



Additional Information

- Other Plan Considerations (P2)
- Building Emergency Response Teams - General Information (P3)
- Building Emergency Response Teams - Rosters (P4-7)
- District Emergency Response Teams - General Information (P8)
- District Emergency Response Teams - Rosters (P9-13)
- Forms - Activity Log/ICS Form 214 (P14-16)
- Forms - Incident Action Plan/ICS Forms 201-204 (P17-P32)
- Forms - Operational Planning Worksheet/ICS Form 215 (P33-P35)
- Forms - Room Search Form (P36)
- Forms - Student Release Form [to be used in power outages] (P37)
- Forms - Phone Threat Checklist (P38)

Other Plan Considerations

- The fax machine may possibly be used as a line to call out, if other phone lines are jammed.
- Cell phones should not be relied upon during a widespread emergency due to probable system overload. If cell phones are usable, consider the use of text messages.
- Staff other than office staff should be trained in the use of, and given access to, the intercom system.
- Schools should have a bullhorn, megaphone or airhorn easily accessible in the office.
- If email is going to be used during an incident, staff needs to remember to bring their laptop everywhere.
- Use runners to send messages that need to be kept quiet.
- Have a plan to quickly engage interpreter/translator services for ELL/ESL families. Look into services provided by Language Line or Google Translate.

BUILDING EMERGENCY RESPONSE TEAMS

Team Formation

It is strongly suggested that each school form a Building Emergency Response Team (BERT). Each BERT is responsible for tasks in areas such as decision making, communications, safety, security, monitoring the emotional and physical wellbeing of students and staff, and of course, orchestrating the actual incident response. Members of this team typically include building administration, office personnel, counselors, building engineers, nurses and school resource officers/deputies (when available). 3–4 individuals should be trained in the duties of each role, in the event that a BERT member is out of the building or otherwise unable to assume his/her responsibilities.

Any staff member that is NOT with students at the time an incident is called automatically becomes part of the “BERT Teacher Team” and should report to the Command Post if safe to do so. Assignments will be distributed upon arrival in the Command Post. Typical assignments may include, but are not limited to, security and safety concerns, evacuation and sheltering support, and first aid responsibilities.

Training & Practice

Participation in an annual training is recommended for all individuals specifically chosen as members of the school’s BERT.

Each BERT should meet a minimum of once per quarter to assess school safety; review and make any necessary changes to policies, procedures, protocols, building plans and school safety plans; share information and areas of concern; plan upcoming exercises/drills; and conduct tabletop exercises.

Each school is encouraged to participate in tabletop exercises and scenario-based drills each year. When conducted, the content of the tabletop and drill should be agreed upon by both the school and district teams; content should vary in order to cover various types of emergencies. The drill must be evaluated and debriefed.

BERT Annual List of Duties

- 1) Complete the BERT rosters and submit to the district team.
- 2) Initial meeting with BERT
 - a. Assign individuals to roles
 - b. Learn duties specific to role(s) assigned
 - c. Attend annual training
 - d. Plan school year – BERT meetings, drills, additional trainings, etc.
- 3) Alert all staff to “BERT Teacher Team” expectations
- 4) Work with the District Emergency Response Team regarding the completion of some type of school security assessment. When this assessment is completed, develop school safety and security goals for your building; share out with the DERT.
- 5) Review school emergency procedures with all staff
- 6) Complete the annual bucket restocking

BERT ROSTERS

(to be completed and filed annually in both school and district offices)

Incident Command

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Liaison

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Operations

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Site Safety & Security

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Medical & Behavioral Health

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Evacuation & Mobilization

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Official BERT and BERT Teacher Team Roster for Specific Incident

(to be completed and filed in both school and district offices after any incident that engages the BERT and/or BERT Teacher Teams)

Incident Description:

Incident Date: _____

Incident Command:

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Liaison:

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Operations:

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Site Security & Safety:

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Medical & Behavioral Health:

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Evacuation & Mobilization:

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BERT Teacher Team Members:

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EMERGENCY OPERATIONS CENTER / DISTRICT EMERGENCY RESPONSE TEAM

Team Formation

It is strongly suggested that each district office form a District Emergency Response Team (DERT) that can operate within an Emergency Operations Center (EOC). The EOC is staffed with eight “official” roles under the National Incident Management System (NIMS) structure; 2–3 individuals should be trained in the duties of each role, in the event that a DERT member is out of the building or otherwise unable to assume his/her responsibilities.

