

AIR OPERATIONS SUMMARY (ICS 220)

| 1. Incident Name: | | 2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____ | | | | 3. Sunrise: | Sunset: |
|--|--------------------|---|--|-----------|-------|--|--|
| 4. Remarks (safety notes, hazards, air operations special equipment, etc.): | | | 5. Ready Alert Aircraft: Medivac: New Incident: | | | 6. Temporary Flight Restriction Number: Altitude: Center Point: | |
| | | | 8. Frequencies: | | AM | FM | 9. Fixed-Wing (category/kind/type, make/model, N#, base): |
| | | | Air/Air Fixed-Wing | | | | |
| 7. Personnel: | Name: | Phone Number: | Air/Air Rotary-Wing – Flight Following | | | | |
| Air Operations Branch Director | | | Air/Ground | | | | |
| Air Support Group Supervisor | | | Command | | | | Other Fixed-Wing Aircraft: |
| Air Tactical Group Supervisor | | | Deck Coordinator | | | | |
| Helicopter Coordinator | | | Take-Off & Landing Coordinator | | | | |
| Helibase Manager | | | Air Guard | | | | |
| 10. Helicopters (use additional sheets as necessary): | | | | | | | |
| FAA N# | Category/Kind/Type | Make/Model | Base | Available | Start | Remarks | |
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| 11. Prepared by: Name: _____ Position/Title: _____ Signature: _____ | | | | | | | |
| ICS 220, Page 1 | | | Date/Time: _____ | | | | |

ICS 220 Air Operations Summary

Purpose. The Air Operations Summary (ICS 220) provides the Air Operations Branch with the number, type, location, and specific assignments of helicopters and air resources.

Preparation. The ICS 220 is completed by the Operations Section Chief or the Air Operations Branch Director during each Planning Meeting. General air resources assignment information is obtained from the Operational Planning Worksheet (ICS 215), which also is completed during each Planning Meeting. Specific designators of the air resources assigned to the incident are provided by the Air and Fixed-Wing Support Groups. If aviation assets would be utilized for rescue or are referenced on the Medical Plan (ICS 206), coordinate with the Medical Unit Leader and indicate on the ICS 206.

Distribution. After the ICS 220 is completed by Air Operations personnel, the form is given to the Air Support Group Supervisor and Fixed-Wing Coordinator personnel. These personnel complete the form by indicating the designators of the helicopters and fixed-wing aircraft assigned missions during the specified operational period. This information is provided to Air Operations personnel who, in turn, give the information to the Resources Unit.

Notes:

- If additional pages are needed for any form page, use a blank ICS 220 and repaginate as needed.

| Block Number | Block Title | Instructions |
|--------------|--|---|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period Date and Time From Date and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | Sunrise/Sunset | Enter the sunrise and sunset times. |
| 4 | Remarks (safety notes, hazards, air operations special equipment, etc.) | Enter special instructions or information, including safety notes, hazards, and priorities for Air Operations personnel. |
| 5 | Ready Alert Aircraft Medivac New Incident | Identify ready alert aircraft that will be used as Medivac for incident assigned personnel and indicate on the Medical Plan (ICS 206). Identify aircraft to be used for new incidents within the area or new incident(s) within an incident. |
| 6 | Temporary Flight Restriction Number Altitude Center Point | Enter Temporary Flight Restriction Number, altitude (from the center point), and center point (latitude and longitude). This number is provided by the Federal Aviation Administration (FAA) or is the order request number for the Temporary Flight Restriction. |
| 7 | Personnel Name Phone Number | Enter the name and phone number of the individuals in Air Operations. |
| | Air Operations Branch Director | |
| | Air Support Group Supervisor | |
| | Air Tactical Group Supervisor | |
| | Helicopter Coordinator | |
| | Helibase Manager | |

| Block Number | Block Title | Instructions |
|----------------------------|---|---|
| 8 | Frequencies AM FM | Enter primary air/air, air/ground (if applicable), command, deck coordinator, take-off and landing coordinator, and other radio frequencies to be used during the incident. |
| | Air/Air Fixed-Wing | |
| | Air/Air Rotary-Wing – Flight Following | Flight following is typically done by Air Operations. |
| | Air/Ground | |
| | Command | |
| | Deck Coordinator | |
| | Take-Off & Landing Coordinator | |
| | Air Guard | |
| 9 | Fixed-Wing (category/kind/type, make/model, N#, base) | Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance, make/model, N#, and base of air assets allocated to the incident. |
| | Air Tactical Group Supervisor Aircraft | |
| | Other Fixed-Wing Aircraft | |
| 10 | Helicopters | Enter the following information about the helicopter resources allocated to the incident. |
| | FAA N# | Enter the FAA N#. |
| | Category/Kind/Type | Enter the helicopter category/kind/type based on NIMS, discipline, or jurisdiction guidance. |
| | Make/Model | Enter the make and model of the helicopter. |
| | Base | Enter the base where the helicopter is located. |
| | Available | Enter the time the aircraft is available. |
| | Start | Enter the time the aircraft becomes operational. |
| | Remarks | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Prepared by Name Position/Title Signature Date/Time | <input type="checkbox"/> Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |
| 12 | Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.) | Enter the specific assignment (e.g., water or retardant drops, logistical support, or availability status for a specific purpose, support backup, recon, Medivac, etc.). If applicable, enter the primary air/air and air/ground radio frequency to be used. Mission assignments may be listed by priority. |
| | Category/Kind/Type and Function | |
| | Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft | |
| | Mission Start | |
| | Fly From | Enter the incident location or air base the aircraft is flying from. |
| | Fly To | Enter the incident location or air base the aircraft is flying to. |