

INCIDENT BRIEFING (ICS FORM 201)

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

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

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


ITEM TITLE - INSTRUCTIONS

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

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

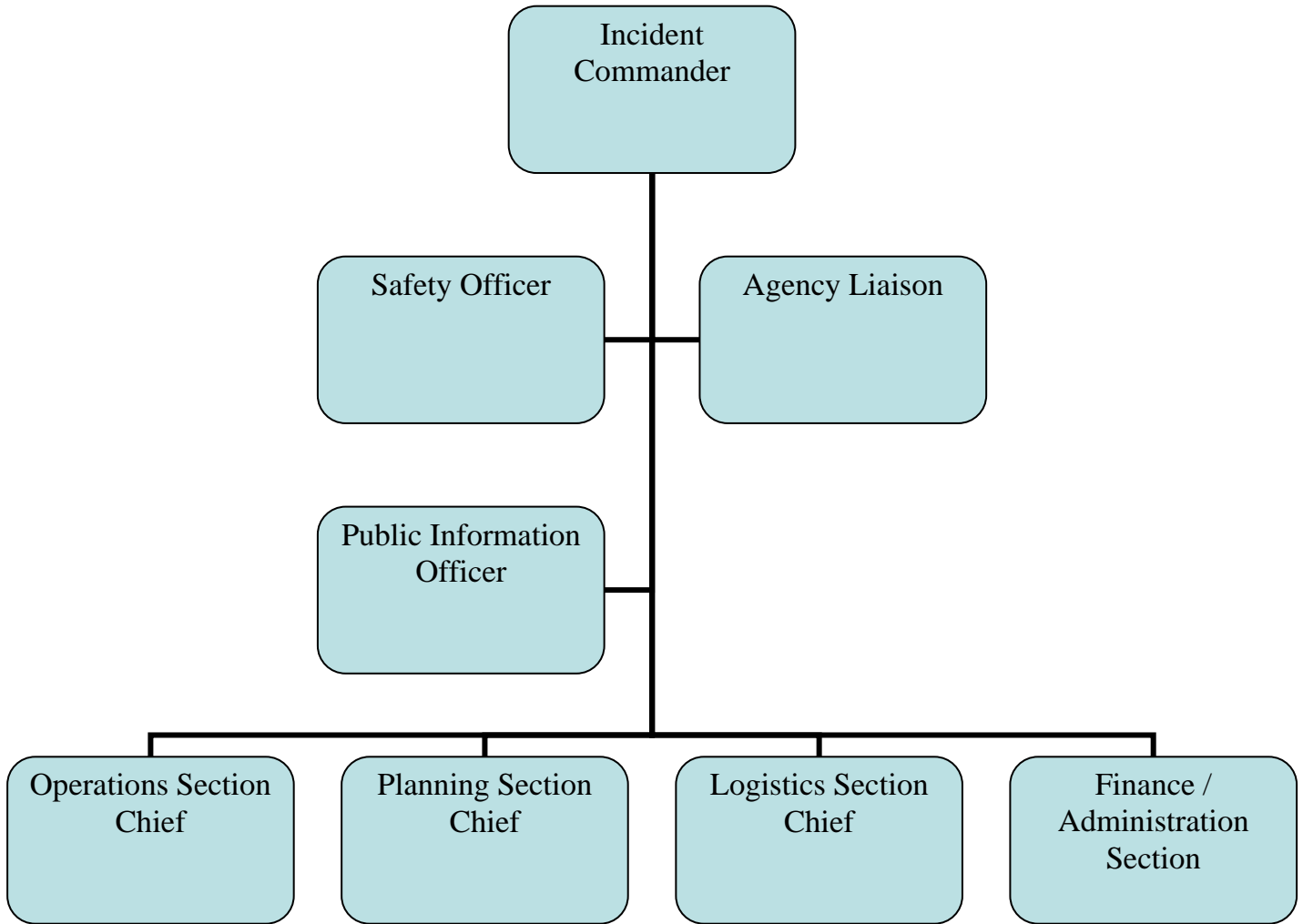
Incident Briefing	1. Incident Name	2. Date Prepared	3. Time Prepared
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4. MAP SKETCH

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7. Current Organization



INCIDENT ACTION PLAN

INCIDENT OBJECTIVES (ICS FORM 202)

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

INCIDENT ACTION PLAN

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

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

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

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

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

ITEM TITLE - INSTRUCTIONS

Incident Name - Print the name assigned to the incident.