The eight official roles are as follows:

- EOC Manager
- Operations
- Planning
- Logistics
- Finance/Administration
- Safety
- Liaison
- Public Information Officer

Depending on the severity of the incident, additional staff members may be asked to assist the DERT with various assignments.

Training & Practice

Participation in an annual training is recommended for all individuals chosen as members of the DERT.

The DERT should meet a minimum of once per quarter to address safety needs as reported by BERTs; review requests and distribute funds for identified school safety improvements; review and make any necessary changes to policies, procedures, protocols, building plans and school safety plans; share information and areas of concern; plan upcoming exercises/drills; and conduct tabletop exercises.

The DERT is responsible for assisting schools that decide to participate in tabletop exercises and scenario-based drills. The DERT should help the school vary the tabletop and drill content in order to cover various types of emergencies; but the content of the tabletop and drill should be agreed upon by both the school and district teams. It is also the responsibility of the DERT to ensure that any drill conducted is evaluated and debriefed.

EOC/DERT ROSTERS

(to be completed and filed annually in both school and district offices)

EOC Manager

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Operations

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Planning

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Logistics

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Finance/Administration

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Safety

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Liaison

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Public Information Officer

Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	
Name: Position: Room #/Location: Phone Extension: Cell Phone #:	

Official EOC/DERT Roster for Specific Incident

(to be completed and filed in both school and district offices after any incident that engages the DERT)

Incident Description (including location):

Incident Date: _____

EOC Manager:

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Operations:

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Planning:

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Logistics:

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Finance:

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Safety:

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Liaison:

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Public Information Officer:

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Additional Team Members (if applicable):

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ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as 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 <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> • Name 	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> • ICS Position 	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> • Home Agency (and Unit) 	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • 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).

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: HHMM
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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: _____
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ICS 201, Page 1	Date/Time: _____
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1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Date Time: HHMM
7. Current and Planned Objectives:		
ICS 201, Page 2	Date/Time: Date	

INCIDENT BRIEFING (ICS 201)

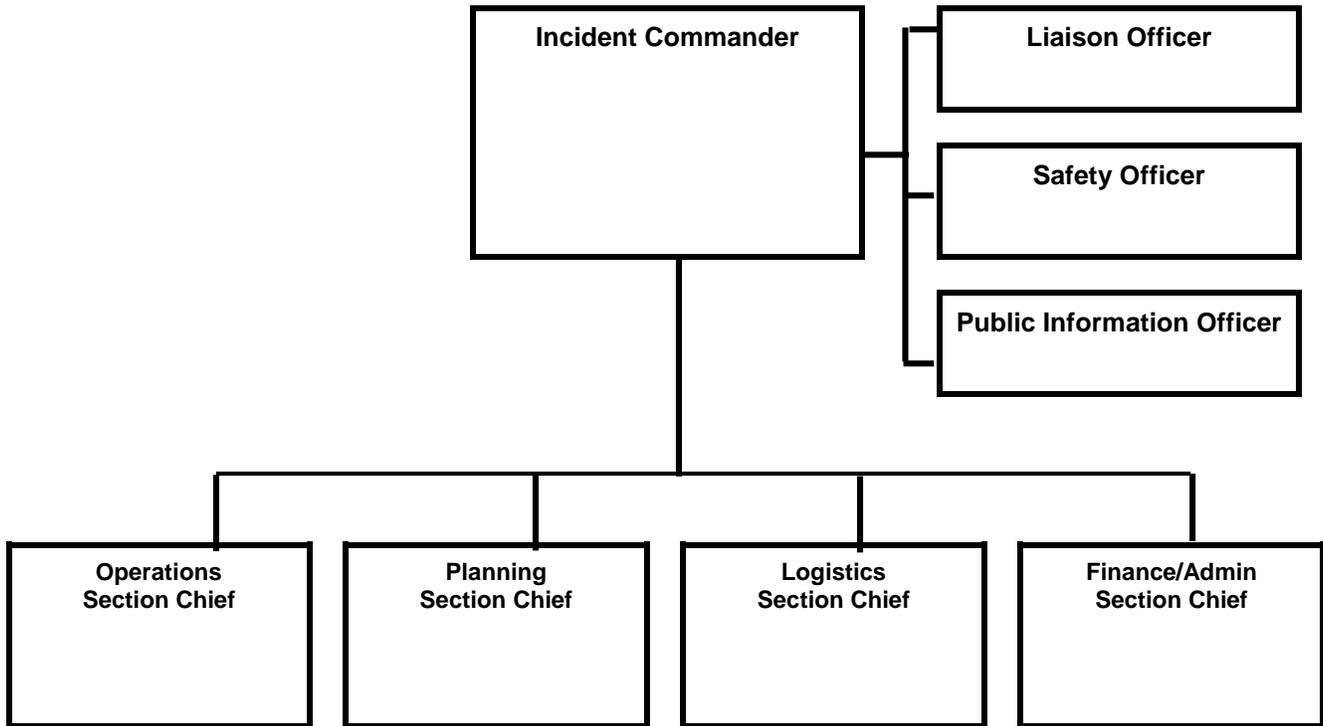
1. Incident Name:

