

NATIONAL INTERAGENCY
INCIDENT MANAGEMENT SYSTEM

INCIDENT COMMAND SYSTEM

ICS FORMS MANUAL
ICS 230-2

MARCH 26, 1996

This document contains information relative to the Incident Command System (ICS) component of the National Interagency Incident Management System (NIIMS). This is the same Incident Command System developed by FIRESCOPE.

Additional information and documentation can be obtained from the following sources:

State Board of Fire Services
State Fire Marshal
Training Division, Suite 410
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Sacramento, CA 94244-2460
916-445-8444

or

Document Control
Operations Coordination Center
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2.29 Incident Cost Worksheet (ICS Form 228)	
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CHAPTER 1 GENERAL

1.1 INTRODUCTION

The purpose of this manual is to present in one location all of the forms used to support operations in the Incident Command System (ICS). Forms that are unique to the participating agencies are not included in this document. Agency specific forms will continue to be provided and completed by the appropriate agencies as necessary.

1.2 INCIDENT ACTIVITY HISTORY

After-incident reports may be required. Therefore, forms and other records completed by ICS personnel during the incident should be available for reference after the incident is demobilized. The Documentation Unit has the primary responsibility for collecting and filing information about the incident.

For this reason, it is necessary that copies of many of the forms be filed with the Documentation Unit. It is the responsibility of the person preparing reports or records to ensure that a copy is provided to the Documentation Unit. The Documentation Unit Leader may also request copies of any records or reports needed to maintain a complete file.

1.3 INCIDENT COMMAND SYSTEM FORMS

Forms and records which are routinely used in the ICS during planning activities and actual operations are listed below.

Incident Briefing	ICS Form 201
Objectives	ICS Form 202
Organization Assignment List	ICS Form 203
Assignment List	ICS Form 204
Incident Radio Communications Plan	ICS Form 205
Medical Plan	ICS Form 206
Incident Organization Chart	ICS Form 207
Site Safety And Control Plan	ICS Form 208-HM
Incident Status Summary	ICS Form 209
Check-in List	ICS Form 211
Incident Demobilization Vehicle Safety Inspection	ICS Form 212
General Message	ICS Form 213
Unit/Activity Log	ICS Form 214
Incident Safety Analysis - LCES	ICS Form 215-A

Operational Planning Worksheet - Generic/Wildland	ICS Form 215-G or W
Radio Requirements Worksheet	ICS Form 216
Radio Frequency Assignment Worksheet	ICS Form 217
Support Vehicle Inventory	ICS Form 218
Resource Status Card (T-Card)	ICS Form 219 (1-9A)
Air Operations Summary	ICS Form 220
Demobilization Checkout	ICS Form 221
Incident Weather Forecast Request	ICS Form 222
Tentative Release List	ICS Form 223
Crew Performance Rating	ICS Form 224
Incident Personnel Performance Rating	ICS Form 225
Compensation for Injury Log	ICS Form 226
Claims Log	ICS Form 227
Incident Cost Worksheet	ICS Form 228
Incident Cost Work Summary	ICS Form 229

1.4 MAINTENANCE AND STORAGE OF INCIDENT FILES FOR USE AFTER THE INCIDENT

- a. For an incident involving only a single jurisdiction, the responsible agency will complete, maintain, and store all incident documents and files according to agency policy and procedures.
- b. For an incident involving more than one jurisdiction (multi-jurisdiction incidents), the jurisdiction with the greatest commitment of resources and/or acres burned will complete, maintain, and store all incident documents and files according to that agency's policies and procedures. The incident files will not be destroyed without concurrence of participating agencies. Other jurisdictions providing direct support to the incident may also request documents from the agency maintaining the incident file.

1.5 PARTICIPATING AGENCY FORMS

Certain documentation and action forms unique to participating agencies will continue to be used. Examples of these are:

- a. Resource and Supply Order Forms
- b. Requisitions/Purchase Orders and other Financial Records
- c. Accident and Injury Reports and Records
- d. Aircraft Reports and Records
- e. Press Release Forms
- f. NOAA Weather Report and Forecast Forms

Based upon each agency's requirements, these forms should also be included in the incident file maintained by the Documentation Unit.

1.6 GENERAL INSTRUCTIONS ON FORMS COMPLETION

Some general instructions with regard to initiation and completion of forms are listed below.

- a. Always print, and when possible, type all entries on the form. If entries cannot be read by the recipients of reports and records, important instructions may be misinterpreted and valuable data lost.
- b. When entering dates on any form, include: month, day, and year (e.g., August 20, 1982 would appear as 8/20/82 or Aug 20, 82, etc.).
- c. When entering the time on any form use 24-hour clock time (e.g., 1600).
- d. In most cases, times should be associated with dates to avoid possible confusion.

1.7 FORMS SUPPLY

Supplies of forms for use at incidents will be included in the Planning Section, Logistics Section, and Finance Section Kits. Unit Logs will be distributed to Operations Section units by Division/Group Supervisors. The Supply Unit maintains an inventory of all ICS Forms.

1.8 FORMS MANAGEMENT

Table 1-1 provides summary information on all ICS forms. For each form, the originator, required approvals and distribution is shown.

1.9 SYMBOLOLOGY

Figure 1-1 describes proper symbology to be used on all maps.

TABLE 1.1

ICS FORM NUMBER	FORM TITLE	ORIGINATOR	REQUIRED APPROVALS	DISTRIBUTION
201	Incident Briefing	Initial Attack Incident Commander	None	Situation and Resources Units *
202	Objectives	Planning Section Chief	Incident Commander	All Section, Branch, Division/Group Heads, and Unit Leaders *
203	Organization Assignment List	Resources Unit	None	All Section, Branch, Division/Group Heads, and Unit Leaders *
204	Assignment List	Operations Chief and Resources Unit	Planning Section Chief	All Section, Branch, Division/Group Heads, and Unit Leaders *
205	Incident Radio Communications Plan	Communications Unit Leader	None	All Section, Branch, Division/Group Heads, and Unit Leaders *
206	Medical Plan	Medical Unit Leader	Safety Officer (Review)	All Section, Branch, Division/Group Heads, and Unit Leaders *
207	Incident Organization Chart	Resources Unit	None	Command Post Display
208-HM	Site Safety And Control Plan			
209	Incident Status Summary	Situation Unit	Planning Section	Incident Commander, Command Staff Section Chiefs, Planning Section Unit Leaders, Agency Dispatch Center and Command Post Display *
211	Check-In List	Communications Center Resources Unit, Staging Area, Base, Camp and Helibase	None	Resources Unit and Finance Section *
212	Incident Demobilization Vehicle Safety Inspection			
213	General Message	Communications Center or any message originator	None	Original to addressee
214	Unit/Activity Log	Section Chiefs, Branch Directors, Division/Group Supervisors, Unit and Strike Team Leaders	None	Submit to immediate supervisor for transmittal to Documentation Unit *
215-A	Incident Safety Analysis (LCES)			
215-G or W	Operational Planning Worksheet - Generic or Wildland	Operations Chief, Planning Section Chief	Incident Commander	Resources Unit
216	Radio Requirements Worksheet	Communications Unit	None	Worksheet for Communications Unit
217	Radio Frequency Assignment Worksheet	Communications Unit	None	Worksheet for Communications Unit
218	Support Vehicle Inventory	Ground Support Unit	None	Copy to Resources Unit *

*Copy of each to Documentation Unit

TABLE 1.1 (CONTINUED)

ICS FORM NUMBER	FORM TITLE	ORIGINATOR	REQUIRED APPROVALS	DISTRIBUTION
219 (1-9A)	Resource Status Card (T-Card)	Resources Unit	None	Posted in Resource T-Card Racks
220	Air Operations Summary	Air Operations Director	None	Air Support Group Supervisor, Fixed-Wing Support Personnel *
221	Demobilization Checkout	Demobilization Unit	None	Submit to Demobilization Unit upon completion *
222	Incident Weather Forecast Request			
223	Tentative Release List			
224	Crew Performance Rating			
225	Incident Personnel Performance Rating			
226	Compensation For Injury Log			
227	Claims Log			
228	Incident Cost Worksheet			
229	Incident Cost Work Summary			

*Copy of each to Documentation Unit

CHAPTER 2 INCIDENT COMMAND SYSTEM FORMS

2.1 INTRODUCTION

This chapter contains completed samples of all ICS forms and associated instructions. Table 1-1 presents the form number, form title, originator, required approvals, and distribution of each ICS form.