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

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

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

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

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


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

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


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

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

ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE	3. TIME
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. Attachments (☑ if attached) <input type="checkbox"/> Organization List (ICS 203) <input type="checkbox"/> Medical Plan (ICS 206) <input type="checkbox"/> <u>Weather Forecast</u> <input type="checkbox"/> Assignment List (ICS 204) <input type="checkbox"/> Incident Map <input type="checkbox"/> _____ <input type="checkbox"/> Communications Plan (ICS 205) <input type="checkbox"/> Traffic Plan <input type="checkbox"/> _____			
9. PREPARED BY (PLANNING SECTION CHIEF)		10. APPROVED BY (INCIDENT COMMANDER)	
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Organization Assignment List, ICS Form 203

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION	NAME	4. OPERATIONAL PERIOD (DATE/TIME)		
5. INCIDENT COMMAND AND STAFF		9. OPERATIONS SECTION		
INCIDENT COMMANDER		CHIEF		
DEPUTY		DEPUTY		
SAFETY OFFICER		a. BRANCH I- DIVISION/GROUPS		
INFORMATION OFFICER		BRANCH DIRECTOR		
LIAISON OFFICER		DEPUTY		
		DIVISION/GROUP		
6. AGENCY REPRESENTATIVES		DIVISION/ GROUP		
AGENCY	NAME	DIVISION/ GROUP		
		DIVISION/GROUP		
		DIVISION /GROUP		
		b. BRANCH II- DIVISIONS/GROUPS		
		BRANCH DIRECTOR		
		DEPUTY		
		DIVISION/GROUP		
7. PLANNING SECTION		DIVISION/GROUP		
CHIEF		DIVISION/GROUP		
DEPUTY		DIVISION/GROUP		
RESOURCES UNIT				
SITUATION UNIT		c. BRANCH III- DIVISIONS/GROUPS		
DOCUMENTATION UNIT		BRANCH DIRECTOR		
DEMOBILIZATION UNIT		DEPUTY		
TECHNICAL SPECIALISTS		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
8. LOGISTICS SECTION		d. AIR OPERATIONS BRANCH		
CHIEF		AIR OPERATIONS BR. DIR.		
DEPUTY		AIR TACTICAL GROUP SUP.		
		AIR SUPPORT GROUP SUP.		
		HELICOPTER COORDINATOR		
a. SUPPORT BRANCH		AIR TANKER/FIXED WING CRD.		
DIRECTOR				
SUPPLY UNIT				
FACILITIES UNIT				
GROUND SUPPORT UNIT		10. FINANCE/ADMINISTRATION SECTION		
		CHIEF		
		DEPUTY		
b. SERVICE BRANCH		TIME UNIT		
DIRECTOR		PROCUREMENT UNIT		
COMMUNICATIONS UNIT		COMPENSATION/CLAIMS UNIT		
MEDICAL UNIT		COST UNIT		
FOOD UNIT				
PREPARED BY (RESOURCES UNIT)				
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MEDICAL PLAN	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period							
5. Incident Medical Aid Station											
Medical Aid Stations		Location			Paramedics Yes No						
6. Emergency Medical Services Contact Information											
Telephone	Contact:		Phone:		Alt#						
Radio	Contact:		Net:		CHAN: FREQ:						
Other											
7. Ambulance Services											
Name		Address		Phone		Paramedics Yes No					
B. Incident Ambulances											
Name		Location			Paramedics Yes No						
7. Hospitals											
Name		Address		Travel Time Air Ground		Phone		Helipad Yes No		Burn Center Yes No	
8. Medical Emergency Procedures											
Prepared by (Medical Unit Leader)						10. Reviewed by (Safety Officer)					
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