2. Incident Number:

3. Date/Time Initiated:

Date: Date Time: HHMM

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



6. Prepared by: Name:

Position/Title:

Signature:

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 <ul style="list-style-type: none"> • 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. 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). 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 <ul style="list-style-type: none"> • Name • Position/Title • Signature • 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 <ul style="list-style-type: none"> • Time • 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) <ul style="list-style-type: none"> • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief 	<ul style="list-style-type: none"> • Enter on the organization chart the names of the individuals assigned to each position. • 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. • If Unified Command is being used, split the Incident Commander box. • 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.
	<ul style="list-style-type: none"> • Resource 	Enter the number and appropriate category, kind, or type of resource ordered.
	<ul style="list-style-type: none"> • Resource Identifier 	Enter the relevant agency designator and/or resource designator (if any).
	<ul style="list-style-type: none"> • Date/Time Ordered 	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	<ul style="list-style-type: none"> • ETA 	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	<ul style="list-style-type: none"> • Arrived 	Enter an "X" or a checkmark upon arrival to the incident.
	<ul style="list-style-type: none"> • 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	Date To: Date
		Time From: HHMM	Time To: HHMM
3. Objective(s):			
4. Operational Period Command Emphasis:			
General Situational Awareness			
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Approved Site Safety Plan(s) Located at: _____			
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):			
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____	
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
8. Approved by Incident Commander: Name: _____ Signature: _____			
ICS 202	IAP Page	Date/Time: Date	

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 <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	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. Objectives should follow the SMART model or a similar approach: S pecific – Is the wording precise and unambiguous? M easurable – How will achievements be measured? A ction-oriented – Is an action verb used to describe expected accomplishments? R ealistic – Is the outcome achievable with given available resources? T ime-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? Yes <input type="checkbox"/> No <input type="checkbox"/>	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	<p>Incident Action Plan (the items checked below are included in this Incident Action Plan):</p> <ul style="list-style-type: none"> <input type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input type="checkbox"/> ICS 206 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents <p><u>Other Attachments:</u></p>	<p>Check appropriate forms and list other relevant documents that are included in the IAP.</p> <ul style="list-style-type: none"> <input type="checkbox"/> ICS 203 – Organization Assignment List <input type="checkbox"/> ICS 204 – Assignment List <input type="checkbox"/> ICS 205 – Incident Radio Communications Plan <input type="checkbox"/> ICS 205A – Communications List <input type="checkbox"/> ICS 206 – Medical Plan <input type="checkbox"/> ICS 207 – Incident Organization Chart <input type="checkbox"/> ICS 208 – Safety Message/Plan
7	<p>Prepared by</p> <ul style="list-style-type: none"> • Name • Position/Title • Signature 	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>
8	<p>Approved by Incident Commander</p> <ul style="list-style-type: none"> • Name • Signature • Date/Time 	<p>In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.</p>