2.2 INCIDENT BRIEFING (ICS FORM 201)

- a. 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.
- b. 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, as shown in Figure 1-1, should be used when preparing a map of the incident.
- c. 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.

**INSTRUCTIONS FOR COMPLETING THE INCIDENT BRIEFING
(ICS FORM 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, resource assignments, incident facilities, and other special information on a sketch map or attached to the topographic or orthophoto map.
5.	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.
6.	Current Organization	Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary.
7.	Summary of Current Objectives and Actions	Enter the strategy and tactics used on the incident and note any specific problem areas.
8.	Prepared By	Enter the name and position of the person completing the form.

INCIDENT BRIEFING	1. INCIDENT NAME CREST	2. DATE PREPARED 08-20-78	3. TIME PREPARED 1700
4. MAP SKETCH			
ICS 201 5/94	PAGE 1	8. PREPARED BY (NAME AND POSITION) Joe Pepper, Incident Commander	

7. SUMMARY OF CURRENT OBJECTIVES AND ACTIONS		
CURRENT OBJECTIVES:		
CURRENT ACTIONS: ACTIONS TO PRESENT (1700)		
DIV A: DOZER, HANDCREWS AND ENGINES ARE HOLDING LEFT FLANK FROM POINT		
OF TO PIPELINE WITH SUPPORT FROM FIXED-WING AIRCRAFT. PROGRESS IS SLOW.		
DOZER WILL REACH SLOPE LIMITATION AT APPROXIMATELY 1830. TOPOGRAPHY		
ABOVE THE PIPELINE STEEPENS AND DIRECT ATTACK WILL BE LIMITED TO		
HANDCREWS AND AIR TANKERS.		
DIV B.		
DOZER, HANDCREWS AND ENGINES ARE HOLDING RIGHT FLANK FROM POINT OF		
ORIGIN TO JUST ABOVE PIPELINE. DOZER HAS REACHED ITS LIMITATION AND HAS		
TURNED BACK, WIDENING AND IMPROVING LINE AS IT GOES. HELICOPTERS ARE		
SUPPORTING HANDCREWS WITH WATER DROPS. HELIBASE IS CURRENTLY		
LOCATED AT LOST LAKE, BDF ENGINE 373 IS ASSIGNED TO HELIBASE FOR DUST		
ABATEMENT AND TO FILL DROP TANKS. CDF STRIKE TEAM 9650 C IS ENROUTE UP		
CLEGHORN TRUCK TRAIL TO 1) HOLD TRUCK TRAIL WITH DIRECT ATTACK, IF		
POSSIBLE, OR 2) FIRE OUT ROAD. A STAGING AREA, INCIDENT BASE AND CP HAVE		
ALL BEEN ESTABLISHED FOR THE TIME BEING AT CAJON CAMPGROUND. WEATHER		
TAKEN AT 1330 FROM MORMON ROCKS STATION. (APPROXIMATELY 4 MILES FROM		
FIRE) INDICATED: TEMP: 90° WIND: SW AT 20 FUEL MOISTURE: 3.0		
ICS 201 5/94	PAGE 2	

		6. CURRENT ORGANIZATION	
ICS 201 5/94	PAGE 3		

5. RESOURCES SUMMARY				
RESOURCES ORDERED	RESOURCE IDENTIFICATION	ETA	ON SCENE	LOCATION/ASSIGNMENT
Initial Attack	BDF 307		—	CP - Incident Cmdr
	BDF 309		—	CP - Planning Sec. Chief
	BDF 395		—	DIV A Supervisor
	BDF 397		—	DIV B Supervisor
	BDF 333		—	DIV A Hose Lay
	BDF 323		—	DIV A Hose Lay
	BDU 6562		—	DIV A Hose Lay
	BDU 6585		—	DIV A Hose Lay
	BDU 6540		—	DIV A Line Construction
	BDU A-1 19		—	DIV A Air Drops
	RO6 A-3 72		—	DIV B Air Drops
	BDU C-1 PR 2		—	DIV B Line Construction
	BDU C-1 PR 3		—	DIV B Line Construction
	BDU C-1 PR 1		—	DIV B Line Construction
	BDU 6546		—	DIV B Line Construction
Engine S/T	TYPE C	1730		DIV A
Engine S/T	TYPE D	1730		DIV B
2 type 1 Helicopters				
4 Water Tenders		1800		
	BDF E-3 373		—	Lost Lake Helibase
	CDF 9650 C		—	Cleghorn Truck Trail
ICS 201 5/94	PAGE 4			

2.3 INCIDENT ACTION PLAN AND OBJECTIVES (ICS FORM 202)

- a. Purpose. An Incident Action Plan documents the actions developed by the Incident Commander and Command and General Staffs 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. Objectives (ICS Form 202)
 2. Organization Assignment List (ICS Form 203)
 3. Incident Map (topo section or sketch)
 4. Assignment List (ICS Form 204)
 5. Incident Radio Communications Plan (ICS Form 205)
 6. Traffic Plan (internal and external to the incident)
 7. Medical Plan (ICS Form 206)
- b. Preparation. An Incident Action Plan is completed following each formal planning meeting conducted by the Incident Commander and the Command and General Staff. The plan must be approved by the Incident Commander prior to distribution.
 - c. 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 Objectives Form (ICS Form 202) is the first page of an Incident Action Plan. The Objectives form describes the basic incident strategy, control objectives, and provides weather information and safety considerations for use during the next operational period.

**INSTRUCTIONS FOR COMPLETING THE OBJECTIVES FORM
(ICS FORM 202)**

Item Number	Item Title	Instructions
<p>NOTE: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered completed until attachments are included.</p>		
1.	Incident Name	Print the name assigned the incident.
2.	Date Prepared	Enter the date prepared (month, day, year).
3.	Time Prepared	Enter the 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.	Overall Incident Objective	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.	Objectives for This Operational Period	
7.	Weather Forecast for Operational Period	Enter weather prediction information for the specified operational period.
8.	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.
9.	Attachments	The form is ready for distribution when appropriate attachments are completed and attached to the form.
10.	Prepared By	Enter the name and position of the person completing the form (usually the Planning Section Chief).
11.	Approved By	Enter the name and position of the person approving the form (usually the Incident Commander).

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INSERT ICS 202 GRAPHIC HERE

2.4 ORGANIZATION ASSIGNMENT LIST (ICS FORM 203)

- a. Purpose. The Organization Assignment List 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 Form 207) which is posted on the Command Post display.
- b. Preparation. The list is prepared and maintained by the Resources Unit under the direction of the Planning Section Chief.
- c. Distribution. The Organization Assignment List is duplicated and attached to the Objectives form (ICS Form 202) and given to all recipients of the Incident Action Plan.

**INSTRUCTIONS FOR COMPLETING THE ORGANIZATION ASSIGNMENT LIST
(ICS FORM 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 assignment list applies. Record the start time and end time and include dates.
5. thru 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.
	Prepared By	Enter the name of the Resources Unit member preparing the form. Attach form to the Incident Objectives.

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ICS 230-2

INSERT ICS 203 GRAPHIC HERE

2.5 ASSIGNMENT LIST (ICS FORM 204)

- a. Purpose. The Assignment List(s) is used to inform Operations Section personnel of incident assignments. Once the assignments are agreed to by the Incident Commander and General Staff, the assignment information is given to the appropriate Units and Divisions/Groups via the Communications Center.
- b. Preparation. The Assignment List is normally prepared by the Resource Unit using guidance by the Objectives (ICS Form 202), Operational Planning Worksheet (ICS Form 215-Gor W), and Operations Section Chief. The Assignment List must be approved by the Planning Section Chief. When approved, it is attached to the Objectives.
- c. Distribution. The Assignment List is duplicated and attached to the Objectives given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio.

