

County of Sutter

Emergency Operations Plan



Sutter Operational Area

Annex 3

INCIDENT COMMAND SYSTEM (ICS) FORMS

Annex 3 – Incident Command System (ICS) Forms

The following forms are needed during disaster/emergency operations under SEMS operations and are used in conjunction with the County of Sutter Emergency Operations Plan (BASIC), supporting Annexes, SOPs, and State guidelines.

NATIONAL INCIDENT MANAGEMENT SYSTEM

The federal Department of Homeland Security has established that the National Incident Management System (NIMS) will be used during an emergency/disaster. The State of California, through Executive Order S-2-05, has established that the implementation of SEMS/ICS substantially meets the requirements of NIMS.

For more information on NIMS refer to the **Sutter County OA EOP Chapter A.**

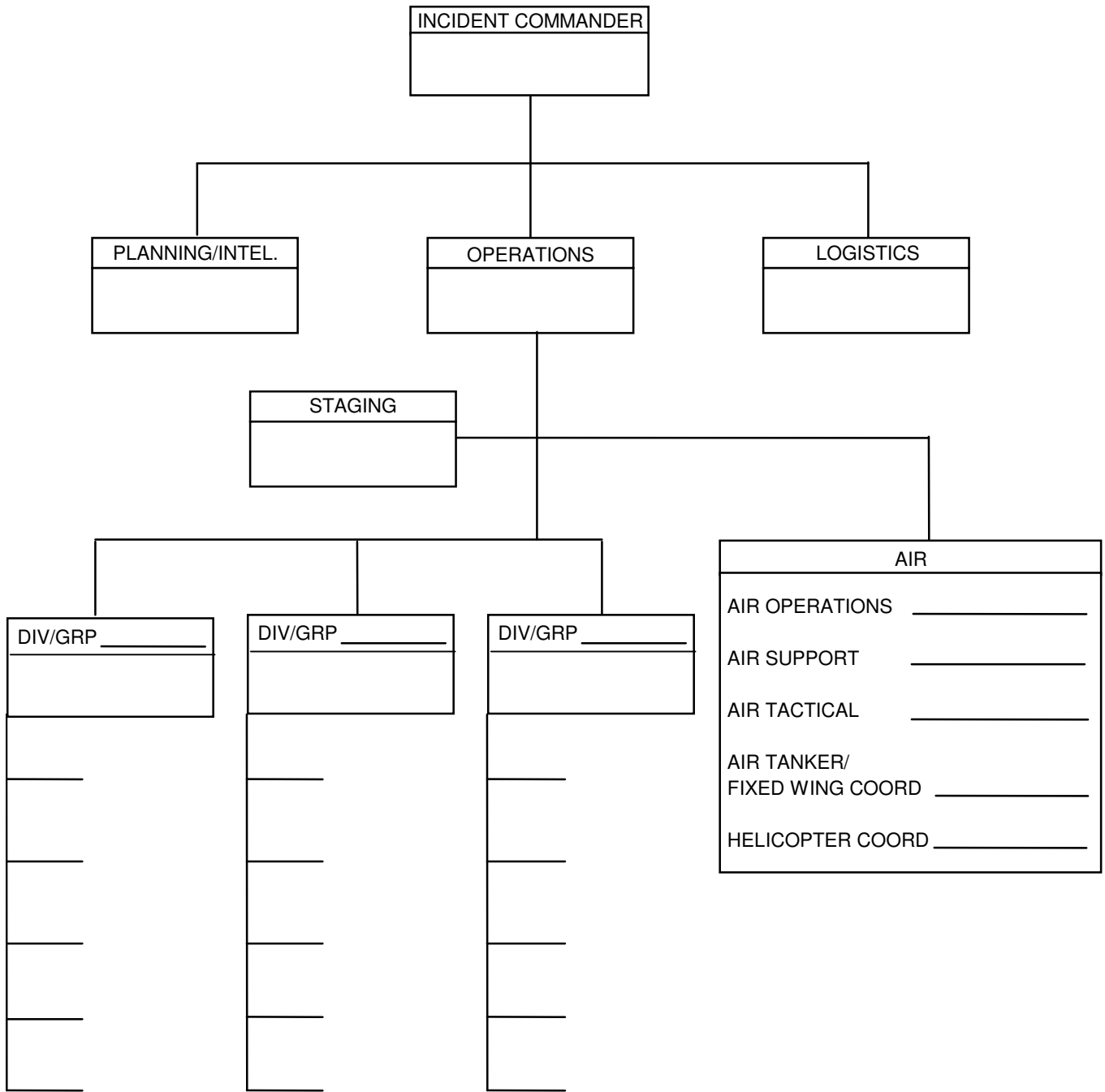
INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			
ICS 201 (SEMS 2003)	PAGE 1	8. PREPARED BY (NAME AND POSITION)	