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period:		Date From: Date	Date To: Date
				Time From: HHMM	Time To: HHMM
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs		Chief			
		Deputy			
Deputy		Staging Area			
Safety Officer		Branch			
Public Info. Officer		Branch Director			
Liaison Officer		Deputy			
4. Agency/Organization Representatives:		Division/Group			
Agency/Organization	Name	Division/Group			
		Branch			
		Branch Director			
		Deputy			
5. Planning Section:		Division/Group			
Chief		Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
		Division/Group			
		Division/Group			
		Division/Group			
6. Logistics Section:		Division/Group			
Chief		Division/Group			
Deputy		Air Operations Branch			
Support Branch		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief			
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name:		Position/Title:		Signature: _____	
ICS 203	IAP Page	Date/Time: Date			

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 <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Incident Commander(s) and Command Staff <ul style="list-style-type: none">• IC/UCs• Deputy• Safety Officer• Public Information Officer• 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"). For all individuals, use at least the first initial and last name. For Unified Command, also include agency names.
4	Agency/Organization Representatives <ul style="list-style-type: none">• Agency/Organization• 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 <ul style="list-style-type: none">• Chief• Deputy• Resources Unit• Situation Unit• Documentation Unit• Demobilization Unit• 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. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6	Logistics Section <ul style="list-style-type: none"> • Chief • Deputy Support Branch <ul style="list-style-type: none"> • Director • Supply Unit • Facilities Unit • Ground Support Unit Service Branch <ul style="list-style-type: none"> • Director • Communications Unit • Medical Unit • Food Unit 	<p>Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
7	Operations Section <ul style="list-style-type: none"> • Chief • Deputy • Staging Area Branch <ul style="list-style-type: none"> • Branch Director • Deputy • Division/Group Air Operations Branch <ul style="list-style-type: none"> • Air Operations Branch Director 	<p>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.</p> <p>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.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
8	Finance/Administration Section <ul style="list-style-type: none"> • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit 	<p>Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>

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 <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. 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 <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – 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:
	<ul style="list-style-type: none"> • 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).
	<ul style="list-style-type: none"> • Leader 	Enter resource leader's name.
	<ul style="list-style-type: none"> • # of Persons 	Enter total number of persons for the resource assigned, including the leader.
	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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.

Block Number	Block Title	Instructions
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) <ul style="list-style-type: none"> • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel) 	Enter specific communications information (including emergency numbers) for this Branch/Division/Group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed.
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • 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).

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:					2. Operational Period: Date From: <input type="text"/> Date <input type="text"/> Time From: <input type="text"/> HHMM Time To: <input type="text"/> HHMM													
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources												7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
ICS 215	11. Total Resources Required		/ / / / / / / / / / / / / / / /										14. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: <input type="text"/> Date <input type="text"/>					
	12. Total Resources Have on Hand		/ / / / / / / / / / / / / / / /															
	13. Total Resources Need To Order		/ / / / / / / / / / / / / / / /															

ICS 215

Operational Planning Worksheet

Purpose. The Operational Planning Worksheet (ICS 215) communicates the decisions made by the Operations Section Chief during the Tactics Meeting concerning resource assignments and needs for the next operational period. The ICS 215 is used by the Resources Unit to complete the Assignment Lists (ICS 204) and by the Logistics Section Chief for ordering resources for the incident.

Preparation. The ICS 215 is initiated by the Operations Section Chief and often involves logistics personnel, the Resources Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staffs during the Planning Meeting. It may be useful in some disciplines or jurisdictions to prefill ICS 215 copies prior to incidents.

