Search and Rescue Lesson Plan
Alex Summers
Updated 4/15/16

Pre-requisites:

We will not be completing the training for ICS-100, Introduction to Incident Command System (requirement 5) in class. The Scouts will need to complete this at home.

Materials:

- USGS Topographical Map
- Incident Action Plan (IAP) Form
- A Sacrifice (Practice Hasty Search)
- Acorn Top
- GPS
- MB Answer Sheet

Resources:

- Merit Badge Book / Pamphlet
- Resources on Career Opportunities in Search and Rescue

1. Discuss possible hazards and prevention / mitigations of these hazards, and discuss first aid for injuries of illnesses that could occur while participating in SAR activities. (Req. 1)
    a. Snakebites
    b. Dehydration
    c. Shock
    d. Hypothermia
    e. Blisters
    f. Ankle and Knee Sprains

9:15

2. Discuss the following and how they could help you stay found. (Req. 2)
    a. The Buddy System
    b. Knowledge of the area and its seasonal weather changes
    c. The Ten Essentials (discuss similarity to a "ready pack")

9:45

3. Discuss the following terms. (Req. 3)
    a. Search
    b. Rescue
    c. PLS (Place Last Seen)

d. LKP (Last Known Point)
e. AFRCC (Air Force Rescue Coordination Center)
f. IAP (Incident Action Plan)
g. ICS (Incident Command System)
h. Evaluating search urgency
i. Establishing confinement
j. Scent item
k. Area air scent dog
l. Briefing
m. Debriefing

10:30

4. Find out about who in your area (CBH) has authority for search and rescue and what their responsibilities are, and explain the official duties of a search and rescue team. (Req. 4)

11:00

5. Discuss the Universal Transverse Mercator (UTM) system, latitude and longitude, and do the following. (Req. 7)
   a. Using a 1:24,000 scale USGS topographic map (the one in the Dining Hall closet shows the land around CBH), identify the general area of the Dining Hall or one of the lakes.
   b. Give the Scouts a random coordinate on the map, and let them identify the location on the map.
   c. Use a GPS to find your current location in UTM coordinates, and verify it on the map.
   d. Determine a hypothetical place last seen (PLS), and point out an area on the map that could be used for containment using natural or human-made boundaries.

11:30

6. Hasty Search Simulation (Req. 8 & 9)
   a. Create a simulation in which a Scout has disappeared, and now we need to carry out a search and rescue for them. We will not carry out the entire search and rescue, just the IAP and a Hasty Search. Pick the student that has paid the most attention and has been the most involved in the class. Give him colorful duct tape and tell him to leave a trail from the Outdoor Skills hut (or the location of the class) to wherever his new location is. Make sure he goes to a safe location.
   b. Complete an incident objectives form for this missing Scout scenario.
   c. Complete an Incident Action Plan (IAP) to address the scenario.
   d. Discuss the terms *hasty team* and *hasty search*.
   e. Discuss the scenario and the PLS and LKP and possible clues that could lead you to finding the missing Scout. Also discuss some possible situations that might require a rescue. (Briefing)

f. Plan and carry out a hasty search for the scenario – this will be a wilderness hasty search – including the following elements.
   - f.i. Clue awareness
   - f.ii. Evidence preservation
   - f.iii. Tracking the subject
   - f.iv. Locating the subject using attraction or trail sweep

g. Once the Scout is located, assess the situation and perform a hypothetical rescue.

h. After completing the hasty search and rescue, hold a debriefing and discuss the following.
   - h.i. Problems encountered
   - h.ii. Successful and unsuccessful tactics
   - h.iii. Ideas for improvement

2:00

7. Identify four types of search and rescue teams and discuss their use or role. Then do the following. (Req. 6)
   a. Interview a Rescue Team member from the Saluda Fire Department, and learn how this team contributes to a search and rescue operation.
   b. Describe the process and safety methods of working around at least two of the specialized SAR teams identified.
   c. Explain the differences between wilderness, urban, and water SARs.

3:00

8. Using resources such as the Internet or a book, find out about three career opportunities in search and rescue. Pick one of these and find out the education, training, and experience required for this professional or volunteer position. Discuss why this might interest you. (Req. 10)

3:30

9. Remind the Scouts to take the ICS-100, Introduction to Incident Command System when they get home, and see if there's a way for the Scouts to take the test at camp. (Req. 5)

3:45

Search and Rescue

# Merit Badge Workbook

This workbook can help you but you still need to read the merit badge pamphlet.
ce provided for each requirement should be used by the Scout to make notes for discuss
his counselor,
not for providing the full and complete answers. Each Scout must do each requirement
No one may add or subtract from the official requirements found in ***Boy Scout Requirements*** (Pub. 33216 – SKU 34765).

The requirements were last issued or revised in **2006** • This workbook was updated in June 2016.

Scout's Name: _____Unit:

Counselor's Name: _____Counselor's Phone No.:

http://www.USScouts.Org • http://www.MeritBadge.Org

Please submit errors, omissions, comments or suggestions about this **workbook** to: Workbooks@USScouts.Org
Comments or suggestions for changes to the **requirements** for the **merit badge** should be sent to:
Merit.Badge@Scouting.Org

1. Do the following:

   a. Explain to your counselor the hazards you are most likely to encounter while participating in search and rescue (SAR) activities, and what you should do to anticipate, help prevent, mitigate, and respond to these hazards..

| | |
|---|---|
| Hazards: | Temperature extremes, severe weather, snow and ice, darkness, terrain, water bodies, wild animals, traffic |

What you should do :

| | |
|---|---|
| Anticipate | As part of the planning process, assess potential hazards and their impact on SAR activities. Consult weather forecasts. Talk with persons who have local knowledge of the search area to fully understand the potential hazards. |
| Prevent | Define search areas and operational periods in order to minimize the exposure to hazards – depending on the urgency of the SAR objectives. For example, suspend search operations during darkness if the urgency of the search dictates that this can be done. Searches in terrain in snow and ice conditions should only be performed by experienced personnel. |
| Mitigate | Advise search teams of the hazards so they can provide necessary equipment to reduce risk of injury, or provide the equipment to them. For example, notify all teams of the potential that there are bears or other potentially dangerous wildlife in the search area, if that is the case, so that they are aware and on the lookout. For potential severe weather situations, the IC should monitor developing weather systems (such as storms) real time. |
| Respond | As conditions change, the plan must change to account for new or changing hazards. Communications systems must be sufficient to notify teams of changing or new hazards. |

**Workbook © Copyright 2016 - U.S. Scouting Service Project, Inc. - All Rights Reserved**
**Requirements © Copyright, Boy Scouts of America (Used with permission.)**

   b. Discuss first aid and prevention for the types of injuries or illnesses that could occur while participating in SAR activities, including: snakebites, dehydration, shock, environmental emergencies such as hypothermia or heatstroke, blisters, and ankle and knee sprains.

| | |
|---|---|
| Snakebites: | Prevention: Awareness of the presence of snakes so they can be avoided. Also wear boots and pants that can prevent bites. First Aid: Get medical attention ASAP. Remove rings and jewelry around bite in case there is swelling. Wash wound, for coral snake wrap wound area snugly. Have victim lie down with wound area lower than rest of the body. Keep them calm. Treat for shock. Do not make cuts on the victim or attempt to extract venom. Do not apply a tourniquet. |
| Dehydration: | Prevention: Drink plenty of water and/or sports drinks. First Aid: Mild – drink lots of water or sports drinks. Moderate – do the same and see a physician. Severe – Get emergency care ASAP – the victim needs intravenous fluids. Rest for at least 24 hours then avoid tiring activities. |
| Shock: | Prevention: In the event of injury, prevent shock by restoring breathing and circulation, controlling bleeding, relieving severe pain, and treating wounds. First Aid: Get emergency care ASAP. Monitor victim closely and keep airways open. Have victim lie down and elevate legs and feet 12 inches above the rest of the body if there is no risk of further injury to legs or back/neck. Keep victim warm with blankets or other available items. |
| Hypothermia: | Prevention: Proper planning for cold weather and proper attire and equipment for SAR participants. First Aid: If conscious, have victim drink warm fluids with no caffeine (soup or water). Get to warm area, remove wet clothes, wrap in blankets. Wrap warm water bottles in towels and place in armpits and in groin area. Monitor closely for changes in condition. Do not warm too quickly – such as by immersing in warm water. This can cause irregular heartbeat. |
| Heatstroke: | Prevention: Proper planning for hot weather, including times and duration of operation, and proper attire and equipment for SAR participants. First Aid: Get medical attention ASAP. Get victim to air conditioned or shady area. Loosen clothing and fan victim, apply wet towels. Wrap ice packs in towels and place in armpits and behind neck and in groin area. If able to drink, give small amounts of cool water. |
| Blisters: | Prevention: Proper planning and equipment/attire for SAR participants. First Aid: Cover with moleskin and stop activity. If activity must continue, wash area with soap and water, burst with sterile pin, drain fluid, then cover with sterile pad or gel pad and moleskin. Keep wound clean and covered. |
| Ankle sprains: | Prevention: Proper footwear and awareness of hazards by SAR participants. First Aid: Assume ankle may be broken. Get victim to take weigh off of ankle and not use it. Do not try to move or straighten ankle. Apply ice wrapped in a towel or cold compress to ankle for 20 minutes at a time. Get medical attention if pain is severe or persistent. |
| Knee sprains: | Prevention: Awareness of hazards by SAR participants. First Aid: Get victim to take weigh off of knee and not use it. Do not try to move or straighten knee. Apply ice wrapped in a towel or cold compress to knee for 20 minutes at a time. Get medical attention if pain is severe or persistent. |

Scout's Name: _____

2. Demonstrate knowledge to stay found and prevent yourself from becoming the subject of a SAR mission:

- Always have a trip plan and share it with your parents and others.
- Stick to your trip plan.
- Know what weather will be like and how quickly it can change.
- Never hike or camp alone.
- Use the buddy system at all times, including when going to the bathroom at night.
- Have proper gear and clothing and take care of it.
- Log into trailhead log sheets if available.
- Get and stay in good physical condition. Be prepared for the level of physical activity planned.
- Make sure your trip plan is sound – that you can do what you are planning before dark, etc.
- If you plans change during your trip, notify your parents.

a. How does the buddy system help in staying found and safe?

By using the buddy system, Scouts look after one another and keep track of each other. The chances of a Scout becoming lost decrease significantly when the buddy system is used and followed. The chances of 2 Scouts becoming separated from a group are much lower that the chances of 1 Scout getting separated from a group.

b. How can knowledge of the area and its seasonal weather changes affect your plans?

Knowledge of the area is essential in developing a sound trip plan that can be carried out safely and in a manner that minimizes the chances of getting stranded. This will allow for adequate planning for equipment and resources. Knowledge of weather and weather changes will allow for proper planning for weather extremes and severe weather, reducing the chances that weather conditions to you becoming stranded or lost.

c. Explain how the Ten Essentials are similar to a "ready pack."

The ten essentials for hiking/backpacking are: pocket knife, first aid kit, extra clothing, rain gear, flashlight, trail food, water, matches or firestarter, sun protection, trail maps and compass. A ready pack for SAR should have all of the ten essentials plus a few extra items, such as: whistle, signaling mirror, list of phone numbers include Incident Base number, extra light sources and batteries, space blanket, pen/pencil and waterproof paper, eye protection.

3. Discuss the following with your counselor:

a. The difference between search and rescue.

Scout's Name: _____

Search – an emergency situation requiring a team of trained searchers to locate a missing person.