**INSTRUCTIONS FOR COMPLETING THE ASSIGNMENT LIST
(ICS FORM 204)**

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 This Period	List resource designators, leader name, and total number of personnel for Strike Teams, Task Force or single resources assigned to the Division/Group.
7.	Control Assignments	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/ Safety Message	Enter statement calling attention to any safety problems or specific precautions to be exercised or other important information.
9.	Division/Group Communication Summary	The Communications Unit provides this information on the form for Command, Division/Group Tactical, Support, and Ground-to-Air frequencies.
	Prepared By	Enter the name of the Resources Unit member completing the form.
	Approved By	Enter the name of the person approving the form (usually the Planning Section Chief).

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ICS 230-2

INSERT ICS 204 GRAPHIC HERE

2.6 INCIDENT RADIO COMMUNICATIONS PLAN (ICS FORM 205)

- a. Purpose. The Incident Radio Communications Plan provides in one location information on all radio frequency assignments for each operational period. The plan is a summary of information obtained from the Radio Requirements Worksheet (ICS Form 216) and the Radio Frequency Assignment Worksheet (ICS Form 217). Information from the Incident Radio Communications Plan on frequency assignments is normally placed on the appropriate Assignment List (ICS Form 204).
- b. Preparation. The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief. Detailed instructions on preparing this form may be found in ICS 223-5, Communications Unit Leader Position Manual, Chapter 3.
- c. Distribution. The Incident Radio Communications Plan is duplicated and given to all recipients of the Objectives form (ICS Form 202) including Incident Communications Center. Information from the plan is placed on Assignment Lists.

**INSTRUCTIONS FOR COMPLETING THE INCIDENT RADIO
COMMUNICATIONS PLAN
(ICS FORM 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 (24-hour clock) prepared.
3.	Operational Period Date/Time	Enter the date and time interval for which the Incident Radio Communications Plan applies. Record the start time and end time and date(s).
	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	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.
4.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.

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INSERT ICS 205 GRAPHIC HERE

2.7 MEDICAL PLAN (ICS FORM 206)

- a. Purpose. The Medical Plan provides information on incident medical aid stations, transportation services, hospitals and medical emergency procedures.
- b. Preparation. The Medical Plan is prepared by the Medical Unit Leader and reviewed by the Safety Officer.
- c. Distribution. The Medical Plan may be an attachment to the Objectives (ICS Form 202), or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and placed on Assignment Lists (ICS Form 204).

**INSTRUCTIONS FOR COMPLETING THE MEDICAL PLAN
(ICS FORM 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 check mark 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 paramedics.
	B. Incident Ambulances	Name of organization providing ambulances and the incident location. Also indicate if paramedics are aboard.
7.	Hospitals	List hospitals which 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 check mark 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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INSERT ICS 206 GRAPHIC HERE

2.8 INCIDENT ORGANIZATION CHART (ICS FORM 207)

- a. Purpose. The Incident Organization Chart (wall size) is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. The attached chart is an example of the kind of Organizational Chart used in the ICS. Personnel responsible for managing organizational positions would be listed in each box as appropriate.
- b. Preparation. The large organization chart is prepared by the Resources Unit and posted along with other displays in the Command Post. A chart is completed for each operational period and updated when organizational changes occur.
- c. Distribution. When completed, the chart is posted on the display board located at the Command Post.

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NO INSTRUCTION SHEET FOR ICS 207

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INSERT ICS 207 GRAPHIC HERE

2.9 SITE SAFETY AND CONTROL PLAN (ICS FORM 208-HM)

- a. Purpose.
- b. Preparation.
- c. Distribution.

**INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN
(ICS FORM 208-HM)**

Item Number	Item Title	Instructions
		A Site Safety and Control Plan must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusion Zone.
1.	Incident Name/Number	Print name and/or incident number.
2.	Date and Time	Enter date (month, day, year) and time (24-hour clock) prepared.
3.	Operational Period	Enter the time interval for which the form applies.
4.	Incident Location	Enter the address and/or map coordinates of the incident.
5 - 16.	Organization	Enter names of all individuals assigned to ICS positions (entries 5 and 8 mandatory). Use Boxes 15 and 16 for other functions; i.e. Medical Monitoring.
17 - 18.	Entry Team/ Decon Element	Enter names and level of PPE of Entry and Decon personnel (entries 1 through 4 mandatory buddy system and back-up).
19.	Material	Enter names and pertinent information of all known chemical products. Enter "UNK" if material is not known. Include any which apply to chemical properties (Definitions: ph = Potential for Hydrogen [Corrosivity], IDLH = Immediately Dangerous to Life and Health, F.P. = Flash Point, I.T. = Ignition Temperature, V.P. = Vapor Pressure, V.D. = Vapor Density, S.G. = Specific Gravity, LEL = Lower Explosive Limit, UEL = Upper Explosive Limit).
20 - 23.	Hazard Monitoring	List the instruments which will be used to monitor for chemical.

**INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN
(ICS FORM 208-HM)
--CONTINUED--**

Item Number	Item Title	Instructions
24.	Decontamination Procedures	Check "No" if modifications are made to standard decontamination procedures and make appropriate Comments including type of solutions.
25 - 27.	Site Communications	Enter the radio frequency(ies) which apply.
28 - 29.	Medical Assistance	Enter comments if "No" is checked.
30.	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones (Check boxes are mandatory to be identified).
31.	Entry Objectives	List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters which will alter or stop entry operations.
32 - 33.	SOP's, Safe Work Practices, and Emergency Procedures	List in Comments if any modifications to SOP's and any emergency procedures which will be affected if an emergency occurs while personnel are within the Exclusion Zone.
34 - 36.	Safety Briefing	Have the appropriate individual place their signature in the box once the Site Safety and Control Plan is reviewed. Note the time in Box 34 when the safety briefing has been completed.

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INSERT ICS 208-HM GRAPHIC HERE - PAGE ONE

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INSERT ICS 208-HM GRAPHIC HERE - PAGE TWO

2.10 INCIDENT STATUS SUMMARY (ICS FORM 209)

- a. Purpose. The Incident Status Summary serves the following purposes:
 1. It is used by Situation Unit personnel for posting information on Command Post displays.
 2. When duplicated and provided to Command Staff members, it provides them with basic information for use in planning for the next operational period.
 3. It provides basic information to the Information Officer for preparation of media releases.
 4. It provides incident information to agency dispatch and off incident coordination centers.
- b. Preparation. The Incident Status Summary is prepared by the Situation Unit. Resources information should be obtained from the Resources Unit. It is scheduled for presentation to the Planning Section Chief and other General Staff members prior to each Planning Meeting and may be required at more frequent intervals by the Incident Commander or Planning Section Chief.
- c. Distribution. When completed, the form is duplicated and copies are distributed to the Incident Commander and staff, and all Section Chiefs, Planning Section Unit Leaders, and Agency Dispatch Centers. It is also posted on the display board located at the Command Post.

**INSTRUCTIONS FOR COMPLETING THE INCIDENT STATUS SUMMARY
(ICS FORM 209)**

Item Number	Item Title	Instructions
----------------	------------	--------------

Completion of the Incident Status Summary will be as specified by Agency or municipality. Report by telephone, teletype, computer, or facsimile to the local Agency or municipality headquarters by 2100 hours daily on incidents as required by Agency or municipality (reports are normally required on life threatening situations, real property threatened or destroyed, high resource damage potential, and complex incidents that could have political ramifications). Normally, wildland agencies require a report on all Class D (100 acres plus) and larger incidents (unless primarily grass type in which case report Class E, 300 acres or larger). The first summary will cover the period from the start of the incident to 2100 hour the first day of the incident, if at least four hours have elapsed; thereafter, the summary will cover the 24-hour period ending at 1900 (this reporting time will enable compilation of reporting data and submission of report to local Agency or municipality headquarters by 2100 hours) daily until incident is under control. Wildland fire agencies will send the summary to NIFC by 2400 hours Mountain Time.