Distribution. When the Branch, Division, or Group work assignments and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the ICS 204. The Logistics Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

Notes:

- This worksheet can be made into a wall mount.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.
- If additional pages are needed, use a blank ICS 215 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch	Enter the Branch of the work assignment for the resources.
4	Division, Group, or Other	Enter the Division, Group, or other location (e.g., Staging Area) of the work assignment for the resources.
5	Work Assignment & Special Instructions	Enter the specific work assignments given to each of the Divisions/Groups and any special instructions, as required.
6	Resources	Complete resource headings for category, kind, and type as appropriate for the incident. The use of a slash indicates a single resource in the upper portion of the slash and a Strike Team or Task Force in the bottom portion of the slash.
	• Required	Enter, for the appropriate resources, the number of resources by type (engine, squad car, Advanced Life Support ambulance, etc.) required to perform the work assignment.
	• Have	Enter, for the appropriate resources, the number of resources by type (engines, crew, etc.) available to perform the work assignment.
	• Need	Enter the number of resources needed by subtracting the number in the "Have" row from the number in the "Required" row.
7	Overhead Position(s)	List any supervisory and nonsupervisory ICS position(s) not directly assigned to a previously identified resource (e.g., Division/Group Supervisor, Assistant Safety Officer, Technical Specialist, etc.).
8	Special Equipment & Supplies	List special equipment and supplies, including aviation support, used or needed. This may be a useful place to monitor span of control.
9	Reporting Location	Enter the specific location where the resources are to report (Staging Area, location at incident, etc.).
10	Requested Arrival Time	Enter the time (24-hour clock) that resources are requested to arrive at the reporting location.

Block Number	Block Title	Instructions
11	Total Resources Required	Enter the total number of resources required by category/kind/type as preferred (e.g., engine, squad car, ALS ambulance, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/ Task Forces in the bottom portion of the slash.
12	Total Resources Have on Hand	Enter the total number of resources on hand that are assigned to the incident for incident use. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
13	Total Resources Need To Order	Enter the total number of resources needed. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
14	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • 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).

Phone Threat Checklist

REMAIN CALM AND STAY ON THE PHONE – DO NOT HANG UP.
KEEP THE CALLER TALKING – ASK LOTS OF QUESTIONS TO GAIN AS MUCH INFORMATION AS POSSIBLE.
COMPLETE THE FOLLOWING QUESTIONS.

Date call received: _____ Time call received: _____

at which call was received: _____ Length of call: _____

Person who took the call: _____

Exact wording of the threat:

Sex of caller: _____ Approximate age of caller: _____

Language:

- | | | |
|-------------------|------------------|-----------------------|
| _____ Well spoken | _____ Irrational | _____ Taped message |
| _____ Foul | _____ Incoherent | _____ Recited message |

Caller's Voice:

- | | | |
|---|----------------|-----------------------|
| _____ Calm | _____ Crying | _____ Deep |
| _____ Angry | _____ Normal | _____ Ragged |
| _____ Excited | _____ Distinct | _____ Clearing throat |
| _____ Slow | _____ Slurred | _____ Deep breathing |
| _____ Rapid | _____ Nasal | _____ Cracking voice |
| _____ Soft | _____ Stutter | _____ Disguised |
| _____ Loud | _____ Lisp | _____ Foreign/accnt |
| _____ Laughing | _____ Raspy | _____ Whisper |
| _____ Familiar (if yes, who did it sound like?) _____ | | |

Background Sounds:

- | | | |
|-----------------------------|--------------------------|--------------------------|
| _____ Street Noise | _____ House (dishes, TV) | _____ Clear |
| _____ Airplanes | _____ Motor (fax, air) | _____ Static |
| _____ Voices | _____ Office machinery | _____ Local call |
| _____ PA system | _____ Factory machinery | _____ Long distance call |
| _____ Music | _____ Animal noises | _____ Phone booth |
| _____ Other (specify) _____ | | |

Additional remarks:

WHEN THE CALLER ENDS THE CALL, INITIATE EMERGENCY RESPONSE WITH YOUR SUPERVISOR.