7. SUMMARY OF CURRENT OBJECTIVES AND ACTIONS

CURRENT OBJECTIVES:

CURRENT ACTIONS:

6. CURRENT ORGANIZATION



5. RESOURCES SUMMARY

RESOURCES ORDERED	RESOURCE IDENTIFICATION	ETA	ON-SCENE ✓	LOCATION / ASSIGNMENT



INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED									
4. OPERATIONAL PERIOD (DATE / TIME)												
5. OVERALL INCIDENT OBJECTIVES:												
6. OBJECTIVES FOR THIS OPERATIONAL PERIOD:												
7. WEATHER FORECAST FOR OPERATIONAL PERIOD												
8. GENERAL / SAFETY MESSAGE												
9. ATTACHMENTS (CHECK IF ATTACHED)												
<table><tbody><tr><td><input type="checkbox"/> ORGANIZATION LIST (ICS 203)</td><td><input type="checkbox"/> MEDICAL PLAN (ICS 206)</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> DIVISION ASSIGNMENT LIST (ICS 204)</td><td><input type="checkbox"/> INCIDENT MAP</td><td><input type="checkbox"/> PHONE DIRECTORY</td></tr><tr><td><input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)</td><td><input type="checkbox"/> TRAFFIC PLAN</td><td><input type="checkbox"/> _____</td></tr></tbody></table>				<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/>	<input type="checkbox"/> DIVISION ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> PHONE DIRECTORY	<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____
<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/>										
<input type="checkbox"/> DIVISION ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> PHONE DIRECTORY										
<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____										
ICS 202 (SEMS 2003)	10. PREPARED BY (PLANNING / INTELLIGENCE SECTION CHIEF)	11. APPROVED BY (INCIDENT COMMANDER)										

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ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME

2. DATE PREPARED

3. TIME PREPARED

5. INCIDENT COMMANDER AND STAFF

<u>POSITION</u>	<u>NAME</u>
INCIDENT COMMANDER	
DEPUTY	
SAFETY OFFICER	
INFORMATION OFFICER	
LIAISON OFFICER	

4. OPERATIONAL PERIOD (DATE / TIME)

9. OPERATIONS SECTION

CHIEF	
DEPUTY	
a. BRANCH I – DIVISIONS / GROUPS	
BRANCH DIRECTOR	
DEPUTY	

6. AGENCY REPRESENTATIVES

AGENCY	NAME

DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	

b. BRANCH II – DIVISIONS / GROUPS

BRANCH DIRECTOR	
DEPUTY	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	

7. PLANNING / INTELLIGENCE SECTION

CHIEF	
DEPUTY	
RESOURCES UNIT	
SITUATION UNIT	
DOCUMENTATION UNIT	
DEMOBILIZATION UNIT	
TECHNICAL SPECIALISTS	

c. BRANCH III – DIVISIONS / GROUPS

BRANCH DIRECTOR	
DEPUTY	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	

8. LOGISTICS SECTION

CHIEF	
DEPUTY	
a. SUPPORT BRANCH	
DIRECTOR	
DEPUTY	
SUPPLY UNIT	
FACILITIES UNIT	
GROUND SUPPORT UNIT	
b. SERVICE BRANCH	
DIRECTOR	
DEPUTY	
COMMUNICATIONS UNIT	
MEDICAL UNIT	
FOOD UNIT	

d. AIR OPERATIONS BRANCH

AIR OPERATIONS BRANCH DIRECTOR	
DEPUTY	
AIR TACTICAL SUPERVISOR	
AIR SUPPORT SUPERVISOR	
HELICOPTER COORDINATOR	
AIR TANKER/FIXED WING COORDINATOR	