- | | | |
|----|----------------------------------|--|
| 1. | Date and Time | Enter date (month, day, year) and time (24-hour clock) report completed. |
| 2. | Status: Initial/
Update/Final | Check appropriate space. |
| 3. | Incident Name | Enter the name assigned to the incident. |
| 4. | Incident Number | Enter the number assigned to the incident (if applicable). |
| 5. | Incident Commander | Enter the name of the Incident Commander. |
| 6. | Jurisdictions | Enter the name of the agency responsible for incident management. |
| 7. | County | Enter county where incident is located. |
| 8. | Type Incident | State what kind of incident is occurring, (e.g., wildland fire, oil refinery fire, flood, etc.). |
| 9. | Location | Enter location -- location to landmarks, Thomas Bros. grid, etc. Be as specific as possible. |

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

Item Number	Item Title	Instructions
10.	Started Date/Time	Enter date (month, day, year) and time (24-hour clock) incident started (first reported).
11.	Cause	State probable cause, if known, or state "under investigation."
12.	Area Involved	Enter acreage or size as of time of report.
13.	Percent Contained	Enter percent of the perimeter contained at the time of the report.
14.	Expected Containment	Enter date (month, day, year) and time (24-hour clock) estimates, if known. Enter UNK, if unknown.
15.	Estimated Control	Enter estimated date (month, day, year) and time (24-hour clock) of control.
16.	Declared Control Date/Time	Enter date (month, day, year) and time (24-hour clock) fire was declared controlled.
17.	Current Threat	Provide a brief summary of the threat situation as it applies at the time of the report.
18.	Control Problems	Describe control problems that may have an effect on containment/control action.
19.	Estimated Loss	Enter dollar value of real and personal property loss as direct result of incident.
20.	Estimated Savings	Enter dollar value of real and personal property saved as a result of suppression action.
21.	Injuries/Deaths	State numbers of injuries or deaths associated with incident assigned personnel.
22.	Line Built	Applicable to wildland incidents. State in yards, chains (1 chain = 66 feet), or miles.
23.	Line to Build	

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

Item Number	Item Title	Instructions
24.	Current Weather	State current weather conditions at time of incident.
25.	Predicted Weather	Enter predictions based on incident or other observations.
26.	Costs to Date	Provide total incident cost to date.
27.	Estimated Total Cost	Enter total estimated dollar cost associated with incident activity. Includes cost for incident assigned personnel, equipment, and supplies.
28.	Agencies	Enter three-letter designators of all assisting agencies.
29.	Resources	For each assisting agency, enter number of single resources or Strike Teams. Resources in Task Forces should be entered as single resources.
30.	Cooperating Agencies	List other agencies who are providing liaison and other than resource support to the incident. Total personnel should include overhead personnel and all personnel assigned to resources.
31.	Remarks	Use this section to include any additional information necessary for a better understanding of the Incident Status Summary.
32.	Prepared By	Enter name of Situation Status Unit Leader responsible for obtaining information and preparing the report.
33.	Approved By	The Incident Status Summary must be approved by the Incident Planning Section Chief.
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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ICS 230-2

INSERT ICS 209 GRAPHIC HERE

2.11 CHECK-IN LIST (ICS FORM 211)

- a. 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. The Check-in List serves several purposes:
 1. Used for recording arrival times at the incident of all overhead personnel and equipment.
 2. Used for recording the initial location of personnel and equipment and thus a subsequent assignment can be made.
 3. Used to support demobilization by recording the home base, method of travel, etc., on all check-ins.
- b. Preparation. The Check-in List is initiated at a number of incident locations including:
 1. Staging areas, base, camps, helibases and Command Post. Managers at these locations record the information and give it to the Resources Unit as directed or as soon as possible.
 2. Communications Unit radio operators located in the Communications Center record the information and also give it to the Resources unit as directed or as soon as possible.
 3. Check-in at the Command Post will be done by a recorder at the Resources Unit.
- c. Distribution. Check-in Lists, which are completed by personnel at the various check-in locations, are provided to both the Resources Unit and the Finance Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

**INSTRUCTIONS FOR COMPLETING THE CHECK-IN LIST
(ICS FORM 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	Enter date (month, day, year) and time (24-hour clock) prepared.
4.	List Personnel (Overhead) by Agency and 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.

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

Item Number	Item Title	Instructions
9.	Manifest	Indicate if a manifest was prepared.
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 Restat	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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ICS 230-2

INSERT ICS 211 GRAPHIC HERE

2.12 INCIDENT DEMOBILIZATION VEHICLE SAFETY INSPECTION
(ICS FORM 212)

- a. The Form. The Incident Demobilization Vehicle Safety Inspection Form in use within the ICS is a three-part form.
- b. Purpose.
- c. Initiation of Form.
or
Preparation.
- d. Distribution.

**INSTRUCTION FOR COMPLETING THE INCIDENT DEMOBILIZATION VEHICLE
SAFETY INSPECTION
(ICS FORM 212)**

Item Title	Instructions
	Three copies of this form must be completed.
Incident Name	
Order Number	
Vehicle: License No.	
Agency	
Reg/Unit	
Type	
Odometer Reading	
Vehicle ID No.	
Inspection Items: 1 through 17	
Additional Comments	
Hold for Repairs	
Inspector Name/ Signature	
Release	
Operator Name/ Signature	

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ICS 230-2

INSERT ICS 212 GRAPHIC HERE

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ICS 230-2

INSERT INSPECTION ITEMS PAGE HERE OF ICS FORM 212 HERE

Question: This is the back page of ICS 212. Do we need to include this page?

2.13 GENERAL MESSAGE (ICS FORM 213)

- a. The Form. The General Message Form in use within the ICS is a three-part form.
- b. Purpose. The General Message Form is used by:
 - 1. Incident dispatchers to record incoming messages which cannot be orally transmitted to the intended recipients.
 - 2. Command Post and other incident personnel to transmit messages to the Incident Communications Center for re-transmission via radio or telephone to the addressee.
 - 3. Incident personnel to send any message or notification to incident personnel which requires hard-copy delivery.
- c. Initiation of Form. The General Message form may be initiated by incident dispatchers and any other personnel on an incident.
- d. Distribution. Upon completion, the General Message may be:
 - 1. Hand carried to the addressee.
 - 2. Hand carried to the Communication Center for retransmission.

**INSTRUCTIONS FOR COMPLETING THE GENERAL MESSAGE FORM
(ICS FORM 213)**

Item Title	Instructions
To	Indicate Person/Unit the General Message is intended for. Be specific.
Position	Indicate the location where the Person/Unit is located, e.g., Ground Support Unit Leader, Simpson Camp, Communications, etc.
From/Position	Indicate name and appropriate designation and location of sender.
Subject	Fill in if applicable.
Date/Time	List the date (month, day, year) and time (24-hour clock).
Message	Briefly complete. Think through your message before writing it down. Try to be as concise as possible.
Signature/Position	Record signature and title of person sending message.
Reply	This section is intended to be used by the Person/Unit who receives the message to reply to the message sent.
Date/Time	Record the date (month, day, year) and time (24-hour clock) of reply.
Signature/Position	Record signature and title of person replying.
White Copy	Retained by the person who initiates the message.
Yellow/Pink Copies	Both copies are sent by person who initiates the message to the person the message is intended for.
Pink Copy	To be returned to the person who initiated the message with completed reply.

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ICS 230-2

INSERT ICS 213 GRAPHIC HERE

2.14 UNIT/ACTIVITY LOG (ICS FORM 214)

- a. Purpose. The Unit/Activity Log is used to record details of unit activity including strike team activity. The file of these logs provides a basic reference from which to extract information for inclusion in any after-action report.
- b. Initiation of Log. A Unit/Activity Log is initiated and maintained by Command Staff members, Division/Group Supervisors, Air Operations Groups, Strike Team/Task Force Leaders, and Unit Leaders. Completed logs are forwarded to supervisors who provide information to the Documentation Unit.
- c. Distribution. The Documentation Unit maintains a file of all Unit/Activity Logs. It is necessary that one copy of each log be submitted to the Documentation Unit.

**INSTRUCTIONS FOR COMPLETING THE UNIT/ACTIVITY LOG
(ICS FORM 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.	Organization Position	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
5.	Leader Name	Enter the name of the individual in charge of the Unit.
6.	Operational Period	Enter the time span covered by the log (e.g., 1800 Oct 12 to 0600 Oct 13).
7.	Personnel Roster Assigned	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 completions, injuries, difficulties encountered, etc.)
9.	Prepared By	Enter the name and title of the person approving the log. Provide log to immediate supervisor, at the end of each operational period.