Rescue – an emergency situation where a person's location is known (possibly found from a search) – and he or she must be removed from danger and returned to safety. This may require technical rescue skills (for example – use of a helicopter, water rescue, etc.) and medical care.

b. The difference between PLS (place last seen) and LKP (last known point).

| | |
|---|---|
| PLS | Place Last Seen (PLS) is where someone who can positively identify the subject actually saw the subject. |
| LKP | Last Known Point (LKP) is where the subject was last known to have been but was not necessarily seen by someone there. LKP can be the same as PLS, but can be different, such as in the case when an abandoned car is found or when a log book at a trailhead has been signed by the subject. |

c. The meaning of these terms:.

| | |
|---|---|
| 1. AFRCC (Air Force Rescue Coordination Center) | Serves as the single agency responsible for coordinated land-based federal SAR activities in all states except Alaska and Hawaii. |
| 2. IAP (Incident Action Plan) | A set of documents that call for details about the SAR activity. It includes Incident Objectives, Assignment Lists, Radio Communications Plan and Communications List, Medical Plan, Incident Organization Chart, and a Safety Plan. It can include maps, traffic plan, and information on the subject. It is updated before each operational period. |
| 3. ICS (Incident Command System) | ICS is a systematic approach to the management of emergency incidents. All federal agencies use ICS to manage emergency incidents. Key concepts are Unity of Command (each person reports to only one supervisor), Common Terminology, Management by Objective, Flexible and Modular Organization, and Span of Control (a person is only responsible for 3 – 7 other people). Under ICS, there is only one Incident Commander in charge of the entire SAR operation. |
| 4. Evaluating search urgency | Factors that are considered to determine the urgency with which the search needs to be conducted. Factors include age, whether it is an individual or group, subject's medical and mental/emotional condition, outdoor experience, equipment subject is carrying, current weather conditions and 8-hour forecast, terrain and hazards in the area. |
| 5. Establishing confinement | An effort to establish a search perimeter that encompasses the subject and beyond which he or she is unlikely to pass without being detected. Confinement may include setting roadblocks and trailblocks, and posting lookouts in prominent locations and on high ground. |
| 6. Scent item | An article of clothing or other object that belonged solely to the subject and is therefore saturated with his or her scent. |
| 7. Area air scent dog | Dogs that search an area for the subject's scent. They are not scent specific, meaning they will find any person in the area being searched. They work off-leash, and the handler uses a bell and glow stick to track the dog's location. |
| 8. Briefing and debriefing | Briefing – a meeting in which information is provided on what to do (the task at hand) or what to expect ahead of time. It can include a review of all known information about the subject of the search. A debriefing is a meeting in which the search team is questioned about its success or problems or difficulties encountered during the search. |

Scout's Name: _____

4. Find out who in your area has authority for search and rescue and what their responsibilities are.

   Who: Saluda Fire Department_____

   Responsibilities:

(Develop this information from the discussion with the SAR folks from the Saluda Fire Department).

Discuss this with your counselor, and explain the official duties of a search and rescue team.

Incident commander – provides overall leadership for the incident response and delegates duties to other teams members as needed. Until something is delegated, and IC performs the duty. He/she assigns folks to positions, establishes objectives, directs development of IAP. The IC typically has training and certifications as an IC.

General staff – Safety Officer, Public Information officer, liaison officer.

5. χ Complete the training for ICS-100, Introduction to Incident Command System.

   χ Print out the certificate of completion and show it to your counselor.

   Discuss with your counselor how the ICS compares with Scouting's patrol method.

There is one leader – the IC, similar to the Senior Patrol Leader. There are different jobs that are carried out by particular sub-teams under the ICS, just like Patrols. The staff meetings are like PLC meetings – planning the upcoming tasks and events. The IC is a servant leader – if he hasn't delegated a task, he has the responsibility to do it him or herself.

6. Identify four types of search and rescue teams and discuss their use or role with your counselor.

1. Hasty Team

   The first team deployed during a search. Its job is to look quickly and accurately for clues that may lead team members to the subject. This quick search is called a hasty search, and is usually done while the Incident Action Plan and other resources are being assembled.

2. Urban Search and Rescue

   Involved in looking for a subject in highly populated areas. Involves concerns related to traffic and can involve crime situations. Most likely subjects are small children and elderly Alzheimer's patients.

3. Water Search and Rescue

   Performed by the Coast Guard in coastal and some inland waters. Involves specialized equipment, boats, communications equipment, strategies, and training. Used for lost boats, divers, or when subjects have become lost in or on water.

4. Snow/Ice/Avalanche Search and Rescue

   Requires specialized strategies, training, and equipment to keep searchers warm. Only highly trained searchers can perform searches in Avalanche areas, which are some of the most dangerous areas on earth. Searches in snow and ice are urgent because of the freezing conditions and the likelihood that the subject cannot survives long periods in the extreme cold conditions.

Then do the following:

a. Interview a member of one of the teams you have identified above, and learn how this team contributes to a search and rescue operation. Discuss what you learned with your counselor.

Scout's Name: _____

(Interview the SAR Team Member from the Saluda Fire Department – learn how the team he is on contributes to SAR operation).

b. Describe the process and safety methods of working around at least two of the specialized SAR teams you identified above.

1. Urban

There are 3 types of Urban searches: Type 1 – like a hasty search but emphasizes notification of nearby residents and quick searches of areas open to the public. Residents do searches of their own homes and businesses. Type 2 – Same as Type 1, except SAR team seeks permission to conduct searches of homes and businesses themselves. Owner should be present at all times in search. Type 3 – needed when a thorough search is needed to cover an area. Similar to a wilderness search in an urban area. All areas are searched, and it is more likely that a crime has been committed if this type of search is warranted. Must be very clue aware. Safety methods – watch for traffic and high crime areas, other special situations.

2. Snow/Ice/Avalanche

The extreme weather and cold can cause problems for the subject and searches alike. These create some of the most demanding SAR situations that can be experienced. Tracks can be seen in the snow, but they can be erased by wind and more snow. Proper plans must be made for clothing, additional gear, terrain – and require specialized teams and training. Searches must keep themselves safe and avoid becoming another subject. Primary safety concerns are hypothermia and exposure, plus potential terrain issues. Rescues can be dangerous and challenging as well. Avalanche rescues require very specialized teams and training.

c. Explain the differences between wilderness, urban, and water SARs..

| | |
|---|---|
| Wilderness SAR | Conducted in un-populated areas, so there are very few residents and very few other people who can be told and interviewed about the subject. Entire areas must be searched or confinement techniques must be used. Changing weather conditions and other hazards must be assessed and tracked for changes. |
| Urban SAR | Conducted in populated areas – so the focus is first on getting information out about the subject and on interview possible witnesses, etc. If these efforts are not successful, then the search moves more towards wilderness-type tactics, in which entire areas (including all areas of buildings) are systematically searched. |
| Water SAR | Conducted when the subject is lost on or in the water. Requires the use of boats, aircraft, specialized communications system, and other specialized equipment. The Coast Guard conducts these searches in coastal waters and some inland waters. Water SARs are usually training to make swift water rescues and flat water rescues. Require specialized techniques, training, and planning. |

7. Discuss the Universal Transverse Mercator (UTM) system, latitude, and longitude.

| | |
|---|---|
| UTM System: | In this grid system for defining a location on earth, the earth is divided into 60 zones, each of which is 6 degrees of longitude and 8 degrees of latitude. The numbers across the top of a UTM map are eastings, and the numbers along the side of the map are northings. Read locations on the map right and up. |
| Latitude: | Latitude lines are parallel to the equator and divided into 90 degrees north and south. |
| Longitude: | Longitude lines run from pole to pole and are divided into 180 degrees east and west. |

Then do the following:

χ a. Using a 1:24,000 scale USGS topographic map, show that you can identify a location of your choice using UTM coordinates.

χ b. Using a 1:24,000 scale map, ask your counselor to give you a UTM coordinate on the map, then identify that location.

χ c. Show that you can identify your current location using the UTM coordinates on your Global Positioning System unit and verify it on a 1:24,000 scale map..

χ d. Determine a hypothetical place last seen, and point out an area on your map that could be used for containment using natural or human-made boundaries..

8. Choose a hypothetical scenario, either one presented in this merit badge pamphlet or one created by your counselor.

Scenario: Lost scout above the COPE area or above Johnson campsite.

Then do the following

a. Complete an incident objectives form for this scenario.

(Use the ICP forms to complete this task as a class). Objective – what you want done?

Could be something like: 1) Have all camper report to dining hall and take role.

2) Interview friends and leaders to get PLS and LKP.

3) Carry out hasty search of areas around PLS and LKP.

4) Carry out hasty search of scout's campsite.

5) If not found via hasty search, call 911 and begin more formal IAP and SAR operation.

b. Complete an Incident Action Plan (IAP) to address this scenario.

(Use the forms to develop this as a class). Strategies – how do you want it done? Assignments – who is going to do it?

Using the objectives above, develop the IAP using the ICP forms.

c. Discuss with your counselor the behavior of a lost person and how that would impact your incident action plan (for example, the differences between searching for a young child versus a teen)...

Children ages 1 to 3 – unaware of concept of being lost. No navigation skills or sense of direction. Wander aimlessly, do not respond to whistles or calls. Seek out place to lie down and go to sleep – under or inside something or with a pet. They are difficult to detect and rarely walk out by themselves.

Children ages 4 – 6 – developing sense of being lost and will attempt to go home or to familiar place. May panic a get lost further as they try to find themselves. More mobile, can get lost following an animal or older children. Found in same places as 1 – 3 year olds.

Children 7 – 12 years old – more developed sense of navigation and direction. Mental map of areas can be highly inaccurate. Get lost trying to get back to familiar place. May act irrationally, trail running and moving fast away from searchers. Will attempt to find themselves, and respond to calls and whistles.

Youth ages 13 – 15 – may get lost in groups but rarely travel far. May try "direction sampling" – trying one way then another to find something familiar. Will respond to calls and whistles.

Take these factors into account when setting up confinement areas and in decided how to search (whether to use dogs) and where to search.

d. After completing 8a–8c, discuss the hypothetical scenario with your counselor

Do this as a group after scenario has been developed.

9. Discuss with your counselor the terms hasty team and hasty search.

| | |
|---|---|
| Hasty team: | A hasty team is the first team deployed during a search. Its job is to look quickly and accurately for clues that may lead team members to the subject. |
| Hasty search: | The search described above, performed by the hasty team, is the hasty search. |

Then do the following:

χ a. Plan and carry out a practice hasty search—either urban or wilderness—for your patrol or troop. Include the following elements in the search: clue awareness, evidence preservation, tracking the subject, and locating the subject using attraction or trail sweep.

Scout's Name: _____

Clue awareness – keep eyes, ears, nose open for signs of the subject. Clues can be physical, people (friends), recorded (trip plan), event (light, campfire), investigative (from investigative techniques), and analytical (probability of certain behavior, subject's personality, terrain analysis).

Evidence preservation – mark but do not disturb evidence that may below to the subject. Especially do not touch it if the item might end up being a scent item for dog teams.

Tracking the subject – look for tracks on the ground, setting up confinement areas, etc.

Attraction – blowing whistles, calling out, posting someone on high ground – who also calls or whistles to attract the subject to them.

Trail sweep – using ideal spacing, sweep the entire area of a trail – since that is a more likely place that the subject will be located.

χ b. When it's over, hold a team debriefing to discuss the hasty search.

Discuss problems encountered, successful and unsuccessful tactics, and ideas for improvement.

(Based on hasty search).

10. Find out about three career or volunteer opportunities in search and rescue.

1. US Air Force Pararescuemen (PJ's)
2. Fire Department SAR team member
3. National Park Service SAR team member

Pick one and find out the education, training, and experience required for this professional or volunteer position.

Opportunity: US Air Force Pararescuemen (PJs)

Education: At least high school and possibly college education required

Training : Very specialized training provided by the Air Force

Experience: Must gain significant experience before a fully trained and functioning member of the PJ's

Discuss this with your counselor, and explain why this position might interest you..

(To be done in class).

# CBH Search and Rescue MB Lesson Plan

## Class Overview

Day 1 – Intro, Overview of SAR from MB Pamphlet, Req. 1a, 1b, 2a, 2b, 2c, 3a, 3b, 3c

Day 2 – Req. 4a (visit by SAR team member from Saluda FD for 15 minutes – what type of team, how to they contribute to SAR activities – scouts need to ask them questions), 4b, 5 (patrol method discussion), 6a, 6b, 6c

Day 3 – Req. 7, 7a, 7b, 7c, 7d (using USGS maps and GPS units), 8a, 8b, 8c, 8d (using ICP forms to develop hypothetical scenario)

Day 4 – Req. 9, 9a, 9b (plan and carry out an actual hasty search following the points at the beginning of 9), 10 – Plus make up any requirements not completed on previous days.

See Merit Badge Worksheet for answers/responses for the requirements, plus other notes.