10. FINANCE / ADMINISTRATION SECTION

CHIEF	
DEPUTY	
TIME UNIT	
PROCUREMENT UNIT	
COMPENSATION / CLAIMS UNIT	
COST UNIT	

ICS 203
(SEMS 2003)

PREPARED BY (RESOURCES UNIT)

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1. BRANCH	2. DIVISION / GROUP	ICS 204 <div style="float: right;">DIVISION ASSIGNMENT LIST (SEMS 2003)</div>
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3. INCIDENT NAME	4. OPERATIONAL PERIOD
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5. OPERATIONS PERSONNEL	
OPERATIONS CHIEF _____ _____ _____	DIVISION / GROUP SUPERVISOR _____ _____ _____
BRANCH DIRECTOR _____ _____ _____	OTHER SUPERVISOR _____ _____ _____

6. RESOURCES ASSIGNED THIS PERIOD

STRIKE TEAM / TASK FORCE / SQUAD / PLATOON RESOURCE DESIGNATOR	LEADER	NUMBER PERSONS	TRANS. NEEDED	DROP OFF PT. / TIME	PICK UP PT. / TIME

7. CONTROL OPERATIONS

8. SPECIAL INSTRUCTIONS

9. DIVISION / GROUP COMMUNICATIONS SUMMARY

FUNCTION	FREQUENCY	SYSTEM	CHANNEL	FUNCTION	FREQUENCY	SYSTEM	CHANNEL
COMMAND	LOCAL			SUPPORT	LOCAL		
	REPEAT				REPEAT		
DIV / GROUP TACTICAL				GROUND TO AIR			

PREPARED BY (RESOURCE UNIT LEADER)	APPROVED BY (PLANNING / INTEL CHIEF)	DATE	TIME
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INCIDENT RADIO COMMUNICATIONS PLAN	1. INCIDENT NAME	2. DATE / TIME	3. OPERATIONAL PERIOD (DATE / TIME)
	PREPARED		

4. BASIC RADIO CHANNEL UTILIZATION

SYSTEM / CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS

ICS 205 (SEMS 2001)	PREPARED BY:
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MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD				
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES	NO					
6. TRANSPORTATION								
A. AMBULANCE SERVICE								
NAME	ADDRESS	PHONE	PARAMEDICS					
			YES	NO				
B. INCIDENT AMBULANCES								
NAME	LOCATION	PHONE	PARAMEDICS					
			YES	NO				
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GROUND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
ICS 206 (SEMS 2003)	9. PREPARED BY (MEDICAL UNIT LEADER)	10. REVIEWED BY (SAFETY OFFICER)						