INSERT ICS 214 GRAPHIC HERE - PAGE ONE

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ICS 230-2

INSERT ICS 214 GRAPHIC HERE - PAGE TWO

2.15 INCIDENT SAFETY ANALYSIS (*LCES)(ICS FORM 215A)
(***L**ookouts, **C**ommunications, **E**scape Routes, **S**afety Zones)

- a. Purpose.
- b. Initiation of Form.
or
Preparation.
- c. Distribution.

**INSTRUCTIONS FOR COMPLETING THE INCIDENT SAFETY ANALYSIS (*LCES)
(*LOOKOUTS, COMMUNICATIONS, ESCAPE ROUTES, SAFETY ZONES)
(ICS FORM 215-A)**

Item	Number	Item Title	Instructions
------	--------	------------	--------------

*LCES Analysis of Tactical Applications:

Division/Group

LCES Mitigations

Other Risk Analysis:

Division/Group

Other Risk Mitigations

1. Incident Name Print the name assigned to the incident.
 2. Date/Time Prepared Enter date (month, day, year) and time (24-hour clock) prepared.
 3. Operational Period (Date/Time) Record the date (month, day, year) and time (24-hour clock) of the Operational Period for which this analysis is in effect.
-

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ICS 230-2

INSERT ICS 215-A GRAPHIC HERE

2.16 OPERATIONAL PLANNING WORKSHEET - GENERIC OR WILDLAND
(ICS FORM 215-G OR W)

- a. Purpose. The purpose of the Operational Planning Worksheet is to communicate the decisions made during the Planning Meeting concerning resource assignments to the Resources Unit. The Worksheet is used by the Resources Unit to complete Assignment Lists for each division and by the Logistics Section Chief for ordering resources for the incident.
- b. Initiation of Form. The Operational Planning Worksheet is initiated by the Incident Commander and General Staff at each Planning Meeting. It is recommended that the format be drawn on the chalkboard, and when decisions are reached, the information is recorded on the Operational Planning Worksheet.
- c. Distribution. When the Division/Group work assignments and accompanying resource allocations are agreed to, the form is distributed to the Resources Unit to assist in the preparation of the Division worksheet for Assignment Lists. The Planning Section will use a copy of this preparing requests for resources required for the next operational period.

**INSTRUCTIONS FOR COMPLETING THE OPERATIONAL PLANNING
WORKSHEET - GENERIC OR WILDLAND
(ICS FORM 215 - G or W)**

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned to the incident.
2.	Date/Time Prepared	Enter date (month, day, year) and time (24-hour clock) prepared.
3.	Operational Period (Date/Time)	Enter the time interval for which the information applies. Record the start time and end time and date.
4.	Div. or Other Location	Enter Division/Group/Staging identifier 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 by Type	Enter, for the appropriate resources, the number of resources by type (engines, crews, etc.), required "REQ", and the number or 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.	Overhead	Enter supervisory and technical specialist needs (Division/Group Supervisor, Assistant Safety Officer, Wildlife Specialist, etc.).
8.	Special Equipment	Enter specialized equipment needs (Crew Transport, Fuel Tender, Portable Pump, etc.).
9.	Supplies	Enter supply needs (feet of hose, gallons of foam, drinking water, etc.).
10.	Reporting Location	Enter the specific location the "needed" resources are to report for the work assignment (staging area, location on the fire line, etc.).
11.	Requested Arrival Time	Enter time the resources are requested to arrive at the reporting location.
12.	Total Resources Required/On Hand/ Needed	Enter the total number of resources by type (engines, crews, dozers, etc.,) required, on hand, and needed.

13. Prepared By Record the name and position of person completing form.
 Assignment Notes Noted on back of form (page two same on both forms).
-

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ICS 230-2

INSERT ICS 215-G GRAPHIC HERE - PAGE ONE

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ICS 230-2

INSERT ICS 215-W GRAPHIC HERE - PAGE ONE

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ICS 230-2

INSERT PAGE TWO OF ICS 215-G AND W GRAPHIC HERE

2.17 RADIO REQUIREMENTS WORKSHEET (ICS FORM 216)

- a. Purpose. The Radio Requirements Worksheet is used to develop the total number of personal portable radios required for each Division/Group and Branch. It provides a listing of all units assigned to each Division/Group and, thus, depicts the total incident radio needs.
- b. Initiation of Form. The worksheet is prepared by the Communications Unit for each operational period and can only be completed after specific resource assignments are made and designated on Assignment Lists (ICS Form 204). This worksheet need not be used if the Communications Unit Leader can easily obtain the information directly from Assignment Lists.
- c. Distribution. The worksheet is for internal use by the Communication Unit and, therefore, there is no distribution of the form.

**INSTRUCTIONS FOR COMPLETING THE RADIO REQUIREMENTS WORKSHEET*
(ICS FORM 216)**

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned the incident (e.g., Horn Fire).
2.	Jurisdiction	
3.	Operational Period	Enter the time interval for which the radio needs apply. Record the start time, end time and date, if different from start time.
4.	Branch	Enter the Branch number (I, II, etc.) for which radio requirements are being prepared.
5.	Page	
6.	Prepared By	Enter the name of the Communications Unit Leader completing the worksheet.
7.	Division/Group	Circle Division or Group and enter for each Division/Group in the Branch the identifier (A, B, etc.) and the agency assigned (e.g., LAC, VNC, etc.).
	Frequency	Enter the radio frequency to be used by the Branch Director to communicate with each Division/Group Supervisor in the Branch.
8.	Agency/ID No./ Radio Requirements	List all units assigned to each Division/Group. Record the agency designator, unit or resource identification, and total number of radios needed for each unit or resource.

*Note: Detailed instructions for the completion of this Worksheet are found in ICS 223-5 Communications Unit Leader Position Manual, Chapter 3.

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ICS 230-2

INSERT ICS 216 GRAPHIC HERE

2.18 RADIO FREQUENCY ASSIGNMENT WORKSHEET (ICS FORM 217)

- a. Purpose. The Radio Frequency Assignment Worksheet is used by the Communications Unit Leader to assist in determining frequency allocations.
- b. Preparation. Cache radio frequencies available to the incident are listed on the form. Major agency frequencies assigned to the incident should be added to the bottom of the worksheet.
- c. Distribution. The worksheet, prepared by the Communications Unit, is for internal use.

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

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned to the incident.
2.	Date	Enter date prepared (month, day, year).
3.	Operational Period (Date/Time)	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 <u>number</u> 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: <div style="text-align: right; padding-right: 40px;"> Command Support Division/Group tactical Ground-to-air </div>
6.	Agency	List the <u>frequencies</u> 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 which provides the number of radios using each available frequency.
8.	Prepared By	Enter the name and position of the person completing the worksheet.

*Detailed instructions for the preparation of this worksheet are contained in ICS 223-5, Communications Unit Leader Position Manual, Chapter 3.

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ICS 230-2

INSERT ICS 217 GRAPHIC HERE

2.19 SUPPORT VEHICLE INVENTORY (ICS FORM 218)

- a. Purpose. The Support Vehicle Inventory form provides an inventory of all transportation and support vehicles assigned to the incident. The information is used by the Ground Support Unit to maintain a record of the types and locations of vehicles on the incident. The Resources Unit uses the information to initiate and maintain status/resources information on these resources.
- b. Preparation. The form is prepared by Ground Support Unit personnel at intervals specified by the Ground Support Unit Leader.
- c. 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 should be provided to the Resources Unit immediately.

**INSTRUCTIONS FOR COMPLETING THE SUPPORT VEHICLE INVENTORY FORM
(ICS FORM 218)**

Item Number	Item Title	Instructions
<hr/>		
<u>NOTE:</u>		
		a. The Ground Support Unit Leader may prefer to use separate sheets for each type of support vehicle (e.g., buses, pickups, and food tenders).
		b. More than one line may be used to record information on each vehicle. If this is done, separate individual vehicle entries with a heavy line.
		c. Several pages may be used. When this occurs, number the pages consecutively (in the page-number box at bottom of the form).
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.	Vehicle Information	Record the following vehicle information:
	Type	a. Specific vehicle type (e.g., bus, stakeside, etc.).
	Make	b. Vehicle manufacturer name (e.g., GMC, International).
	Capacity/Size	c. Vehicle capacity/size, (e.g., 30-person bus, 3/4-ton truck).
	Agency/Owner	d. Owner of vehicle (agency or private owner).
	ID Number	e. Serial or other identification number.
	Location	f. Location of vehicle.
	Release Time	g. Time vehicle is released from the incident.
5.	Prepared By	Enter the name of the person completing the form.