Change for 5-hour schedule

Part 1 – Overview, 1-7 x6,

Remind about 5

Part 2 – 8, 9, 6, 10

BOY SCOUTS OF AMERICA®
NATIONAL COUNCIL

# STAYING FOUND
## *What You Need to Know*

Staying found is a concept taught to Scouts during the road to achieving the Search and Rescue merit badge. At the simplest level, "staying found" tips are used by SAR teams to help find missing persons. The following basic tips will help parents and caretakers if trying to find a lost child or elderly person:

***Children Ages 1 to 3 Years***
Young children are unaware of the concept of being lost, tend to wander aimlessly, and do not respond to whistles or calls. In the event that one becomes lost:

- Begin your search in high-risk areas, such as swimming pools, appliances, vehicles, and nearby streams and lakes.
- Search areas under thick brush, beneath picnic tables, inside logs, and other spots that feel like shelter. Lost children often seek out a place to lie down and go to sleep.
- Because of limited mobility at this age, contain your search to nearby, easily walkable areas.
- Contact local law enforcement. Young children do not leave tracks and have no navigational skills or sense of direction. If not found after an initial search, get professional help.

***Children Ages 3 to 6 Years***
This age group has a developing concept of being lost and will attempt to return to a familiar place. However, they may panic and become further lost as they attempt to "find" themselves. In the event that one becomes lost:

- Walk out in all directions from the point of origin. This age group does not understand that a return trip is needed. Explorations are usually one way.
- Find out where neighbors' and friends' children may be exploring. Younger children can become lost following an animal or group of older kids.
- As with children 1 to 3, passive methods such as waiting at home or calling a child's name are rarely effective. Call law enforcement after an initial search.

***Children Ages 7 to 12 Years***
Older children have more developed navigation/direction skills and start to construct "mental maps" of their environments. They may become upset and confused while lost and act irrationally. In the event that one becomes lost:

- Check with friends for any "secret" play places and favorite hideouts.
- Look at favorite locations, like playgrounds and schools, and alternate routes of how to get there. Children often become lost while taking a shortcut to familiar locations.
- Walk area trails. They often resort to known trails, but may take them in the wrong direction.

*Courtesy of Boy Scouts of America*

1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
972-580-2000
www.scouting.org

Prepared. For Life.™

*Saluda Fire & Rescue, Inc.*

199 Walnut St.
Saluda, NC 28773

Phone: 828-749-9816 Fax: 828-749-9817
Website: www.saludafirerescue.com
Email: saludavfr@yahoo.com

# Bradley Falls Area Pre Plan

**Purpose:** To establish guidelines during an emergency response to Big Bradley Falls, Little Bradley Falls and Walcott Bottoms Trail.

**Safety: ALL PERSONS ENTERING THE WOODS MUST HAVE APPROPRIATE PPE, HELMET, GLOVES, BOOTS, LONG PANTS AND TYPE II OR III HARNESS AS NEEDED.**

**Dispatch:** Initial dispatch to any incident at either Bradley Falls locations will in include the automatic response of Saluda Fire & Rescue, Polk County EMS.

**Response:** The Officer in Charge (OIC), while en-route or once on scene, will attempt to establish communications with Green River Adventures staff (GRA) to determine if incident involves GRA. This will include victim location, patient injuries and total number of staff and participants. GRA will keep one staff member with the patient and the second staff member will escort all participants out of the woods to the staging area, Second staff member will also mark the trail to the patient with blaze orange marking tape. If OIC is unable to establish communications with GRA, or incident does not involve GRA, SFD will deploy a 2 person HASTY Team. All other incoming units will stage until HASTY Team has made patient contact.

**Incident Typing:**

1) **Type I Incident** - Patient location is at Little Bradley Falls or on the main trail leading to Big Bradley Falls. Patient needs carry out.
    i) **Type I Recourses:** Initial 4 person HASTY Team w/ medical, immobilization gear, and minimalist ropes/stokes basket. ATV as needed. Three 5 man teams to assist with carry out.
2) **Additional Resources As Needed:** Polk County Rescue, Henderson County Rescue, Columbus, Blue Ridge, Tryon

1) **Type II Incident** - Patient location is at the top of Big Bradley Falls. Patient has minor injuries w/no neck or back injury and needs assistance up 30ft vertical rock wall. No carry out or basket raise needed.
    i) **Type I Recourses:** Initial 4 person HASTY Team w/ medical, immobilization gear, and minimalist ropes/stokes basket. ATV as needed. Three 5 man teams to assist with carry out.
2) **Additional Resources As Needed:** Polk County Rescue, Henderson County Rescue, Columbus, Blue Ridge, Tryon

1) **Type III Incident** - Patient location is at the top of Big Bradley Falls. Patient has a medical emergency and or fall injury needing carry out & stokes basket raise.

   i) **Type III Recourses:** 5 Person Mountain Rescue Team. 10 person carry out team. ATV stokes basket compatible.

2) **Additional Resources As Needed:** Polk County Rescue, Henderson County Rescue, Columbus, Blue Ridge, Tryon

1) **Type IV Incident** - Patient location is on the Walcott Bottoms Trail. Patient has a medical emergency and or fall injury needing carry out.

   i) **Type IV Recourses:** Initial 4 person HASTY Team w/ medical, immobilization gear, Mountain Rescue Team w/ minimalist ropes and stokes basket. Three 5 man teams to assist with carry out. 3 additional 5 man teams in staging.

2) **Additional Resources As Needed:** Polk County Rescue, Henderson County Rescue, Columbus, Blue Ridge, Tryon

1) **Type V Incident** - Patient location is at the bottom of Big Bradley Falls. Patient has a medical emergency and or fall injury needing carry out.

   i) **Type V Recourses:** Initial 4 person HASTY Team w/ medical, immobilization gear, ropes and stokes basket. Mountain Rescue Team, w/ 2 Support Teams, ATV's as needed.

2) **Additional Resources As Needed:** Polk County Rescue, Henderson County Rescue, Columbus, Blue Ridge, Valley Hill, Mountain Home, Tryon & Dana. ***Second staging point for County All Calls if needed will be at Saluda Fire Department.***

- **ALL INCOMING MUTUAL AID DEPARTMENTS WILL REPORT TO THE DESIGNATED STAGING AREA.**

- **Polk County EMS will stage at Trail Head/PVA unless directed by the IC.**
- **Polk County Emergency Management will serve the as the Staging/Logistics Officer for all incidents.**

# Incident Briefing (ICS 201)

| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated: |
|---|---|---|
| *Coon Dog Day* | | Date: *06/17/13* Time: *8:00* |

**4. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

**5. Situation Summary** (for briefings or transfer of command):

Provide Emergency Services to participants and citizens
emergency medical care / treatment and transportation to injured or sick
protection and suppression services
lost person services
roads for emergency service travel

Provide
Provide fire
Provide security and
Maintain open streets and

**6. Prepared by:** *A.Justus* Position Title: _____ Signature: _____

# Incident Briefing (ICS 201)

| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated: |
|---|---|---|
| *Coon Dog Day* | | Date: *07/06/13* Time: *8:00* |

7. Current and Planned Objectives:
Provide Emergency Services to participants and citizens
emergency medical care / treatment and transportation to injured or sick
protection and suppression services
lost person services
roads for emergency service travel

Provide
Provide fire
Provide security and
Maintain open streets and

**8. Current and Planned Actions, Strategies, and Tactics:**

| Time: | Actions: |
|---|---|
| 1700 | 7-1-13 SFD, Town Manager, SPD Incident Action Planning Meeting |
| 1700 | 7-3-13 SFD and PCRescue Meeting |
| 2100 | 7-5-13 Vendors arrive for set up ( Friday Evening) |
| 800 | 7-6-13 5K Race BA 23 Follow, Ranger Mid-Way, PCRS @ Howard Gap/Substation & Howard Gap & Esseola |
| 900 | Coon Dog Day Festival |
| 2300 | End of festival |

**6. Prepared by:** *A.Justus* Position Title: _____ Signature: _____

**ICS 201, Page 2** Date/Time:6/18/13 21:00

# Incident Briefing (ICS 201)

| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated: |
|---|---|---|
| *Coon Dog Day* | | Date: Time: |

**9. Current Organization** (fill in additional organization as appropriate):

Incident Commander(s)
S.Bradley
J.Cantrell
E.Williams
M.Pace

Liaison Officer

Safety Officer

Public Information Officer

Planning Section Chief

Operations Section Chief

Z.Pace

Finance/Administration Section Chief

Logistics Section Chief

Division or Group

Fire/Medical
A.Justus

Division or Group

EMS
Polk EMS Unit

Division or Group

Rescue
Polk Rescue

Division or Group

HC Bike Team
Dan Hayes

Division or Group

Division or Group

| 6. Prepared by: *A.Justus* | Position Title: *PSC* | Signature: |
|---|---|---|
| ICS 201, Page 3 | Date/Time:6/18/13 21:00 | |

# Incident Briefing (ICS 201)

| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated: |
|---|---|---|
| *Coon Dog Day* | | Date: *06/17/13* Time: ####### |

**10. Resources Summary:**

| Resource | Resource Identifier | Date/Time Ordered | ETA | Arrived | Notes (location/assignment/status) |
|---|---|---|---|---|---|
| SFD | | 7-6 0800 | | ☑ | |
| HCRS | | 7-6 0800 | | ☐ | |
| PCRS | | 7-6 0800 | | ☐ | |
| SPD | | 7-6 0800 | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |

**6. Prepared by:** Position Title: *PSC* Signature:

**ICS 201, Page 4** Date/Time:6/18/13 21:00

## INCIDENT OBJECTIVES (ICS 202)

| 1. Incident Name: | 2. Operational Period: Date From: Date To: Time From: Time To: |
|---|---|

**3. Objective(s):**

**4. Operational Period Command Emphasis:**

General Situational Awareness

**5. Site Safety Plan Required?** Yes ☐ No ☐

**Approved Site Safety Plan(s) Located at:**

**6. Incident Action Plan** (the items checked below are included in this Incident Action Plan):

| | | |
|---|---|---|
| ☐ ICS 203 | ☐ ICS 207 | Other Attachments: |
| ☐ ICS 204 | ☐ ICS 208 | ☐ _____ |
| ☐ ICS 205 | ☐ Map/Chart | ☐ _____ |
| ☐ ICS 205A | ☐ Weather Forcast/Tides/Currents | ☐ _____ |
| ☐ ICS 206 | | ☐ _____ |

**7. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**8. Approved by Incident Commander:** Name: _____ Signature: _____

| ICS 202 | IAP Page _____ | Date/Time: _____ |
|---|---|---|

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

| 1. Incident Name: | 2. Operational Period: Date From: Date To: Time From: Time To: |
|---|---|

| 3. Incident Commander(s) and Command Staff: | |
|---|---|
| IC/UCs | |
| | |
| | |
| Deputy | |
| Safety Officer | |
| Public Info. Officer | |
| Liaison Officer | |

| 4. Agency/Organization Representatives: | |
|---|---|
| Agency/Organization | Name |
| | |
| | |
| | |
| | |

| 5. Planning Section: | |
|---|---|
| Chief | |
| Deputy | |
| Resources Unit | |
| Situation Unit | |
| Documentation Unit | |
| Demobilization Unit | |
| Technical Specialists | |
| | |
| | |
| | |

| 6. Logistics Section: | |
|---|---|
| Chief | |
| Deputy | |
| **Support Branch** | |
| Director | |
| Supply Unit | |
| Facilities Unit | |
| Ground Support Unit | |
| **Service Branch** | |
| Director | |
| Communications Unit | |
| Medical Unit | |
| Food Unit | |

| 7. Operations Section: | | |
|---|---|---|
| Chief | | |
| Deputy | | |
| | | |
| Staging Area | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Air Operations Branch** | | |
| Air Ops Branch Dir. | | |
| | | |
| | | |

| 8. Finance/Administration Section: | |
|---|---|
| Chief | |
| Deputy | |
| Time Unit | |
| Procurement Unit | |
| Comp/Claims Unit | |
| Cost Unit | |

**9. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

| ICS 203 | IAP Page _____ | Date/Time: _____ |
|---|---|---|

## ASSIGNMENT LIST (ICS 204)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: | 3. Branch: Division: Group: Staging Area: |
|---|---|---|

**4. Operations Personnel:** Name — Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

**5. Resources Assigned:**

| Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**6. Work Assignments:**

**7. Special Instructions:**

**8. Communications** (radio and/or phone contact numbers needed for this assignment):

Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

_____ / _____

_____ / _____

_____ / _____

_____ / _____

**9. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

ICS 204 | IAP Page _____ | Date/Time: _____

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

| 1. Incident Name: | 2. Date/Time Prepared: Date: Time: | 3. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|---|

**4. Basic Radio Channel Use:**

| Zone Grp. | Ch # | Function | Channel Name/Trunked Radio System Talkgroup | Assignment | RX Freq N or W | RX Tone/NAC | TX Freq N or W | TX Tone/NAC | Mode (A, D, or M) | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**5. Special Instructions:**

**6. Prepared by** (Communications Unit Leader): Name: _____ Signature: _____

ICS 205 | IAP Page _____ | Date/Time: _____

## COMMUNICATIONS LIST (ICS 205A)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: | Date To: Time To: |
|---|---|---|

**3. Basic Local Communications Information:**

| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact (phone, pager, cell, etc.) |
|---|---|---|
| | | |
| | | |
| | | |

## INCIDENT ORGANIZATION CHART (ICS 207)

**1. Incident Name:**

**2. Operational Period:** Date From: Date To:
Time From: Time To:

**3. Organization Chart**

ICS 207 | IAP Page ___ | **4. Prepared by:** Name:_____ Position/Title: _____ Signature: _____ Date/Time: _____

## SAFETY MESSAGE/PLAN (ICS 208)

**1. Incident Name:**

**2. Operational Period:** Date From: Date To:
Time From: Time To:

**3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:**

**4. Site Safety Plan Required?** Yes ☐ No ☐
**Approved Site Safety Plan(s) Located At:**

**5. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

ICS 208 | IAP Page _____ | Date/Time: _____

## ICS FORMS LIST

This table lists all of the ICS Forms included in this publication.