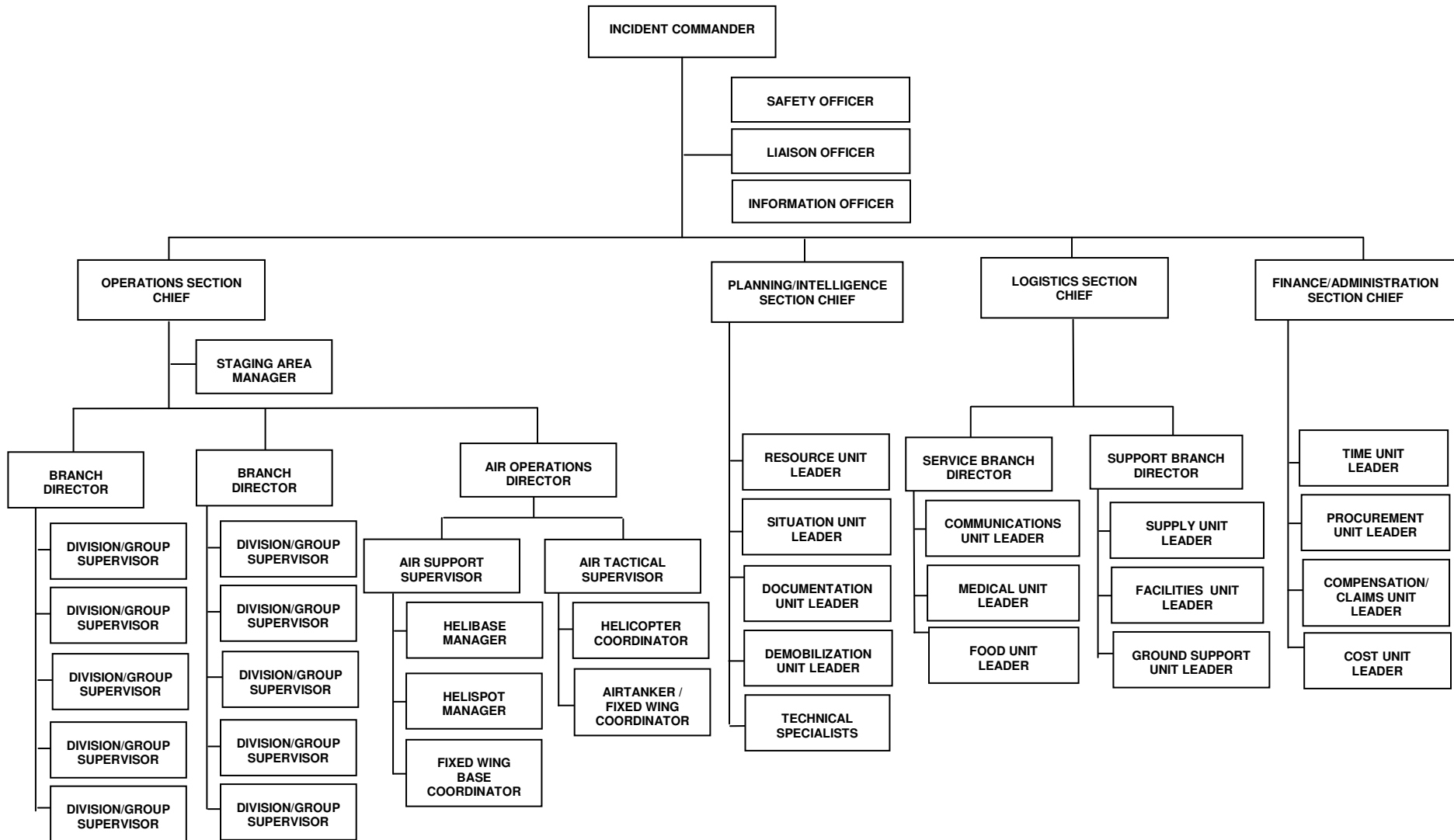
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INCIDENT ORGANIZATION CHART

INCIDENT NAME _____

OPERATIONAL PERIOD _____

DATE _____ TIME _____



* NOTE: IN SOME DISCIPLINES THE STAGING AREA AND STAGING AREA MANAGER MAY REPORT TO THE LOGISTICS SECTION CHIEF

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SITE SAFETY AND CONTROL PLAN ICS 208 2003)	1. INCIDENT NAME:	2. DATE PREPARED:	3. OPERATIONAL PERIOD TIME:
------------------------------------------------------------------------------	-------------------	-------------------	--------------------------------

SECTION I: SITE INFORMATION

4. INCIDENT LOCATION:

SECTION II: ORGANIZATION

5. INCIDENT COMMANDER:	6. HM GROUP SUPERVISOR:	7. TECH. SPECIALIST – HM REFERENCE:
8. SAFETY OFFICER:	9. ENTRY LEADER:	10. SITE ACCESS CONTROL LEADER:
11. ASSISTANT SAFETY OFFICER – HM:	12. DECONTAMINATION LEADER:	13. SAFE REFUGE AREA MANAGER:
14. ENVIRONMENTAL HEALTH:		

15. ENTRY TEAM (BUDDY SYSTEM)		16. DECONTAMINATION ELEMENT	
NAME	LEVEL	NAME	LEVEL
ENTRY 1:		DECON 1:	
ENTRY 2:		DECON 2:	
ENTRY 3:		DECON 3:	
ENTRY 4:		DECON 4:	

SECTION III: HAZARD / RISK ANALYSIS

17. MATERIAL	CONTAINER TYPE	QTY.	PHYS. STATE	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL

COMMENT:

SECTION IV: HAZARD MONITORING

18. LEL INSTRUMENT(S):	19. O ₂ INSTRUMENT(S):
20. TOXICITY / PPM INSTRUMENT(S):	21. RADIOLOGICAL INSTRUMENT(S):

COMMENT:

SECTION V: DECONTAMINATION PROCEDURES

22. STANDARD DECONTAMINATION PROCEDURES: YES: NO: COMMENT:

SECTION VI: SITE COMMUNICATIONS

23. COMMAND FREQUENCY:	24. TACTICAL FREQUENCY:	25. ENTRY FREQUENCY:
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SECTION VII: MEDICAL ASSISTANCE

26. MEDICAL MONITORING	YES:	NO:	27. MEDICAL TREATMENT AND TRANSPORT IN-PLACE	YES:	NO:
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COMMENT:

SECTION VIII. SITE MAP

28. SITE MAP:



N

WEATHER	<input type="checkbox"/>
COMMAND POST	<input type="checkbox"/>
ZONES	<input type="checkbox"/>
ASSEMBLY AREAS	<input type="checkbox"/>
ESCAPE ROUTES	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SECTION IX: ENTRY OBJECTIVES

29. ENTRY OBJECTIVES:

SECTION X: SOP'S AND SAFE WORK PRACTICES

30. MODIFICATIONS TO DOCUMENTED SOP'S AND WORK PRACTICES

YES:

NO:

COMMENT:

SECTION XI: EMERGENCY PROCEDURES

31. EMERGENCY PROCEDURES:

SECTION XII. SAFETY BRIEFING

32. ASSISTANT SAFETY OFFICER HM SIGNATURE:

SAFETY BRIEFING COMPLETED (TIME):

33. HM GROUP SUPERVISOR SIGNATURE:

34. INCIDENT COMMANDER SIGNATURE:

INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN ICS 208 HM

A Site Safety and Control Plan must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusive Zone.

Item Number	Item Title	Instructions
1.	Incident Name / Number	Print name and / or incident number.
2.	Date and Time	Enter date and time prepared.
3.	Operational Period	Enter the time interval for which the form applies.
4.	Incident Location	Enter the address and or map coordinates of the incident.
5 – 16.	Organization	Enter names of all individuals assigned to ICS positions. (Entries 5 & 8 mandatory). Use boxes 15 and 16 for other functions: i.e. Medical Monitoring.
17 – 18.	Entry Team/Decon Element	Enter names and level of PPE of Entry & Decon personnel. (Entries 1 – 4 mandatory buddy system and back-up).
19.	Material	Enter names and pertinent information of all known chemical products. Enter UNK if material is not known. Include any which apply to chemical properties. (Definitions: ph = Potential for Hydrogen (Corrosivity) IDLH = Immediately Dangerous to Life and Health, F.P. = Flash Point, I.T. = Ignition Temperature, V.P. = Vapor Pressure, V.D. = Vapor Density; S.G. = Specific Gravity, LEL = Lower Explosive Limit, UEL = Upper Explosive Limit)
20 – 23.	Hazard Monitoring	List the instruments which will be used to monitor for chemicals.
24.	Decontamination Procedures	Check NO if modifications are made to standard decontamination procedures and make appropriate Comments including type of solutions.
25 – 27.	Site Communications	Enter the radio frequency(ies) which apply.
28 – 29.	Medical Assistance	Enter comments if NO is checked.
30.	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones. (Check boxes are mandatory to be identified).
31.	Entry Objectives	List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters which will alter or stop entry operations.
32 – 33.	SOPs, Safe Work Practices and Emergency Procedures	List in Comments if any modifications to SOPs and any emergency procedures which will be affected if an emergency occurs while personnel are within the Exclusion Zone.
34 – 36.	Safety Briefing	Have the appropriate individual place their signature in the box once the Site Safety and Control Plan is reviewed. Note the time in box 34 when the safety briefing has been completed.

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Incident Status Summary

Date	Time	Initial	Update	Final	Incident Number	Incident Name	
Incident Type	Start Date/Time	Cause			Incident Commander	IMT Type	State/Unit
County	Latitude and Longitude				Short Location Description (in reference to nearest town):		

Current Situation

Size/Area Involved	% Contained or MMA	Expected Containment Date: _____ Time: _____	Line to Build (# chains)	(\$ Costs to Date)	Declared Controlled Date: _____ Time: _____
Injuries Today	Fatalities		Structure Information		
Threat to Human Life/Safety: Evacuation(s) in progress _____ No evacuation(s) imminent _____ Potential future threat _____ No likely threat _____			Type of Structure	# Threatened	# Destroyed
			Residence		
			Commercial Property		
			Out building/Other		
Fuels Involved			Resources threatened (kind(s) and value/significance):		
Current Weather Conditions Wind Speed: _____ Temperature: _____ Wind Direction: _____ Relative Humidity: _____			Resource benefits/objectives (for prescribed/wildland fire use):		
Today's observed fire behavior (leave blank for non-fire events):					
Significant events today (closures, evacuations, significant progress made, etc.)					