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ICS 230-2

INSERT GRAPHIC HERE (ICS FORM 218)

2.20 RESOURCE STATUS CARD (T-CARD) (ICS FORM 219-1 through 9A)

- a. Purpose. Resource Status Cards (T-Cards) are used by the Resources Unit to record status and location information on resources, transportation and support vehicles and personnel. When filed in T-Card racks, the T-cards provide a visual display of the status and location of resources assigned to the incident.
- b. Format. There are ten different T-Cards (see below). Each T-card is a different color and used for a different purpose. The format and content of information on each card will vary depending upon the use of the card.

<u>ICS FORM 219</u>	<u>USE</u>	<u>COLOR</u>
1	Header	Gray (used only as label cards in racks)
2	Crew	Green
3	Engine	Rose
4	Helicopter	Blue
5	Personnel	White
6	Aircraft	Orange
7	Dozers	Yellow
8	Task Force/ Miscellaneous Equipment	Tan
9	Accountable Property Assignment Record	White with red lettering
9A	Accountable Property Transfer Tag	Blue Tag

- c. Preparation. Information to be placed on the cards may be obtained from several sources including but not limited to:
 1. Incident Briefing Form (201)
 2. Check-In List (211)
 3. Agency supplied information

Detailed information on preparing T-Cards is found in Resources Unit Leader Position Manual (ICS 221-3).

- d. Distribution. The cards are displayed in T-Card racks where they can be easily retrieved. T-Cards will be retained by the Resources Unit until demobilization. At demobilization all T-cards will be turned into the Documentation Unit.

**INSTRUCTIONS FOR COMPLETING THE RESOURCE STATUS CARD
(ICS FORM 219 1-9A)**

An example of each kind of T-card is shown in the following text. Instructions for filling in each block on the T-card are included where necessary and are not repeated on each example unless needed for clarification.

ICS 219-1 HEADER - GRAY COLORED T-CARD

The Header T-cards are used to designate either locations or status in the T-Card Racks. The organization of the T-Card racks will vary depending upon the type and size of incident. Resources Unit personnel can print location data (e.g., BRANCH 1 DIVISION C, SUNSET BASE), and/or status information (e.g., AVAILABLE, ENROUTE, OUT OF SERVICE, ETC.) on the tops of the cards with felt tip pens. The label cards may then be placed into the racks at appropriate locations as determined by Resources Unit personnel. (See Figure 3-5 ICS 221-3)

ICS 219-2 CREW - GREEN COLORED T-CARD

The Crew T-Card is depicted below. (Incident location data on the Crew T-Card is on the back of the card). An explanation of items which may not be self-explanatory is given in the left margin.

ORDER/REQUEST NO.

Number assigned by dispatching agency.

HOME BASE

Location at which Crew is normally located.

DEPARTURE POINT

Location from which Crew left to reach this incident.

CREW I.D.NO./NAME (FOR STRIKE TEAMS)

List commonly used names or numbers to identify the Crews which make up the Strike Team.

NO. PERSONNEL

Total number of personnel (including Leader) in Crew or in Strike Team (as appropriate).

MANIFEST

Was a manifest prepared for the Crew/Strike Team?

WEIGHT

Total weight (including equipment and personal belongings) of the Crew/Strike Team.

DESTINATION POINT

Next location to which Crew/Strike Team is being sent from the incident.

BACK OF CARD:

ICS 219-3 ENGINE - ROSE COLORED T-CARD

The Engine T-Card when used for Strike Teams will have the right tab blocked out. This provides an immediate indication to Resources Unit that the card represents a Strike Team.

a. RESOURCE I.D. NO.S/NAMES

For Strike Teams, list all individual Engine Numbers which make up the Strike Team. Engine Company Captains may be included as appropriate. For mixed agency strike teams list the three-letter I.D. for each resource.

INCIDENT LOCATION

Write in the location that the resource is assigned to on the incident (e.g., DIVISION A, SUNSET BASE, etc.).

STATUS

Check appropriate line. If Engine is O/S (out of service) give the ETR (estimated time of return) when known.

NOTE

Provide any information that may be needed or useful. (E.g., Engine 6183 carries a 120 channel synthesizer.)

ICS 219-4 HELICOPTER - BLUE COLORED T-CARD

MANUFACTURER NAME/NO.

E.g. Bell 206

INCIDENT LOCATION

Assigned location information on Helicopters may be the same as other resources (e.g, DIVISION A).

However, location could also indicate a "general" working location (e.g., waterdropping in Branch 1: or Crew Transport - Wilson Staging area).

ICS 219-5 PERSONNEL - WHITE COLORED T-CARD

TRANSPORTATION NEEDS

If an individual was picked up and brought to the incident, it is important to check what transportation is needed to return home.

DATE/TIME ORDERED

Important to show the specific means by which personnel will depart the incident. Note that this may vary from the way the individual arrived.

REMARKS (Include other qualifications)

Use this space to indicate ICS positions individuals may fill in addition to Incident Assignment (e.g., Situation Unit Leader, Demobilization Unit Leader, etc.).

ICS 219-6 AIRCRAFT - ORANGE COLORED T-CARD

INCIDENT LOCATION

Reflect the area of the Incident
to which the Aircraft is
primarily assigned (e.g., Branch 1).

ICS 219-7 DOZERS - YELLOW COLORED T-CARD

RESOURCE I.D. NO.S/NAMES

List Dozer Numbers and Operator
Names for Dozers in Strike Teams.
Show contractor name as appropriate.

ICS 219-8 MISCELLANEOUS EQUIPMENT/TASK FORCE - TAN COLORED T-CARD

This card is used for a variety of miscellaneous equipment (e.g., buses, trucks, water tenders, etc.). The card is also used to show Task Forces. (Task Forces may be several different kinds of resources assembled for a specific purpose.) When the card is used to indicate a Task Force, the left tab should be blacked out. Also, the specific resources making up the Task Force should be listed in the Resource I.D. No.s/Names section of the card.

The cards of the resources making up the Task Force can be clipped together with the Tan Task Force card or stored separately as desired. When a single resource is being used in a Task Force, a notation should be made on that Resources' Card to include the Task Force number.

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ICS 230-2

ICS 219-9 ACCOUNTABLE PROPERTY ASSIGNMENT RECORD - WHITE (WITH RED LETTERING) T-CARD

show front and back

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ICS 230-2

ICS 219-9A ACCOUNTABLE PROPERTY TRANSFER TAG - BLUE TAG

2.21 AIR OPERATIONS SUMMARY (ICS FORM 220)

- a. Purpose. The Air Operations Summary provides air operations units with the number, type, location and specific assignments of helicopters and air tankers.
- b. Initiation of Form. The summary is completed by the Operations Section Chief or the Air Operations Director during each Planning Meeting. General air resources assignment information is obtained from the Operational Planning Worksheet (ICS Form 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.
- c. Distribution. After the summary is completed by Air Operations personnel (except item 11), the form is given to the Air Support Group Leader and Fixed-Wing Support personnel. These personnel complete the form by indicating the designators of the helicopters and air tankers assigned missions during the specified operational period. This information is provided Air Operations personnel who, in turn, give the information to the Resources Unit.

**INSTRUCTIONS FOR COMPLETING THE AIR OPERATIONS SUMMARY
(ICS FORM 220)**

Item Number	Item Title	Instructions
1.	Incident Name	Print the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the information applies. Record the start time and end time and date.
3.	Distribution	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 (i.e., DIV. A, BRANCH II, STANDBY) or function i.e., 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 should be available and when they should commence their assignment.