**Notes:**

- In the following table, the ICS Forms identified with an asterisk (*) are typically included in an IAP.
- Forms identified with two asterisks (**) are additional forms that could be used in the IAP.
- The other ICS Forms are used in the ICS process for incident management activities, but are not typically included in the IAP.
- The date and time entered in the form blocks should be determined by the Incident Command or Unified Command. Local time is typically used.

| ICS Form #: | Form Title: | Typically Prepared by: |
|---|---|---|
| **ICS 201** | **Incident Briefing** | Initial Incident Commander |
| ***ICS 202** | **Incident Objectives** | Planning Section Chief |
| ***ICS 203** | **Organization Assignment List** | Resources Unit Leader |
| ***ICS 204** | **Assignment List** | Resources Unit Leader and Operations Section Chief |
| ***ICS 205** | **Incident Radio Communications Plan** | Communications Unit Leader |
| ****ICS 205A** | **Communications List** | Communications Unit Leader |
| ***ICS 206** | **Medical Plan** | Medical Unit Leader (reviewed by Safety Officer) |
| **ICS 207** | **Incident Organization Chart** *(wall-mount size, optional 8½" x 14")* | Resources Unit Leader |
| ****ICS 208** | **Safety Message/Plan** | Safety Officer |
| **ICS 209** | **Incident Status Summary** | Situation Unit Leader |
| **ICS 210** | **Resource Status Change** | Communications Unit Leader |
| **ICS 211** | **Incident Check-In List** *(optional 8½" x 14" and 11" x 17")* | Resources Unit/Check-In Recorder |
| **ICS 213** | **General Message** *(3-part form)* | Any Message Originator |
| **ICS 214** | **Activity Log** *(optional 2-sided form)* | All Sections and Units |
| **ICS 215** | **Operational Planning Worksheet** *(optional 8½" x 14" and 11" x 17")* | Operations Section Chief |
| **ICS 215A** | **Incident Action Plan Safety Analysis** | Safety Officer |
| **ICS 218** | **Support Vehicle/Equipment Inventory** *(optional 8½" x 14" and 11" x 17")* | Ground Support Unit |
| **ICS 219-1 to ICS 219-8, ICS 219-10** ***(Cards)*** | **Resource Status Card (T-Card)** *(may be printed on cardstock)* | Resources Unit |
| **ICS 220** | **Air Operations Summary Worksheet** | Operations Section Chief or Air Branch Director |
| **ICS 221** | **Demobilization Check-Out** | Demobilization Unit Leader |
| **ICS 225** | **Incident Personnel Performance Rating** | Supervisor at the incident |

## INCIDENT BRIEFING (ICS 201)

| **1. Incident Name:** | **2. Incident Number:** | **3. Date/Time Initiated:** Date: Time: |
|---|---|---|

**4. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

**5. Situation Summary and Health and Safety Briefing** (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

**6. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**ICS 201, Page 1** Date/Time: _____

## INCIDENT BRIEFING (ICS 201)

| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated:<br>Date: Time: |
|---|---|---|

**7. Current and Planned Objectives:**

**8. Current and Planned Actions, Strategies, and Tactics:**

| Time: | Actions: |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**6. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**ICS 201, Page 2** Date/Time: _____

## INCIDENT BRIEFING (ICS 201)

| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated:<br>Date: Time: |
|---|---|---|

**9. Current Organization** (fill in additional organization as appropriate):

**6. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**ICS 201, Page 3** Date/Time: _____

## INCIDENT BRIEFING (ICS 201)

| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated:<br>Date: Time: |
|---|---|---|

**10. Resource Summary:**

| Resource | Resource Identifier | Date/Time Ordered | ETA | Arrived | Notes (location/assignment/status) |
|---|---|---|---|---|---|
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |
| | | | | ☐ | |

**6. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**ICS 201, Page 4** Date/Time: _____

## ICS 201
## Incident Briefing

**Purpose.** The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

**Preparation.** The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

**Distribution.** Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

**Notes:**

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Incident Number** | Enter the number assigned to the incident. |
| 3 | **Date/Time Initiated**<br>• Date, Time | Enter date initiated (month/day/year) and time initiated (using the 24-hour clock). |
| 4 | **Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment) | Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology.<br>If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209).<br>North should be at the top of page unless noted otherwise. |
| 5 | **Situation Summary and Health and Safety Briefing** (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. | Self-explanatory. |
| 6 | **Prepared by**<br>• Name<br>• Position/Title<br>• Signature<br>• Date/Time | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |
| 7 | **Current and Planned Objectives** | Enter the objectives used on the incident and note any specific problem areas. |

| Block Number | Block Title | Instructions |
|---|---|---|
| 8 | **Current and Planned Actions, Strategies, and Tactics**<br>• Time<br>• Actions | Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly. |
| 9 | **Current Organization** (fill in additional organization as appropriate)<br>• Incident Commander(s)<br>• Liaison Officer<br>• Safety Officer<br>• Public Information Officer<br>• Planning Section Chief<br>• Operations Section Chief<br>• Finance/Administration Section Chief<br>• Logistics Section Chief | • Enter on the organization chart the names of the individuals assigned to each position.<br>• Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections.<br>• If Unified Command is being used, split the Incident Commander box.<br>• Indicate agency for each of the Incident Commanders listed if Unified Command is being used. |
| 10 | **Resource Summary** | Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly. |
| | • Resource | Enter the number and appropriate category, kind, or type of resource ordered. |
| | • Resource Identifier | Enter the relevant agency designator and/or resource designator (if any). |
| | • Date/Time Ordered | Enter the date (month/day/year) and time (24-hour clock) the resource was ordered. |
| | • ETA | Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock). |
| | • Arrived | Enter an "X" or a checkmark upon arrival to the incident. |
| | • Notes (location/ assignment/status) | Enter notes such as the assigned location of the resource and/or the actual assignment and status. |

## INCIDENT OBJECTIVES (ICS 202)

**1. Incident Name:**

**2. Operational Period:** Date From: Date To:
Time From: Time To:

**3. Objective(s):**

**4. Operational Period Command Emphasis:**

General Situational Awareness

**5. Site Safety Plan Required?** Yes ☐ No ☐
**Approved Site Safety Plan(s) Located at:**

**6. Incident Action Plan** (the items checked below are included in this Incident Action Plan):

| | | |
|---|---|---|
| ☐ ICS 203 | ☐ ICS 207 | Other Attachments: |
| ☐ ICS 204 | ☐ ICS 208 | ☐ _____ |
| ☐ ICS 205 | ☐ Map/Chart | ☐ _____ |
| ☐ ICS 205A | ☐ Weather Forcast/Tides/Currents | ☐ _____ |
| ☐ ICS 206 | | ☐ _____ |

**7. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**8. Approved by Incident Commander:** Name: _____ Signature: _____

ICS 202 | IAP Page _____ | Date/Time: _____

## ICS 202
## Incident Objectives

**Purpose.** The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

**Preparation.** The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

**Distribution.** The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. If needed, an incident number can be added. |
| 2 | **Operational Period**<br>• Date and Time From<br>• 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 | **Objective(s)** | Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.<br>Objectives should follow the SMART model or a similar approach:<br>Specific – Is the wording precise and unambiguous?<br>Measurable – How will achievements be measured?<br>Action-oriented – is an action verb used to describe expected accomplishments?<br>Realistic – Is the outcome achievable with given available resources?<br>Time-sensitive – What is the timeframe? |
| 4 | **Operational Period Command Emphasis** | Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc. |
| | General Situational Awareness | General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208). |
| 5 | **Site Safety Plan Required?**<br>Yes ☐ No ☐ | Safety Officer should check whether or not a site safety plan is required for this incident. |
| | **Approved Site Safety Plan(s) Located At** | Enter the location of the approved Site Safety Plan(s). |

| Block Number | Block Title | Instructions |
|---|---|---|
| 6 | **Incident Action Plan** (the items checked below are included in this Incident Action Plan):<br>☐ ICS 203<br>☐ ICS 204<br>☐ ICS 205<br>☐ ICS 205A<br>☐ ICS 206<br>☐ ICS 207<br>☐ ICS 208<br>☐ Map/Chart<br>☐ Weather Forecast/ Tides/Currents<br>Other Attachments: | Check appropriate forms and list other relevant documents that are included in the IAP.<br>☐ ICS 203 – Organization Assignment List<br>☐ ICS 204 – Assignment List<br>☐ ICS 205 – Incident Radio Communications Plan<br>☐ ICS 205A – Communications List<br>☐ ICS 206 – Medical Plan<br>☐ ICS 207 – Incident Organization Chart<br>☐ ICS 208 – Safety Message/Plan |
| 7 | **Prepared by**<br>• Name<br>• Position/Title<br>• Signature | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |
| 8 | **Approved by Incident Commander**<br>• Name<br>• Signature<br>• Date/Time | In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page. |

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|

| 3. Incident Commander(s) and Command Staff: | |
|---|---|
| IC/UCs | |
| | |
| | |
| Deputy | |
| Safety Officer | |
| Public Info. Officer | |
| Liaison Officer | |

| 4. Agency/Organization Representatives: | |
|---|---|
| Agency/Organization | Name |
| | |
| | |
| | |
| | |
| | |
| | |

| 5. Planning Section: | |
|---|---|
| Chief | |
| Deputy | |
| Resources Unit | |
| Situation Unit | |
| Documentation Unit | |
| Demobilization Unit | |
| Technical Specialists | |
| | |
| | |
| | |

| 6. Logistics Section: | |
|---|---|
| Chief | |
| Deputy | |
| **Support Branch** | |
| Director | |
| Supply Unit | |
| Facilities Unit | |
| Ground Support Unit | |
| **Service Branch** | |
| Director | |
| Communications Unit | |
| Medical Unit | |
| Food Unit | |

| 7. Operations Section: | | |
|---|---|---|
| Chief | | |
| Deputy | | |
| | | |
| Staging Area | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Air Operations Branch** | | |
| Air Ops Branch Dir. | | |
| | | |
| | | |

| 8. Finance/Administration Section: | |
|---|---|
| Chief | |
| Deputy | |
| Time Unit | |
| Procurement Unit | |
| Comp/Claims Unit | |
| Cost Unit | |

**9. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**ICS 203** | **IAP Page** _____ | Date/Time: _____

## ICS 203
## Organization Assignment List

**Purpose.** The Organization Assignment List (ICS 203) 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 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