26. AGENCIES																									
27. RESOURCES																									TOTALS
KIND OF RESOURCE	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	
OVERHEAD PERSONNEL																									
TOTAL PERSONNEL																									

Cooperating Agencies Not Listed Above:

Prepared by:	Approved by:	Sent to:	by:
		Date:	Time:

Outlook

Estimated Control Date: Time:	Projected Final Size	Estimated Final Cost	Tomorrow's Forecasted Weather Wind Speed: Temperature: Wind Direction: Relative Humidity:
Critical Resource Needs (kind & amount, in priority order): 1. 2. 3.			
Actions planned for next operational period:			
Projected incident movement/spread during next operational period (leave blank for non-fire incidents):			
Major problems and concerns (control problems, social/political/economic concerns or impacts, etc.) Relate critical resource needs identified above to the Incident Action Plan.			
For fire incidents, describe resistance to control in terms of: 1. Growth potential - 2. Difficulty of terrain -			
How likely is it that containment/control targets will be met, given the current resources and suppression strategy?			
Projected Demob Start (date and time):			
Remarks:			

CHECK-IN LIST ICS 211

(SEMS 2003)

1. INCIDENT NAME _____

2. CHECK-IN LOCATION

STAGING AREA _____ ICP RESOURCE UNIT

CAMP _____ BASE

HELIBASE _____

3. DATE / TIME _____

CHECK-IN INFORMATION

4. LIST PERSONNEL (OVERHEAD) BY AGENCY AND NAME
LIST EQUIPMENT BY THE FOLLOWING FORMAT:

AGENCY	SINGLE T/F S/T	KIND	TYPE	ID. NO / NAME	5. ORDER/ REQUEST NUMBER	6. DATE / TIME CHECK-IN	7. LEADER'S NAME	8. TOTAL NO. PERSONNEL	9. MANIFEST		10. CREW WEIGHT OR INDIVIDUALS WEIGHT	11. HOME BASE	12. DEPARTURE POINT	13. METHOD OF TRAVEL	14. INCIDENT ASSIGNMENT	15. OTHER QUALIFICATIONS	16. SENT TO RESTAT - TIME	
									YES	NO								

17. PREPARED BY (NAME AND POSITION) USE BACK FOR REMARKS OR COMMENTS

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UNIT LOG

ICS 214 (SEMS 2003)

1. INCIDENT NAME

2. DATE
PREPARED

3. TIME PREPARED

4. ORGANIZATION POSITION

5. LEADER NAME

6. OPERATIONAL PERIOD

7. PERSONNEL ROSTER ASSIGNED

NAME

ICS POSITION

HOME BASE

8. ACTIVITY LOG (CONTINUE ON REVERSE)

TIME

MAJOR EVENTS

RADIO REQUIREMENTS WORKSHEET

1. INCIDENT NAME

2. DATE

3. TIME

4. BRANCH

5. AGENCY

6. OPERATIONAL PERIOD

7. TACTICAL FREQUENCY

8. DIVISION / GROUP _____

DIVISION / GROUP _____

DIVISION / GROUP _____

DIVISION / GROUP _____

AGENCY _____

AGENCY _____

AGENCY _____

AGENCY _____

9. AGENCY	ID NUMBER	RADIO REQUIREMENTS	AGENCY	ID NUMBER	RADIO REQUIREMENTS	AGENCY	ID NUMBER	RADIO REQUIREMENTS	AGENCY	ID NUMBER	RADIO REQUIREMENTS

ICS 216

(SEMS 2003)

PAGE _____

OF _____

10. PREPARED BY (NAME AND POSITION)

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SUPPORT VEHICLE INVENTORY

(USE SEPARATE SHEET FOR EACH VEHICLE CATEGORY)