**INSTRUCTIONS FOR COMPLETING THE AIR OPERATIONS SUMMARY
(ICS FORM 220)
--CONTINUED--**

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 Equipment	Enter the designators and location of other support resources (i.e., 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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INSERT GRAPHIC HERE (ICS FORM 220)

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INSERT GRAPHIC HERE (TRAFFIC PLAN)

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ICS 230-2

INSERT GRAPHIC HERE (INCIDENT MAP)

2.22 DEMOBILIZATION CHECKOUT (ICS FORM 221)

- a. Purpose. The Demobilization Checkout Form is used by the Planning Section (Demobilization Unit Leader) in Demobilizing Incident Resources.
- b. Preparation. The Demobilization Checkout Form is initiated by the Demobilization Unit by identifying the resource being released and those units requiring checkout. The resource being released has the Demobilization Checkout Form checked off by those units identified and returned to the Demobilization Unit Leader.
- c. Distribution. The Demobilization Checkout Form is completed by the Demobilization and the Checkoff Units identified on the form. The Demobilization Unit will maintain the individual Checkout Forms and a master list of resources being released from the incident.

**INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECKOUT
(ICS FORM 221)**

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.

Item Number	Item Title	Instructions
1.	Incident Name/ Number	Print Name and/or Number of incident.
2.	Date and Time	Enter Date (month, day, year) and Time (24-hour clock) prepared.
3.	Demob Number	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 Type/Number	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, i.e., Area, Region, Home base, Airport, Mobilization Center, etc.

**INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECKOUT
(ICS FORM 221)
--CONTINUED--**

Item Number	Item Title	Instructions
9.	Agency/Region/ Area Notified	Identify Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Rating	Self-explanatory. Note, not all agencies require these ratings.
11.	Unit/Personnel	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e., Safety Officer, Agency Rep., etc.
12.	Remarks	Any Additional information pertaining to demob or release.

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INSERT PAGE 73 GRAPHIC HERE (ICS FORM 221)

2.23 INCIDENT WEATHER FORECAST REQUEST (ICS FORM 222)

- a. Purpose. The Incident Weather Forecast Request Form is used to document a spot weather forecast for an Incident or Project.
- b. Preparation. The Incident Weather Forecast Request Form is completed by the Weather Office upon receiving a request for a spot weather forecast from an Incident or Project.
- c. Distribution. The Weather Office will transmit (phone, computer, facsimile, etc.) the weather forecast request (spot forecast) to the requesting individual on the Incident or Project. The Weather Office and requesting individual will maintain a file of the spot forecast for the Incident or Project.

**INSTRUCTIONS FOR COMPLETING THE INCIDENT WEATHER FORECAST
REQUEST
(ICS FORM 222)**

Instructions

I. Incident Control and other Project Personnel:

1. Complete all items in Section I each time a special forecast is desired.

a. Example of Weather Conditions:

Place	Elevation	OB Time	Wind Dir. Vel.		Temp.		(Leave Blank)		Remarks
			20 Ft.	Eye Level	Dry	Wet	RH	DP	
ICP	2980'	1125	NW 16		85	62			Scattered clouds. 2/10ths Cumulus. Thunderstorm ended 2 hours ago. Wind gusty, direction varies from NW to N.

2. Transmit in numerical sequence to the appropriate Weather Office. A Weather Forecaster will complete the special forecast and transmit to you.

3. Upon receipt of special forecast, complete Sections II and III.

4. Retain completed copy of form for your records.

5. Should conditions occur that are not correctly forecast, notify Weather Forecaster.

II. ALL RELAY POINTS should use this form to ensure completeness of data and completeness of the forecast. A supply of the form should be kept by each dispatcher and all others who may be relaying requests for forecast or who may be relaying the forecast.

III. Forms are available from your local Document Control Point.

IV. Weather Forecasters:

1. Copy information received on this form.

2. Complete special forecast as quickly as possible and return forecast and outlook by the method requested.

3. Supply pertinent radar scope information whenever possible, indicating time of radar report.

4. Complete "RH/DP" columns in Item eleven.

5. Retain copy for record purposes.
-

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INSERT GRAPHIC HERE (ICS FORM 222)

2.24 TENTATIVE RELEASE LIST (ICS FORM 223)

- a. Purpose. The Tentative Release List provides the Planning function a list of those resources that are available for release from an incident.
- b. Initiation of List. The Tentative Release List is initiated by the Unit Leader, Managers, etc., and approved by Section Chiefs.
- c. Distribution. The approved (by Section Chief) Tentative Release List is sent to the Planning function.

**INSTRUCTIONS FOR COMPLETING THE TENTATIVE RELEASE LIST
(ICS FORM 223)**

Item Number	Instructions
1.	Enter the function, Logistics, Air Operations, etc.
2.	Enter the time prepared (24-Hour Clock) and date (month, day, year).
3.	Enter identifiers of resources being released, name, S/T member, crew names, etc., and Resources Ordered/Request Number and positions filling on the incident.
4.	The Tentative Release List must be approved (signature) by the Section Chief. Enter Date (month, day, year) and time (24-Hour Clock).

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ICS 230-2

INSERT GRAPHIC HERE (ICS FORM 223)

2.25 CREW PERFORMANCE RATING (ICS FORM 224)

- a. Purpose. The Crew Performance Rating form provides agency management with a record of the performance of crews on emergency wildland fire incidents.
- b. Initiation of Form. A Crew Performance Rating Form will be completed for each crew assigned to an incident by the Crew Boss' immediate supervisor.
- c. Distribution. After the rating form is completed by the Crew Boss' immediate supervisor, it shall be discussed whenever possible with the Crew Boss and submitted to the Documentation Unit. The Documentation Unit shall package all forms and submit to the incident Commander for review at termination of the incident. Following review, the Incident Commander is responsible for getting these evaluations to the jurisdictional agency for transmittal to the home units.

**INSTRUCTIONS FOR COMPLETING THE CREW PERFORMANCE RATING FORM
(ICS FORM 224)**

Item Number	Item Title	Instructions
1.	Crew Name and Number	Enter agency name, crew name and numerical identifier.
2.	Fire Name and Number	Enter name and numerical identifier assigned to the incident.
3.	Crew Boss (name)	Enter name of Crew Boss.
4.	Crew Home Unit and Address	Enter name and address of Crew's regularly assigned work location.
5.	Location of Fire (complete address)	Enter location indicating specific landmark, place name, or if applicable, street address.
6.	Crew Representative	Enter name of Crew Representative.
7.	Dates on Fire	Enter Date that the crew was assigned and date that the crew was released from the assignment.
8.	Number of Shifts Worked	Enter the number of shifts worked on the incident.
9.	Crew Evaluation	Place an "X" in the box indicating which rating, ranging from "Needs to Improve" to "Superior," most nearly describes performance observed.
10.	Supervisory Performances	Place an "X" in the box indicating the rating that most nearly describes the overall performance of the listed supervisory personnel.
11.	Areas Needing Improvement	The Rater should enter brief description of the areas or factors needing improvement.
12.	Names of Outstanding Workers (comment)	Enter the names of any crew members that performed in such a manner as to deserve particular recognition. Include supportive comments describing the nature of the performance.

**INSTRUCTIONS FOR COMPLETING THE CREW PERFORMANCE RATING FORM
(ICS FORM 224)
--CONTINUED--**

Item Number	Item Title	Instructions
13.	Names of Individuals Needing Improvement (indicate areas)	Enter names of any crew members whose performance indicated need for improvement. Indicate those areas or factors needing improvement.
14.	Remarks	Enter any observation deemed by the Rater to be of interest or value to agency management.
15.	Crew Boss (signature)	Following discussion of the rating, the Crew Boss should enter signature.
16.	Date	Enter date of entry of signature under Item 15.
17.	Rated by (signature)	Enter signature of person rating employee performance.
18.	Home Unit (address)	Enter address of Rater's regular work location.
19.	Position on fire	Enter the ICS position held by the Rater.
20.	Date	Enter date of entry of Rater's signature.

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PLACE GRAPHIC HERE (ICS FORM 224)

2.26 INCIDENT PERSONNEL PERFORMANCE RATING (ICS FORM 225)

- a. Purpose. The Incident Personnel Performance Rating Form provides Agency Management with a record of the Performance of personnel assigned to ICS positions as evaluated by immediate supervision.
- b. Initiation of Form. The Incident Personnel Performance Rating form is completed for each individual assigned to an ICS position on an emergency incident by the immediate supervisor.
- c. Distribution. After the rating form is completed by the immediate supervisor it shall be discussed, whenever possible, with the individual being rated and submitted to the Documentation Unit. The Documentation Unit shall package all forms and submit to the Incident Commander for review at termination of the incident. Following review, the Incident Commander is responsible for getting these evaluations to the jurisdictional agency for transmittal to the home units.