**Preparation.** The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

**Distribution.** The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Operational Period**<br>• Date and Time From<br>• 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 | **Incident Commander(s) and Command Staff**<br>• IC/UCs<br>• Deputy<br>• Safety Officer<br>• Public Information Officer<br>• Liaison Officer | Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer").<br>For all individuals, use at least the first initial and last name.<br>For Unified Command, also include agency names. |
| 4 | **Agency/Organization Representatives**<br>• Agency/Organization<br>• Name | Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name. |
| 5 | **Planning Section**<br>• Chief<br>• Deputy<br>• Resources Unit<br>• Situation Unit<br>• Documentation Unit<br>• Demobilization Unit<br>• Technical Specialists | Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty.<br>If there is a shift change during the specified operational period, list both names, separated by a slash.<br>For all individuals, use at least the first initial and last name. |

| Block Number | Block Title | Instructions |
|---|---|---|
| 6 | **Logistics Section**<br>• Chief<br>• Deputy<br>**Support Branch**<br>• Director<br>• Supply Unit<br>• Facilities Unit<br>• Ground Support Unit<br>**Service Branch**<br>• Director<br>• Communications Unit<br>• Medical Unit<br>• Food Unit | Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.<br>If there is a shift change during the specified operational period, list both names, separated by a slash.<br>For all individuals, use at least the first initial and last name. |
| 7 | **Operations Section**<br>• Chief<br>• Deputy<br>• Staging Area<br>**Branch**<br>• Branch Director<br>• Deputy<br>• Division/Group<br>**Air Operations Branch**<br>• Air Operations Branch Director | Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column.<br>Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated.<br>If there is a shift change during the specified operational period, list both names, separated by a slash.<br>For all individuals, use at least the first initial and last name. |
| 8 | **Finance/Administration Section**<br>• Chief<br>• Deputy<br>• Time Unit<br>• Procurement Unit<br>• Compensation/Claims Unit<br>• Cost Unit | Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.<br>If there is a shift change during the specified operational period, list both names, separated by a slash.<br>For all individuals, use at least the first initial and last name. |
| 9 | **Prepared by**<br>• Name<br>• Position/Title<br>• Signature<br>• Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

## ASSIGNMENT LIST (ICS 204)

**1. Incident Name:**

**2. Operational Period:**
Date From: Date To:
Time From: Time To:

**3.**
**Branch:**
**Division:**
**Group:**
**Staging Area:**

**4. Operations Personnel:** Name Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

**5. Resources Assigned:**

| Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**6. Work Assignments:**

**7. Special Instructions:**

**8. Communications** (radio and/or phone contact numbers needed for this assignment):

Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

**9. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**ICS 204** | **IAP Page** _____ | Date/Time: _____

## ICS 204
## Assignment List

**Purpose.** The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

**Preparation.** The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

**Distribution.** The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Operational Period**<br>• Date and Time From<br>• 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 | **Branch**<br>**Division**<br>**Group**<br>**Staging Area** | This block is for use in a large IAP for reference only.<br><br>Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing. |
| 4 | **Operations Personnel**<br>• Name, Contact Number(s)<br>– Operations Section Chief<br>– Branch Director<br>– Division/Group Supervisor | Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s). |
| 5 | **Resources Assigned** | Enter the following information about the resources assigned to the Division or Group for this period: |
| | • Resource Identifier | The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined). |
| | • Leader | Enter resource leader's name. |
| | • # of Persons | Enter total number of persons for the resource assigned, including the leader. |
| | • Contact (e.g., phone, pager, radio frequency, etc.) | Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number. |
| 5 (continued) | • Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information | Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information. |
| 6 | **Work Assignments** | Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group. |
| 7 | **Special Instructions** | Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information. |
| 8 | **Communications** (radio and/or phone contact numbers needed for this assignment)<br>• Name/Function<br>• Primary Contact: indicate cell, pager, or radio (frequency/system/channel) | Enter specific communications information (including emergency numbers) for this Branch/Division/Group.<br><br>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).<br><br>Phone and pager numbers should include the area code and any satellite phone specifics.<br><br>In light of potential IAP distribution, use sensitivity when including cell phone number.<br><br>Add a secondary contact (phone number or radio) if needed. |
| 9 | **Prepared by**<br>• Name<br>• Position/Title<br>• Signature<br>• Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

| 1. Incident Name: | 2. Date/Time Prepared:<br>Date:<br>Time: | 3. Operational Period:<br>Date From: Date To:<br>Time From: Time To: |
|---|---|---|

**4. Basic Radio Channel Use:**

| Zone Grp. | Ch # | Function | Channel Name/Trunked Radio System Talkgroup | Assignment | RX Freq N or W | RX Tone/NAC | TX Freq N or W | TX Tone/NAC | Mode (A, D, or M) | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**5. Special Instructions:**

**6. Prepared by (Communications Unit Leader):** Name: _____ Signature: _____

ICS 205 | IAP Page _____ | Date/Time: _____

## ICS 205
## Incident Radio Communications Plan

**Purpose.** The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

**Preparation.** The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

**Distribution.** The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

**Notes:**

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Date/Time Prepared** | Enter date prepared (month/day/year) and time prepared (using the 24-hour clock). |
| 3 | **Operational Period**<br>• Date and Time From<br>• 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. |
| 4 | **Basic Radio Channel Use** | Enter the following information about radio channel use: |
| | Zone Group | |
| | Channel Number | Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document. |
| | Function | Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch). |
| | Channel Name/Trunked Radio System Talkgroup | Enter the nomenclature or commonly used name for the channel or talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG). |
| | Assignment | Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned. |
| | RX (Receive) Frequency (N or W) | Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.<br>The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information. |
| | RX Tone/NAC | Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed. |

| Block Number | Block Title | Instructions |
|---|---|---|
| 4 (continued) | TX (Transmit) Frequency (N or W) | Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. |
| | TX Tone/NAC | Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed. |
| | Mode (A, D, or M) | Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation. |
| | Remarks | Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc. |
| 5 | **Special Instructions** | Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident. |
| 6 | **Prepared by** (Communications Unit Leader)<br>• Name<br>• Signature<br>• Date/Time | Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock). |

## COMMUNICATIONS LIST (ICS 205A)

**1. Incident Name:**

**2. Operational Period:** Date From: Date To: Time From: Time To:

**3. Basic Local Communications Information:**

| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact (phone, pager, cell, etc.) |
|---|---|---|
| | | |

**4. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

Date/Time: _____

ICS 205A | IAP Page _____

## ICS 205A
## Communications List

**Purpose.** The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

**Preparation.** The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

**Distribution.** The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

**Notes:**

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Operational Period**<br>• Date and Time From<br>• 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 | **Basic Local Communications Information** | Enter the communications methods assigned and used for personnel by their assigned ICS position. |
| | • Incident Assigned Position | Enter the ICS organizational assignment. |
| | • Name | Enter the name of the assigned person. |
| | • Method(s) of Contact (phone, pager, cell, etc.) | For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.). |
| 4 | **Prepared by**<br>• Name<br>• Position/Title<br>• Signature<br>• Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

## MEDICAL PLAN (ICS 206)

**1. Incident Name:**

**2. Operational Period:** Date From: Date To: Time From: Time To:

**3. Medical Aid Stations:**

| Name | Location | Contact Number(s)/Frequency | Paramedics on Site? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |

**4. Transportation** (indicate air or ground):

| Ambulance Service | Location | Contact Number(s)/Frequency | Level of Service |
|---|---|---|---|
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |

**5. Hospitals:**

| Hospital Name | Address, Latitude & Longitude if Helipad | Contact Number(s)/ Frequency | Travel Time | | Trauma Center | Burn Center | Helipad |
|---|---|---|---|---|---|---|---|
| | | | Air | Ground | | | |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |

**6. Special Medical Emergency Procedures:**

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

**7. Prepared by** (Medical Unit Leader): Name: _____ Signature: _____

**8. Approved by** (Safety Officer): Name: _____ Signature: _____

**ICS 206** | **IAP Page** _____ | Date/Time: _____

## ICS 206
## Medical Plan

**Purpose.** The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

**Distribution.** The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Operational Period**<br>• Date and Time From<br>• 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 | **Medical Aid Stations** | Enter the following information on the incident medical aid station(s): |
| | • Name | Enter name of the medical aid station. |
| | • Location | Enter the location of the medical aid station (e.g., Staging Area, Camp Ground). |
| | • Contact Number(s)/Frequency | Enter the contact number(s) and frequency for the medical aid station(s). |
| | • Paramedics on Site?<br>☐ Yes ☐ No | Indicate (yes or no) if paramedics are at the site indicated. |
| 4 | **Transportation** (indicate air or ground) | Enter the following information for ambulance services available to the incident: |
| | • Ambulance Service | Enter name of ambulance service. |
| | • Location | Enter the location of the ambulance service. |
| | • Contact Number(s)/Frequency | Enter the contact number(s) and frequency for the ambulance service. |
| | • Level of Service<br>☐ ALS ☐ BLS | Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support). |

| Block Number | Block Title | Instructions |
|---|---|---|
| 5 | **Hospitals** | Enter the following information for hospital(s) that could serve this incident: |
| | • Hospital Name | Enter hospital name and identify any predesignated medivac aircraft by name a frequency. |
| | • Address, Latitude & Longitude if Helipad | Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad. |
| | • Contact Number(s)/ Frequency | Enter the contact number(s) and/or communications frequency(s) for the hospital. |
| | • Travel Time<br>• Air<br>• Ground | Enter the travel time by air and ground from the incident to the hospital. |
| | • Trauma Center<br>☐ Yes Level:_____ | Indicate yes and the trauma level if the hospital has a trauma center. |
| | • Burn Center<br>☐ Yes ☐ No | Indicate (yes or no) if the hospital has a burn center. |
| | • Helipad<br>☐ Yes ☐ No | Indicate (yes or no) if the hospital has a helipad.<br>Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources |
| 6 | **Special Medical Emergency Procedures** | Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies. |
| | ☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. | Self explanatory. Incident assigned aviation assets should be included in ICS 220. |
| 7 | **Prepared by** (Medical Unit Leader)<br>• Name<br>• Signature | Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock). |
| 8 | **Approved by** (Safety Officer)<br>• Name<br>• Signature<br>• Date/Time | Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock). |

## INCIDENT ORGANIZATION CHART (ICS 207)

## ICS 207
## Incident Organization Chart

**Purpose.** The Incident Organization Chart (ICS 207) provides a **visual wall chart** depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Preparation.** The ICS 207 is prepared by the Resources Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and add additional blocks as needed, especially for Agency Representatives and all Operations Section organizational elements. For detailed information about positions, consult the NIMS ICS Field Operations Guide. The ICS 207 is intended to be used as a wall-size chart and printed on a plotter for better visibility. A chart is completed for each operational period, and updated when organizational changes occur.

**Distribution.** The ICS 207 is intended to be **wall mounted** at Incident Command Posts and other incident locations as needed, and is not intended to be part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 207 is intended to be **wall mounted** (printed on a plotter). Document size can be modified based on individual needs.
- Also available as 8½ x 14 (legal size) chart.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.
- Use additional pages if more than three branches are activated. Additional pages can be added based on individual need (such as to distinguish more Division/Groups and Branches as they are activated).

