators of the aircraft assigned. Gather information from Resources Unit, helibases, and fixed wing bases.
12.	Operating Base	Enter the base (helibase, helispot, fixed wing base) that each air resource is expected to initiate operations from.
13.	Totals	Enter the total number of fixed wing and helicopters assigned to the incident in the number columns. Enter the total number of each type air tanker and helicopter assigned in Type column.
14.	Air Operations Support	Enter the designators and location of other support resources (e.g., helicopter support units, engines, IR, etc.) assigned to Air Operations.
15.	Prepared By	Enter the name of the person in Air Operations completing the form. Enter the date and time form was completed.

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Demobilization Check-Out (ICS-221)		
1. Incident Name/Number	2. Date/Time	3. Demob Number
4. Unit/Personnel Released		
5. Transportation Type/No.		
6. Actual Release Date/Time	7. Manifest ☐ Yes ☐ No Number: _____	
8. Destination	9. Agency/Region/Area Notified Name: _____ Date: _____	
10. Unit Leader responsible for collecting performance rating:		

11. Unit personnel: you and your resources have been released subject to sign off from the

Logistics Section   (Demob unit leader, check the appropriate box):

☐ Supply Unit   _____

☐ Communications Unit: _____

☐ Facilities Unit   _____

☐ Ground Support Unit   _____

Planning Section

☐ Documentation Unit   _____

Finance Section

☐ Time Unit   _____

Other

☐ _____   ☐ _____

☐ _____   ☐ _____

12. Remarks

INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECKOUT (ICS-221)

Item Number	Item Title	Instructions
		Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.
1.	Incident Name/No.	Print the name and/or Number of incident.
2.	Date & Time	Enter date and time prepared.
3.	Demob No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force I.D. Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation	Method and vehicle I.D. Number for transportation back to home unit. Enter N/A if own transportation is provided. Additional specific details should be included in Remarks, block #12.
6.	Actual Release Date/Time	To be completed at conclusion of Demob at time of actual release from incident. Would normally be last item of form to be completed.
7.	Manifest	Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8.	Destination	Location to which Unit or personnel have been released, e.g., Area, Region, Home base, Airport, Mobilization Center, etc.
9.	Area/Agency/Region Notified	Identify Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, not all agencies require these ratings.