**INSTRUCTIONS FOR COMPLETING THE INCIDENT PERSONNEL
PERFORMANCE RATING FORM
(ICS FORM 225)**

Item Number	Item Title	Instructions
1.	Name of Firefighter	Enter name of employee being rated.
2.	Fire Name and Number	Enter name and numerical identifier assigned to the incident.
3.	Home Unit (address)	Enter Agency name and address of rated employee's regularly assigned work location.
4.	Location of Fire (address)	Enter Location indicating specific landmark, or place name, or if applicable, street address.
5.	Fire Position	Enter Title of position in which rated employee performed, i.e., Division Supervisor or Resources Unit Leader.
6.	Date of Assignment - From and To	Enter the date assigned to the position and the date released from the assignment.
7.	Acres Burned	Enter the total number of acres burned on the incident.
8.	Fuel Type(s)	Enter the predominant fuel type.
9.	Evaluation	Follow the instructions under Item 9 on the Rating Form.
10.	Remarks	Enter any remarks that support, clarify, or amplify the ratings entered under Item 9.
11.	Employee (signature)	Following discussion of the rating, the employee should enter signature.
12.	Date	Enter date of entry of signature under Item 11.
13.	Rated by (signature)	Enter signature of person rating employee performance.
14.	Home Unit	Enter agency and regular assignment identification of person rating employee performance.
15.	Position on Fire	Enter the ICS position held by the Rater.

16. Date

Enter date of entry of signature under Item 13.

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INSERT GRAPHIC HERE (ICS FORM 225)

2.27 COMPENSATION FOR INJURY LOG (ICS FORM 226)

- a. Purpose.
- b. Initiation of Form.
- c. Distribution.

**INSTRUCTIONS FOR COMPLETING THE COMPENSATION FOR INJURY LOG
(ICS FORM 226)**

Item Number	Item Title	Instructions
1.	Incident	Enter incident name and/or number.
2.	Date	Enter date (month, day, year) of beginning of operational period.
3.	Operational Period	Enter the operational period this log covers (24-hour clock).
4.	Date	Enter date of <u>notification</u> of injury.
5.	Time	Enter 24-hour time of <u>notification</u> of injury.
6.	Name	Enter name of individual injured-separate entries should be made for each individual injured.
7.	Agency	Employee's agency.
8.	Nature of Injury	Enter nature of injury as first described.
9.	Agency Reps Advised	Initial when Agency Rep from employing agency is advised.
10.	Medical Unit Advised	Initial when Medical Unit is advised.
11.	Investigation Started	Initial when an investigation has been initiated.
12.	Injury Report Initiated	Initial when it is confirmed that an injury report has been started.
13.	Injury Report Completed	Initial when/if you receive a completed injury report copy.
14.	Status	Report status of log entry at completion of operational period. (e.g., pending, dropped, completed, etc.)

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INSERT GRAPHIC HERE (ICS FORM 226)

2.28 CLAIMS LOG (ICS FORM 227)

- a. Purpose.
- b. Initiation of form.
- c. Distribution.

**INSTRUCTIONS FOR COMPLETING THE CLAIMS LOG
(ICS FOR 227)**

Item Number	Item Title	Instructions
1.	Incident	Enter incident name and/or number.
2.	Date	Enter date (month, day, year) operational period begins.
3.	Operational Period	Enter the operational period this log covers (24-hour clock).
4.	Time	Enter military time of notification of accident and/or injury.
5.	Claim	Enter nature of claim (e.g., damaged fence, dislocated shoulder, etc.)
6.	Property Owner	Enter property owners name if property is involved.
7.	Location on Incident	Enter general location in order to assist with follow-up.
8.	Claims Form Initiated	Initial when claims form is initiated.
9.	Agency Reps Advised	Initial when Agency Rep from employing agency is advised.
10.	Property Owner Contacted	Initial when property owner has been contacted.
11.	Investigation Started	Initial if an investigation is started.
12.	Claims Form Completed	Initial when claims form is completed.
13.	Status	Report status of log entry at completion of operational period e.g., pending, dropped, completed, etc.

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INSERT GRAPHIC HERE (ICS FORM 227)

2.29 INCIDENT COST WORKSHEET (ICS FORM 228)

- a. Purpose.
- b. Initiation of Form.
- c. Distribution.

**INSTRUCTIONS FOR COMPLETING INCIDENT COST WORKSHEET
(ICS FORM 228)**

Instructions

The ICS Form 228 may be used for collective estimated totals and/or individual agency totals. To complete the form a general hourly or daily rate for each resource must be established. Many agencies have pre-determined this information and it is readily available.

	Resource Totals: e.g.:		4	Handcrews
	Times single resource hourly rate	x \$	<u>100</u>	per hour
	Equals cost per hour	= \$	400	
	Times 12 hours per operational period	x	<u>12</u>	
	Total operational period crew costs	= \$	4,800	

INCIDENT COST WORKSHEET
(see reverse side for instructions)

Incident Name _____

Date _____ Operational Period _____

I Engine Costs (all agencies/all types)
Number engines _____ Est. Cost _____

II Hand Crew Costs (all agencies)
Number Agency Crews _____ Est. Cost _____
Number Pick-up Labor Crews _____ Est. Cost _____
Number Custodial Agency Personnel _____ Est. Cost _____
TOTAL _____

III Dozer costs
A. Agency Owned (all agencies/all types)
Number Dozers _____ Est. Cost _____
Number Tenders _____ Est. Cost _____
Number Transports _____ Est. Cost _____
Subtotal _____
B. Rental Dozers
Number Dozers _____ Est. Cost _____
Number Tenders _____ Est. Cost _____
Number Transports _____ Est. Cost _____
Subtotal _____
TOTAL _____

IV Aircraft Costs (all agencies/all types)
Number Air Attack/Airtanker Coord ships _____ Est. Cost _____
Number Airtankers _____ Est. Cost _____
Number Recon _____ Est. Cost _____
Number Helicopters (agency owned) _____ Est. Cost _____
Number Helicopters (hired) _____ Est. Cost _____
Gallons Retardant _____ Est. Cost _____
TOTAL _____

**INCIDENT COST WORK SHEET
--CONTINUED--**

V Overhead/Staff Costs (all agencies)

Number Command Staff	_____	Est. Cost	_____
Number Operations Section	_____	Est. Cost	_____
Number Planning Section	_____	Est. Cost	_____
Number Logistics Section	_____	Est. Cost	_____
Number Finance Section	_____	Est. Cost	_____
		TOTAL	_____

VI Miscellaneous

Field Kitchen or Caterer (incl. reefer vans)		Est. Cost	_____
Shower Units		Est. Cost	_____
Trash Collection		Est. Cost	_____
Rental Support Vehicles		Est. Cost	_____
IR Aircraft	Est. Cost	_____	_____
_____	Number	_____	Est. Cost
_____	Number	_____	Est. Cost
_____	Number	_____	Est. Cost
_____	Number	_____	Est. Cost
_____	Number	_____	Est. Cost
		TOTAL	_____

2.30 INCIDENT COST WORK SUMMARY (ICS FORM 229)

- a. Purpose.
- b. Preparation.
- c. Distribution.

**INSTRUCTIONS FOR COMPLETING THE INCIDENT COST WORK SUMMARY
(ICS FORM 229)**

Instructions

The ICS Form 229 has been designed to provide a summary of Incident costs for a given operational period. Although designed to be used in conjunction with the Incident Cost Worksheet ICS Form 228, it may be used for collective incident costs, or individual agency costs. Remember unless specific totals are available, all entries are best estimates at the time the form is completed.

INCIDENT COST WORK SUMMARY

Incident Name _____

Date _____ Operational Period _____

I Engine Costs _____

II Hand Crew Costs _____

III Dozer Cost _____

IV Aircraft Costs (incl. retardant) _____

V Overhead Costs _____

VI Miscellaneous Costs _____

Est. Oper. Period Total _____

Est. Incident Total _____

Prepared by _____

Cost Unit Leader