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Print the name assigned to the incident. |
| 2 | **Operational Period**<br>• Date and Time From<br>• 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 | **Organization Chart** | • Complete the incident organization chart.<br>• For all individuals, use at least the first initial and last name.<br>• List agency where it is appropriate, such as for Unified Commanders.<br>• If there is a shift change during the specified operational period, list both names, separated by a slash. |
| 4 | **Prepared by**<br>• Name<br>• Position/Title<br>• Signature<br>• Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

## SAFETY MESSAGE/PLAN (ICS 208)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: | Date To: Time To: |
|---|---|---|

**3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:**

**4. Site Safety Plan Required?** Yes ☐ No ☐
**Approved Site Safety Plan(s) Located At:**

**5. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

| ICS 208 | IAP Page _____ | Date/Time: _____ |
|---|---|---|

## ICS 208
## Safety Message/Plan

**Purpose.** The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

**Preparation.** The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

**Distribution.** The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

**Notes:**
- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

| Block Number | Block Title | Instructions |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Operational Period**<br>• Date and Time From<br>• 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 | **Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan** | Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached. |
| 4 | **Site Safety Plan Required?**<br>Yes ☐ No ☐ | Check whether or not a site safety plan is required for this incident. |
| | **Approved Site Safety Plan(s) Located At** | Enter where the approved Site Safety Plan(s) is located. |
| 5 | **Prepared by**<br>• Name<br>• Position/Title<br>• Signature<br>• Date/Time | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |

## INCIDENT OBJECTIVES (ICS 202)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|

**3. Objective(s):**

**4. Operational Period Command Emphasis:**

General Situational Awareness

**5. Site Safety Plan Required?** Yes ☐ No ☐
**Approved Site Safety Plan(s) Located at:**

**6. Incident Action Plan** (the items checked below are included in this Incident Action Plan):

| | | Other Attachments: |
|---|---|---|
| ☐ ICS 203 | ☐ ICS 207 | ☐ |
| ☐ ICS 204 | ☐ ICS 208 | ☐ |
| ☐ ICS 205 | ☐ Map/Chart | ☐ |
| ☐ ICS 205A | ☐ Weather Forcast/Tides/Currents | ☐ |
| ☐ ICS 206 | | ☐ |

**7. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**8. Approved by Incident Commander:** Name: _____ Signature: _____

| ICS 202 | IAP Page ____ | Date/Time: |
|---|---|---|

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|

**3. Incident Commander(s) and Command Staff:**

| | |
|---|---|
| IC/UCs | |
| | |
| | |
| Deputy | |
| Safety Officer | |
| Public Info. Officer | |
| Liaison Officer | |

**4. Agency/Organization Representatives:**

| Agency/Organization | Name |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**5. Planning Section:**

| | |
|---|---|
| Chief | |
| Deputy | |
| Resources Unit | |
| Situation Unit | |
| Documentation Unit | |
| Demobilization Unit | |
| Technical Specialists | |
| | |
| | |
| | |

**6. Logistics Section:**

| | |
|---|---|
| Chief | |
| Deputy | |
| **Support Branch** | |
| Director | |
| Supply Unit | |
| Facilities Unit | |
| Ground Support Unit | |
| **Service Branch** | |
| Director | |
| Communications Unit | |
| Medical Unit | |
| Food Unit | |

**7. Operations Section:**

| | | |
|---|---|---|
| Chief | | |
| Deputy | | |
| | | |
| Staging Area | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Air Operations Branch** | | |
| Air Ops Branch Dir. | | |
| | | |

**8. Finance/Administration Section:**

| | |
|---|---|
| Chief | |
| Deputy | |
| Time Unit | |
| Procurement Unit | |
| Comp/Claims Unit | |
| Cost Unit | |

**9. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

| ICS 203 | IAP Page ____ | Date/Time: |
|---|---|---|

## ASSIGNMENT LIST (ICS 204)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: | 3. Branch: Division: Group: Staging Area: |
|---|---|---|

**4. Operations Personnel:** Name / Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

**5. Resources Assigned:**

| Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**6. Work Assignments:**

**7. Special Instructions:**

**8. Communications** (radio and/or phone contact numbers needed for this assignment):

| Name/Function | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) |
|---|---|
| / | |
| / | |
| / | |
| / | |

**9. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

| ICS 204 | IAP Page ____ | Date/Time |
|---|---|---|

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

| 1. Incident Name: | 2. Date/Time Prepared: Date: Time: | 3. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|---|

**4. Basic Radio Channel Use:**

| Zone Grp | Ch # | Function | Channel Name/Trunked Radio System Talkgroup | Assignment | RX Freq N or W | RX Tone/NAC | TX Freq N or W | TX Tone/NAC | Mode (A, D, or M) | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**5. Special Instructions:**

**6. Prepared by (Communications Unit Leader):** Name: _____ Signature: _____

| ICS 205 | IAP Page ____ | Date/Time: |
|---|---|---|

## COMMUNICATIONS LIST (ICS 205A)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|

**3. Basic Local Communications Information:**

| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact (phone, pager, cell, etc.) |
|---|---|---|
| | | |
| | | |
| | | |

*Municipality*
*Seal*

# *Municipality*

# INCIDENT ACTION PLAN #1

## Severe Storm

## 0800 EDT 11/01/2011 – 0759 EDT 11/02/2011

***Municipality*** **Emergency Operations Center**
**360 Broad Street**
**Hartford, CT 06105**

| Incident Commander Signature | Planning Section Chiefs Signature (optional) |
|---|---|

*NOTE: The names used in the following ICS forms are for sample purposes only. They do not reflect actual municipality or utility employees' names.*

| INCIDENT OBJECTIVES | 1. Incident Name<br>Severe Storm | 2. Date<br>11/01/2011 | 3. Time<br>1700 EDT |
|---|---|---|---|

**4. Operational Period**
0800 EDT – 11/02/2011 to 0759 EDT – 11/03/2011

**5. General objectives for the incident.**

1. Ensure the safety of all deployed personnel.
2. Ensure shelter operations are adequate for disaster survivors.
3. Ensure roads are safe and passable for all first responder vehicles.
4. Identify needs and provide life sustaining commodities for citizens.
5. Assess debris conditions and implement removal plan.
6. Ensure Local/State communications interoperability.
7. Etc.....

**6. Weather Forecast for Period.**

| Wednesday | Wednesday Night | Thursday |
|---|---|---|
| | | |
| Sunny | Increasing Clouds | Mostly Sunny |
| Hi 56 °F | Lo 34 °F | Hi 59 °F |

**7. General Safety Message :**

- Personnel should take frequent breaks and stretch as needed.
- Personnel should eat regular meals and maintain adequate hydration.
- Please watch co-workers for sign of stress or fatigue.

8. Attachments ( mark if attached)

| | | |
|---|---|---|
| ☐ Organization List - ICS 203 | ☒ Communications Plan - ICS 205a | ☐ Meeting Schedule – ICS 230 |
| ☒ Assignment Lists - ICS 204 | ☐ Incident Map | |
| ☒ Communications Plan - ICS 205 | ☒ Organization Chart – ICS 207 | |

| 9. Prepared by | 10. Approved by | |
|---|---|---|
| Joseph Smith - PSC | Emma Hale - IC | |

SAMPLE

SAMPLE

| Assignment List<br>ICS 204 | 1. Incident Name<br>Severe Storm | 2. Operational Period (Date/Time)<br>0800 EDT, 01 Nov 11 to<br>0759 EDT, 02 Nov 11 | 5. Prepared By: Date |
|---|---|---|---|
| 3. Branch<br>Operations | 4. Division/Group/Staging<br>Make Safe Task Force | | 6. Reviewed By (PSC): Date<br>Joseph Smith 01 Nov 11 |
| 9. Personnel Name / Contact No.<br>Wilford Woodruff (OSC) 860-###-####<br>Spencer Kimball (TF lead) 203-###-#### | Objective: Ensure roads are safe and passable for all first responder vehicles | | 7. Reviewed By (OSC): Date<br>Wilford Woodruff 01 Nov 11<br>8. Reviewed By (Optional): Date |

10. Resources Assigned

| Strike Team/Task Force Resource Identifier/Leader | Contact Info. # | # of Persons | Work Assignments | Obj. # | Reporting Info/Notes/Remarks |
|---|---|---|---|---|---|
| Leader | Spencer Kimball | 1 | Make Safe TF lead | 3 | This task force has the responsibility to ensure roads are safe and passable for all first responder vehicles |
| CL&P crew | Richard Scott | 2 | | 3 | |
| UI crew | Robert Hales | 2 | | 3 | |
| AT&T crew | Shari Dew | 1 | | 3 | |
| DOT crew | David Bednar | 2 | | 3 | |
| Town staff | Neil Anderson | 2 | | 3 | |

11. Special Instructions or Resource Needs:

12. Communications (radio and/or phone contact numbers needed for this assignment):

| | | | |
|---|---|---|---|
| High Band Radio | 1 Primary | Incident Communications | 153.755 / 162.2 |
| High Band Radio | 2 Secondary | Incident Communications | 153.800 / 162.2 |

ICS 204 Assignment List - SAMPLE

| INCIDENT RADIO COMMUNICATIONS PLAN | 1. Incident Name<br>Severe Storm | 2. Date/Time Prepared<br>11/01/2011 – 0800 EDT | 3. Operational Period Date/Time<br>0800 EDT – 11/01/2011 to<br>0759 EDT – 11/02/2011 |
|---|---|---|---|

4. Basic Radio Channel Utilization

| Radio Type/Cache | Channel | Function | Frequency/Tone | Assignment | Remarks |
|---|---|---|---|---|---|
| Land Line Telephones & Satellite Telephones | N/A | Primary & Backup Communications | 860-###-#### Main Land Line, Talk Groups on Satellite | Command & Internal Communications | Operations |
| Low Band Radio | 1 | Incident Communications | 45.52 / 112.8 | EOC | Admin & Internal Messaging Secondary Frequency |
| Low Band Radio | 2 | Incident Communications | 45.50 / 112.8 | EOC | Admin & Internal Messaging Primary Frequency |
| High Band Radio | 1 | Incident Communications | 153.755 / 162.2 | DEMHS Region 1 Communications | Public Works to Command and General Staff Primary |
| High Band Radio | 2 | Incident Communications | 153.800 / 162.2 | DEMHS Region 2 Communications | Public Works to Command and General Staff Secondary |
| DESPP | simm 2 | Tactical | Town Trunked System | Tactical | Town wide |
| Everbridge | N/A | Public Warning System | Public Switched Telephone Network | EOC | Public Warning Using Commercial PSTN |

| ICS 205-FEMA | 6. Prepared by<br>Thomas Monson, COML |
|---|---|

SAMPLE

ICS 205 Incident Radio Communications Plan

| INCIDENT TELEPHONE COMMUNICATIONS PLAN - ICS 205A | 1. Incident Name<br>Severe Storm | 2. Date Prepared<br>01 Nov 2011 | 3. Operational Period<br>0800 EDT, 01 Nov 11 to 0759 EDT, 02 Nov |
|---|---|---|---|

| Section & Position | Name | Phone Number or Email Address | Cell Phone/Pager |
|---|---|---|---|
| **Command Staff** | | | |
| **Incident Commander** | Emma Hale | 860-~~### ####~~ | |
| Public Information Officer | Linda Burton | Linda.Burton@domain.com | 203-~~### ####~~ |
| Safety Officer | Harold Lee | | 860-~~### ####~~ |
| | | | |
| | | | |
| **Planning Section** | | | |
| Planning Section Chief | Joseph Smith | | 860-~~### ####~~ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Operations Section** | | | |
| Operations Section Chief | Wilford Woodruff | 860-~~### ####~~ | 860-~~### ####~~ |
| Deputy Operations Section Chief | Boyd Packer | 860-~~### ####~~ | |
| Make Safe Task Force Leader | Spencer Kimball | | 203-~~### ####~~ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Logistics Section** | | | |
| Section Chief | Jeffrey Holland | | 860-~~### ####~~ |
| Communications Unit Leader | Thomas Monson | 860-~~### ####~~ | 860-~~### ####~~ |
| Medical Unit Leader | Gordon Hinckley | Gordon.Hinckley@domain.com | |
| | | | |
| | | | |
| **Finance and Admin Section** | | | |
| Section Chief | Ronald Rasband | | 203-~~### ####~~ |
| | | | |
| | | | |
| | | | |
| | | | |

| MEDICAL PLAN<br>ICS 206 | 1. Incident Name<br>Severe Storm | 2. Date Prepared<br>01Nov12 | 3. Time Prepared<br>08:00 | 4. Operational Period<br>01Nov11 08:00-02Nov11 07:59 |
|---|---|---|---|---|

**5. Incident Medical Aid Station**

| Medical Aid Stations | Location | Paramedics Yes | Paramedics No |
|---|---|---|---|
| Training Center | Merrow Rd | X | |
| Senior Center | Town Stage Rd | | x |
| | | | |
| | | | |

**6. Transportation**

**A. Ambulance Services**

| Name | Address | Phone | Paramedics Yes | Paramedics No |
|---|---|---|---|---|
| *Town* Fire Department | 728 Main Street, *Town* | 911 860-872-~~###~~ | x | |
| Professional Ambulance Service | Address, | 911 | x | |
| | | | | |
| | | | | |

**B. Incident Ambulances**

| Name | Location | Paramedics Yes | Paramedics No |
|---|---|---|---|
| | | | |

**7. Hospitals**

| Name | Address | Travel Time Air | Travel Time Ground | Phone | Helipad Yes | Helipad No | Burn Center Yes | Burn Center No |
|---|---|---|---|---|---|---|---|---|
| Hartford Hospital | 85 Seymour St, Hartford, CT | | 6 | 860-545-4341 | x | | | x |
| St. Francis | 114 Woodland St, Hartford, CT | | 7 | 860-714-4000 | x | | | x |
| Manchester Memorial | 71 Haynes St, Manchester, CT | | 14 | 860-646-1222 | x | | | x |
| John Dempsey Hospital | 263 Farmington Ave, Farmington, CT | | 17 | 860-679-7692 | x | | | x |
| Rockville General | 31 Union St, Vernon, CT | | 20 | 860-872-0501 | x | | | x |

**8. Medical Emergency Procedures**

Contact 911 immediately, once medical attention is received and victim is stable contact the Incident Safety officer

| Prepared by (Medical Unit Leader) | 10. Reviewed by (Safety Officer) |
|---|---|
| Gordon Hinkley | Harold Lee |

SAMPLE

## INCIDENT OBJECTIVES (ICS FORM 202)

**Purpose.** The Incident Objectives form describes the basic incident strategy, control objectives, and provides weather, tide and current information, and safety considerations for use during the next operational period. The Attachments list at the bottom of the form also serves as a table of contents for the Incident Action Plan.

**Preparation.** The Incident Objectives form is completed by the Planning Section following each formal Planning Meeting conducted in preparing the Incident Action Plan.

**Distribution.** The Incident Objectives form will be reproduced with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit. Enter the name assigned to the incident. Enter the time interval for which the form applies. Record the start and enc date and time. Enter clear, concise statements of the objectives for managing the response. These objectives usually apply for the duration of the incident.

| Item # | Item Title | Instructions |
|---|---|---|
| 1. | Incident Name | Enter the name assigned to the incident. |
| 2. | Date | Enter date completed |
| 3. | Time | Enter time completed |
| 4. | Operational Period | Enter the time interval for which the form applies. Record the start anc end date and time. |
| 5. | General Control Objective(s) | Enter clear, concise statements of the objectives for managing the response. These objectives usually apply for the duration of the incident. |
| 6. | Weather | Attach a sheet with the observed and predicted weather. |
| | | |
| 7. | Safety Message for the Specified Operational Period | 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. At the bottom of this box, enter the location where approved Site Safety Plan is available for review. |
| 8. | Attachments | Mark an "X" in boxes for forms attached to the IAP. |
| 9. | Prepared By | Enter the name of the Planning Section Chief completing the form. |
| 10. | Approved By | Enter the name of the Incident Commander approving the form information. |

**ASSIGNMENT LIST (ICS FORM 204)**

**Purpose.** The Assignment List(s) informs Division and Group supervisors of incident assignments. Once the assignments are agreed to by the Unified Command and General Staff, the assignment information is given to the appropriate Divisions and Groups.

**Preparation.** The Assignment List is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS form 202), Operational Planning Worksheet (ICS form 215), and the Operations Section Chief. The Assignment List must be reviewed by the Planning Section Chief. When reviewed, it is included as part of the Incident Action Plan (IAP). Specific instructions for individual Task Forces / Strike Teams may be entered on an ICS form 204a for dissemination to the field, but not included in the IAP.

**Distribution.** The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

| Item # | Item Title | Instructions |
|---|---|---|
| | | A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch. |
| 1. | Incident Name | Enter the name assigned to the incident. |
| 2. | Operational Period | Enter the time interval for which the form applies. Record the start and end date and time. |
| 3. | Branch | Enter the Branch designator. |
| 4. | Division/Group | Enter the Division/Group designator. |
| 5. | Prepared By<br><br>Date | Enter the name of the person completing the form, normally the Resources Unit Leader.<br><br>Enter the Date |
| 6.<br>7.<br>8. | Reviewed By<br><br>Date | Enter the name of the person reviewing the form, normally the Operations Section Chief and Planning Section Chief. (Section 8 is for any additional reviewers required by the Incident Commander)<br><br>Enter the Date |
| 9. | Operations Personnel | Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor. |
| 10. | Resources Assigned This Period<br><br>Strike Team / Task Force / Resource Identifier<br><br>Contact Information<br>Number of Persons<br><br># of persons<br><br>Special Notes / Remarks<br><br>Work Assignments<br><br>Objective # | Enter the following information about the resources assigned to Division or Group for this period:<br><br>List Resource identifier, Leader name, individual (single resource), etc.<br><br>Primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number. Total number of personnel for the strike team, task force, or single resource assigned.<br><br>Enter the number of people assigned<br><br>Special notes or directions, specific to this strike team, task force, or single resource.<br><br>Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.<br><br>List the Objective #(s) the work assignment relates to. |
| 11. | Special Instructions or Resource Needs | Enter a statement noting any safety problems, specific precautions to be exercised, or other important information. |
| 12. | Communications | Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS form 205-OS). Note: Phone numbers should include area code. |

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS FORM 205-OS)

**Special Note.** This form, ICS 205, is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period; whereas, the Communications List,ICS 205a is used to list methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.),

**Purpose.** The Incident Radio Communications 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 Radio Communications Plan on frequency assignments is normally noted on the appropriate Assignment List (ICS form 204).

**Preparation.** The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief.

**Distribution.** The Incident Radio Communications Plan is duplicated and given to all recipients of the Incident Objectives form, including the Incident Communications Center. Information from the plan is placed on Assignment Lists. All completed original forms MUST be given to the Documentation Unit.

| Item # | Item Title | Instructions |
|---|---|---|
| 1. | Incident Name | Enter the name assigned to the incident. |
| 2. | Date/Time Prepared | Enter the time interval for which the form applies. Record the start and end date and time. |
| 3. | Operational Period | Enter the date and time of the operational period |
| 4. | Basic Radio Channel Use | Enter the following information about radio channel use: |
| | System | Radio cache system(s) assigned and used on the incident. |
| | Channel | Radio channel numbers assigned. |
| | Function | Function each channel is assigned (e.g., command, support, division tactical, and ground-to-air). |
| | Frequency/Tone | Radio frequency tone number assigned to each specified function (e.g., 153.400) |
| | Assignment | ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A). |
| | Remarks | This section should include narrative information regarding special situations. |
| 5. | Prepared By | Enter the name of the Communications Unit Leader preparing the form. |
| | Date/Time | Enter date (month, day, year) and time prepared (24-hour clock). |

## COMMUNICATIONS LIST (ICS FORM 205a-OS)

Special Note. This optional form is used in conjunction with the Incident Radio Communications Plan, ICS form 205. Whereas the ICS form 205 is used to provide information on all radio frequencies down to the Division/Group level, the Communications List, ICS form 205a, lists methods of contact for personnel assigned to the incident (phone numbers, pager numbers, etc.), and functions as an incident directory.

**Purpose.** The Communications List records methods of contact for personnel on scene.

**Preparation.** The Communications List can be filled out during check-in and is maintained and distributed by Communications Unit personnel.

**Distribution.** The Communications List is distributed within the ICS and posted, as necessary. All completed original forms MUST be given to the Documentation Unit. It is suggested that this form be included in the IAP.

| Item # | Item Title | Instructions |
|---|---|---|
| 1. | Incident Name | Enter the name assigned to the incident. |
| 2. | Date Prepared | Enter the date the form was prepared |
| 3. | Operational Period | Enter the time interval for which the form applies. Record the start and end date and time. |
| | Section & Position | Enter the ICS organizational assignment. |
| | Name | Enter the name of the contact person for the assignment. |
| | Phone Number or Email Address<br>Cell Phone/Pager | Enter the telephone number(s), etc. for each assignment. |

## MEDICAL PLAN (ICS FORM 206)

**Purpose.** The Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The Medical Plan is prepared by the Medical Unit Leader and reviewed by the Safety Officer.

**Distribution.** The Medical Plan may be attached to the Incident 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 noted on the Assignment List (ICS form 204) or on the Assignment List Attachment (ICS form 204a). All completed original forms MUST be given to the Documentation Unit. It is suggested that the Medical Plan be included in the IAP.

| Item # | Item Title | Instructions |
|---|---|---|
| 1. | Incident Name | Enter the name assigned to the incident. |
| 2.<br>3. | Date/Time | Enter date (month, day, year) and time prepared. |
| 4. | Operational Period | Enter the time interval for which the form applies. Record the start and end date and time. |
| 5. | Medical Aid Stations | Enter name, location, and telephone number of the medical aid station(s) (e.g., Cajon Staging Area, Cajon Camp Ground) and indicate if paramedics are located at the site. |
| 6. | Transportation | A. List name and address of ambulance services available. Provide phone number and indicate if Ambulance Company has paramedics<br><br>B. List name and address of ambulance services assigned to the incident. Provide location where staged and indicate if Ambulance Company has paramedics |
| 7. | Hospitals | List hospitals that could serve this incident. Enter hospital name, address, phone number, the travel time by air and ground from the incident to the hospital, and indicate if the hospital has a burn center and/or a helipad. |
| 8. | Medical Emergency Procedures | Note any special emergency instructions for use by incident personnel. |
| 9. | Prepared By Date/Time | Enter the name of the Medical Unit Leader preparing the form. Enter date (month, day, year) and time prepared (24-hour clock). |
| 10. | Reviewed By Date/Time | Enter the name of the Safety Officer who must review the plan. Enter date (month, day, year) and time reviewed (24-hour clock). |
| | | |

## INCIDENT ORGANIZATION CHART (ICS FORM 207-OS)

**Purpose.** The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. Not all positions need to be filled. The size of the organization is dependent on the magnitude of the incident and can be expanded or contracted as necessary. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Preparation.** The Incident Organization Chart is prepared by the Resources Unit and posted along with other displays at the Incident Command Post. The ICS form 207 may best be used as a wall-size chart for better visibility. A chart is completed for each operational period and updated when organizational changes occur.

**Distribution.** When competed, the chart is posted on the display board located at the Incident Command Post. All original forms MUST be given to the Documentation Unit.

| Item # | Item Title | Instructions |
|---|---|---|
| | Incident Name<br><br>Operational Period | Enter the name assigned to the incident.<br><br>Enter the time interval for which the form applies. Record the start and end date and time. |

## INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Find Scout
2. Operational Period: Date From: Time From: Date To: Time To:

3. Objective(s):

- Find the lost Scout
- Perform a rescue if needed

4. Operational Period Command Emphasis:

General Situational Awareness

- Rough terrain
- A lot of campers
- Showers expected in pm

5. Site Safety Plan Required? Yes ☐ No ☐
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

| | | | |
|---|---|---|---|
| ☒ ICS 203 | ☒ ICS 207 | Other Attachments: | |
| ☒ ICS 204 | ☒ ICS 208 | ☐ | |
| ☒ ICS 205 | ☐ Map/Chart | ☐ | |
| ☒ ICS 205A | ☐ Weather Forcast/Tides/Currents | ☐ | |
| ☒ ICS 206 | | ☐ | |

7. Prepared by: Name _____ Position/Title: _____ Signature: _____

8. Approved by Incident Commander: Name: _____ Signature: _____

ICS 202 | IAP Page ____ | Date/Time: _____

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Find Scout
2. Operational Period: Date From: Time From: Date To: Time To:

| 3. Incident Commander(s) and Command Staff: | |
|---|---|
| IC/UCs | |
| | |
| | |
| Deputy | |
| Safety Officer | |
| Public Info. Officer | |
| Liaison Officer | |

| 4. Agency/Organization Representatives: | |
|---|---|
| Agency/Organization | Name |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| 5. Planning Section: | |
|---|---|
| Chief | |
| Deputy | |
| Resources Unit | |
| Situation Unit | |
| Documentation Unit | |
| Demobilization Unit | |
| Technical Specialists | |
| | |
| | |
| | |

| 6. Logistics Section: | |
|---|---|
| Chief | |
| Deputy | |
| **Support Branch** | |
| Director | |
| Supply Unit | |
| Facilities Unit | |
| Ground Support Unit | |
| **Service Branch** | |
| Director | |
| Communications Unit | |
| Medical Unit | |
| Food Unit | |

| 7. Operations Section: | | |
|---|---|---|
| Chief | | |
| Deputy | | |
| | | |
| Staging Area | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Air Operations Branch** | | |
| Air Ops Branch Dir. | | |
| | | |

| 8. Finance/Administration Section: | |
|---|---|
| Chief | |
| Deputy | |
| Time Unit | |
| Procurement Unit | |
| Comp/Claims Unit | |
| Cost Unit | |

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 203 | IAP Page ____ | Date/Time: _____

## ASSIGNMENT LIST (ICS 204)

1. Incident Name: Find Scout
2. Operational Period: Date From: Time From: Date To: Time To:
3. Branch: Division: Group: Staging Area:

4. Operations Personnel: Name / Contact Number(s)
Operations Section Chief _____
Branch Director: _____
Division/Group Supervisor: _____

5. Resources Assigned:

| Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment):
Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
_____ / _____
_____ / _____
_____ / _____
_____ / _____

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 204 | IAP Page ____ | Date/Time: _____

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: Find Scout
2. Date/Time Prepared: Date: Time:
3. Operational Period: Date From: Time From: Date To: Time To:

4. Basic Radio Channel Use:

| Zone Grp. | Ch. # | Function | Channel Name/Trunked Radio System Talkgroup | Assignment | RX Freq N or W | RX Tone/NAC | TX Freq N or W | TX Tone/NAC | Mode (A, D, or M) | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____

ICS 205 | IAP Page ____ | Date/Time: _____

## COMMUNICATIONS LIST (ICS 205A)

1. Incident Name: Find Start
2. Operational Period: Date From: Time From: Date To: Time To:

3. Basic Local Communications Information:

| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact (phone, pager, cell, etc.) |
|---|---|---|
| | | |

4. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 205A | IAP Page ____ | Date/Time: _____

## MEDICAL PLAN (ICS 206)

1. Incident Name: Find Start
2. Operational Period: Date From: Time From: Date To: Time To:

3. Medical Aid Stations:

| Name | Location | Contact Number(s)/Frequency | Paramedics on Site? |
|---|---|---|---|
| Health Lodge | Behind TP | 1 | ☐ Yes ☒ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |

4. Transportation (indicate air or ground):

| Ambulance Service | Location | Contact Number(s)/Frequency | Level of Service |
|---|---|---|---|
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |

5. Hospitals:

| Hospital Name | Address, Latitude & Longitude if Helipad | Contact Number(s)/ Frequency | Travel Time: Air | Travel Time: Ground | Trauma Center | Burn Center | Helipad |
|---|---|---|---|---|---|---|---|
| St. Luke's | | | | | ☒ Yes Level:____ ☐ No | ☒ Yes ☐ No | ☒ Yes ☐ No |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level:____ | ☐ Yes ☐ No | ☐ Yes ☐ No |

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206 | IAP Page ____ | Date/Time: _____

## INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name: Find Start
2. Operational Period: Date From: Time From: Date To: Time To:

3. Organization Chart

ICS 207 | IAP Page ___ | 4. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____

## SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Find Start
2. Operational Period: Date From: Time From: Date To: Time To:

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

4. Site Safety Plan Required? Yes ☐ No ☐
Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 208 | IAP Page ____ | Date/Time: _____

## INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Search for Jim
2. Operational Period: Date From: 6/27 Date To: Time From: Time To:

3. Objective(s):

- Search for and find Jim
- Perform a rescue, if needed

4. Operational Period Command Emphasis:

General Situational Awareness

- Difficult terrain
- Shooters in area
- Campers around

5. Site Safety Plan Required? Yes ☐ No ☒
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

| | | | |
|---|---|---|---|
| ☒ ICS 203 | ☒ ICS 207 | Other Attachments: | |
| ☒ ICS 204 | ☒ ICS 208 | ☐ | |
| ☒ ICS 205 | ☐ Map/Chart | ☐ | |
| ☒ ICS 205A | ☐ Weather Forcast/Tides/Currents | ☐ | |
| ☒ ICS 206 | | ☐ | |

7. Prepared by: Name _____ Position/Title: _____ Signature: _____
8. Approved by Incident Commander: Name _____ Signature: _____

ICS 202 | IAP Page ____ | Date/Time: _____

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Search for Jim
2. Operational Period: Date From: 6/27 Date To: Time From: Time To:

3. Incident Commander(s) and Command Staff:

| | |
|---|---|
| IC/UCs | Alex |
| | |
| | |
| Deputy | |
| Safety Officer | |
| Public Info. Officer | |
| Liaison Officer | |

4. Agency/Organization Representatives:

| Agency/Organization | Name |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

5. Planning Section:

| | |
|---|---|
| Chief | Alex |
| Deputy | |
| Resources Unit | |
| Situation Unit | |
| Documentation Unit | |
| Demobilization Unit | |
| Technical Specialists | |
| | |
| | |
| | |

6. Logistics Section:

| | |
|---|---|
| Chief | Harris |
| Deputy | |
| **Support Branch** | |
| Director | |
| Supply Unit | |
| Facilities Unit | |
| Ground Support Unit | |
| **Service Branch** | |
| Director | |
| Communications Unit | |
| Medical Unit | |
| Food Unit | |

7. Operations Section:

| | |
|---|---|
| Chief | Harris |
| Deputy | |
| | |
| Staging Area | |
| **Branch** | |
| Branch Director | |
| Deputy | |
| Division/Group | |
| Division/Group | |
| Division/Group | |
| Division/Group | |
| Division/Group | |
| **Branch** | |
| Branch Director | |
| Deputy | |
| Division/Group | |
| Division/Group | |
| Division/Group | |
| Division/Group | |
| Division/Group | |
| Division/Group | |
| **Air Operations Branch** | |
| Air Ops Branch Dir | |
| | |

8. Finance/Administration Section:

| | |
|---|---|
| Chief | |
| Deputy | |
| Time Unit | |
| Procurement Unit | |
| Comp/Claims Unit | |
| Cost Unit | |

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 203 | IAP Page ____ | Date/Time: _____

## ASSIGNMENT LIST (ICS 204)

1. Incident Name: Search for Jim
2. Operational Period: Date From: Date To: Time From: Time To:
3. Branch:
Division:
Group:
Staging Area:

4. Operations Personnel: Name / Contact Number(s)
Operations Section Chief: Harris
Branch Director:
Division/Group Supervisor:

5. Resources Assigned:

| Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment):

| Name/Function | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) |
|---|---|
| / | |
| / | |
| / | |
| / | |

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 204 | IAP Page ____ | Date/Time _____

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: Search for Jim
2. Date/Time Prepared: Date:
3. Operational Period: Date From: Date To: Time From: Time To:

4. Basic Radio Channel Use:

| Zone Grp. | Ch. # | Function | Channel Name/Trunked Radio System Talkgroup | Assignment | RX Freq N or W | RX Tone/NAC | TX Freq N or W | TX Tone/NAC | Mode (A, D, or M) | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 195 | 1 | General | Operations | | | | | | | General Communication |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____

ICS 205 | IAP Page ____ | Date/Time: _____

## COMMUNICATIONS LIST (ICS 205A)

1. Incident Name: Search for Jim
2. Operational Period: Date From: Time From: 6/27 Date To: Time To:

3. Basic Local Communications Information:

| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact (phone, pager, cell, etc.) |
|---|---|---|
| IC/UC Operations SC | Alex Harris | 803-555-5555 |

4. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 205A | IAP Page ____ | Date/Time: _____

## MEDICAL PLAN (ICS 206)

1. Incident Name: Search for Jim
2. Operational Period: Date From: Time From: 6/27 Date To: Time To:

3. Medical Aid Stations:

| Name | Location | Contact Number(s)/Frequency | Paramedics on Site? |
|---|---|---|---|
| Health Lodge | Behind TP | | ☐ Yes ☒ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |
| | | | ☐ Yes ☐ No |

4. Transportation (indicate air or ground):

| Ambulance Service | Location | Contact Number(s)/Frequency | Level of Service |
|---|---|---|---|
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |
| | | | ☐ ALS ☐ BLS |

5. Hospitals:

| Hospital Name | Address, Latitude & Longitude if Helipad | Contact Number(s)/ Frequency | Travel Time: Air | Travel Time: Ground | Trauma Center | Burn Center | Helipad |
|---|---|---|---|---|---|---|---|
| St. Luke's | | | | | ☒ Yes Level: ____ | ☒ Yes ☐ No | ☒ Yes ☐ No |
| | | | | | ☐ Yes Level: ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level: ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level: ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | | | | | ☐ Yes Level: ____ | ☐ Yes ☐ No | ☐ Yes ☐ No |

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206 | IAP Page ____ | Date/Time: _____

## INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:
2. Operational Period: Date From: Time From: Date To: Time To:

3. Organization Chart

ICS 207 | IAP Page ___ | 4. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____

## SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Search for Jim
2. Operational Period: Date From: Time From: 6/27 Date To: Time To:

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

Search + Rescue for Jim

Last seen @ 10:30am

on June 27

4. Site Safety Plan Required? Yes ☐ No ☐
Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 208 | IAP Page ____ | Date/Time: _____

## INCIDENT OBJECTIVES (ICS 202)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|

**3. Objective(s):**

**4. Operational Period Command Emphasis:**

General Situational Awareness

**5. Site Safety Plan Required?** Yes ☐ No ☐

**Approved Site Safety Plan(s) Located at:**

**6. Incident Action Plan** (the items checked below are included in this Incident Action Plan):

| | | |
|---|---|---|
| ☐ ICS 203 | ☐ ICS 207 | Other Attachments: |
| ☐ ICS 204 | ☐ ICS 208 | ☐ _____ |
| ☐ ICS 205 | ☐ Map/Chart | ☐ _____ |
| ☐ ICS 205A | ☐ Weather Forcast/Tides/Currents | ☐ _____ |
| ☐ ICS 206 | | ☐ _____ |

**7. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

**8. Approved by Incident Commander:** Name: _____ Signature: _____

ICS 202 | IAP Page ____ | Date/Time: _____

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|

| 3. Incident Commander(s) and Command Staff: | |
|---|---|
| IC/UCs | |
| | |
| | |
| Deputy | |
| Safety Officer | |
| Public Info Officer | |
| Liaison Officer | |

| 4. Agency/Organization Representatives: | |
|---|---|
| Agency/Organization | Name |
| | |
| | |
| | |
| | |
| | |

| 5. Planning Section: | |
|---|---|
| Chief | |
| Deputy | |
| Resources Unit | |
| Situation Unit | |
| Documentation Unit | |
| Demobilization Unit | |
| Technical Specialists | |
| | |
| | |
| | |

| 6. Logistics Section: | |
|---|---|
| Chief | |
| Deputy | |
| **Support Branch** | |
| Director | |
| Supply Unit | |
| Facilities Unit | |
| Ground Support Unit | |
| **Service Branch** | |
| Director | |
| Communications Unit | |
| Medical Unit | |
| Food Unit | |

| 7. Operations Section: | | |
|---|---|---|
| Chief | | |
| Deputy | | |
| | | |
| Staging Area | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Branch** | | |
| Branch Director | | |
| Deputy | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| Division/Group | | |
| **Air Operations Branch** | | |
| Air Ops Branch Dir. | | |
| | | |

| 8. Finance/Administration Section: | |
|---|---|
| Chief | |
| Deputy | |
| Time Unit | |
| Procurement Unit | |
| Comp/Claims Unit | |
| Cost Unit | |

**9. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

ICS 203 | IAP Page ____ | Date/Time: _____

## ASSIGNMENT LIST (ICS 204)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: | 3. Branch: Division: Group: Staging Area: |
|---|---|---|

**4. Operations Personnel:** Name / Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

**5. Resources Assigned:**

| Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**6. Work Assignments:**

**7. Special Instructions:**

**8. Communications** (radio and/or phone contact numbers needed for this assignment):

| Name/Function | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) |
|---|---|
| _____ / _____ | _____ |
| _____ / _____ | _____ |
| _____ / _____ | _____ |
| _____ / _____ | _____ |

**9. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

ICS 204 | IAP Page ____ | Date/Time: _____

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

| 1. Incident Name: | 2. Date/Time Prepared: Date: Time: | 3. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|---|

**4. Basic Radio Channel Use:**

| Zone Grp | Ch # | Function | Channel Name/Trunked Radio System Talkgroup | Assignment | RX Freq N or W | RX Tone/NAC | TX Freq N or W | TX Tone/NAC | Mode (A, D, or M) | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**5. Special Instructions:**

**6. Prepared by** (Communications Unit Leader): Name: _____ Signature: _____

ICS 205 | IAP Page ____ | Date/Time: _____

## COMMUNICATIONS LIST (ICS 205A)

| 1. Incident Name: | 2. Operational Period: Date From: Time From: Date To: Time To: |
|---|---|

**3. Basic Local Communications Information:**

| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact (phone, pager, cell, etc.) |
|---|---|---|
| | | |
| | | |
| | | |