1. INCIDENT NAME

2. DATE PREPARED

3. TIME PREPARED

4. VEHICLE INFORMATION

a. TYPE	b. MAKE	c. CAPACITY / SIZE	d. AGENCY / OWNER	e. ID NUMBER	f. LOCATION	g. RELEASE TIME

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AIR OPERATIONS SUMMARY

1. INCIDENT NAME		2. OPERATIONAL PERIOD				3. DISTRIBUTION					
		DATE		TIME		HELIBASES		FIXED WING BASES			
4. PERSONNEL & COMMUNICATIONS	NAME		AIR / FREQUENCY	AIR / FREQUENCY	AIR / FREQUENCY	GROUND / FREQUENCY	5. REMARKS (Specific Instructions, Safety Notes, Hazards, Priorities)				
AIR OPERATIONS DIRECTOR											
AIR TACTICAL SUPERVISOR											
HELICOPTER COORDINATOR											
AIR TANKER/FIXED WING COORDINATOR											
6. LOCATION/ FUNCTION	7. ASSIGNMENT		8. FIXED WING		9. HELICOPTERS		10. TIME		11. AIRCRAFT ASSIGNED	12. OPERATING BASE	
			NO.	TYPE	NO.	TYPE	AVAILABLE	COMMENCE			
		13. TOTALS									
14. AIR OPERATIONS SUPPORT EQUIPMENT				15. PREPARED BY				DATE		TIME	

GENERAL INSTRUCTIONS

PURPOSE: The Air Operations Summary Worksheet provides air operations units safety notes, aerial and flight hazards, air rescue aircraft information and procedures, TFR information, water points, helispots, assigned personnel/equipment, communication frequencies and crash rescue, helibase dust abatement equipment and tasks/mission assignments.

Close coordination with logistics section personnel (communications, ground support, supply) is necessary so that the information coincides with that in the rest of the Incident Action Plan. It is also essential that the AOB and OSC review both the ICS 220 and Division Assignment Sheets to ensure information is the same. It is essential that the mandatory block information is provided while optional block information may remind you or assist others when using the ICS 220.

- Prepared by and date (mandatory). Enter your name and the date of completion (not operational period date).
- Block 1: INCIDENT NAME;** Provide name given to incident by Agency (mandatory).
- Block 2: OPERATIONAL PERIOD;** Enter Operational Date including sunrise and sunset (mandatory).
- Block 3: REMARKS;** (Safety, Notes, Hazards and Air Operations Special Equipment etc.). Aerial hazards, military airspace, special equipment, helibase(s) name(s) and latitude and longitude information (mandatory).
- Block 3a: Water Points;** Provide land marks including latitude and longitude information when established (mandatory).
- Block 3b: Helispots;** Provide numbers including latitude and longitude information when established (mandatory).
- Block 4: AIR RESCUE AIRCRAFT;** Provide assigned air rescue aircraft including activation instructions that have been coordinated with Operations Branch Director, Air Tactical Group Supervisor, Medical Unit Leader, and the Communications Unit Leader (mandatory).
- Block 5: TFR/91.137;** Provide information including, radius by nautical miles and altitude by mean sea level, and center point information including latitude, longitude information (mandatory).
- Block 6: PERSONNEL;** Provide first and last name, telephone, cellular, pager and fax numbers of personnel assigned to positions currently filled including ATGS and ATGS-relief assigned bases identifiers (mandatory).
- Block 7: FREQUENCY: AM and FM;** Provide command, Fixed Wing air to air, Rotor Wing air to air, air to ground, command and other air operation support frequencies both AM and FM (mandatory). Check your listing with that on the Incident Radio Communications Plan prior to submitting the ICS 220 to Plans. *This is critical.* You should make it a practice to meet with the CML to ensure coordination. Add additional frequencies as necessary in blank rows (e.g., second air-ground, etc.).
- Block 8: PERSONNEL ON ORDER;** Enter personnel on back order for filling air operation positions (optional).
- Block 9: FIXED WING: Air Attack(s)/Leadplane(s)/Tankers/Identifier/Base(s);** Provide current assigned Leadplane(s) information by identifier and assigned bases, total tankers assigned, and Fixed-Wing aircraft information by type, identifier and assigned bases (mandatory). This entry must tie in with entries in Block 13.
- Block 10: ROTOR WING: Type/Identifier/Base(s);** Provide current assigned Rotor-Wing aircraft information by type, identifier and assigned bases (mandatory). This entry *must* tie in with entries in Block 13.
- Block 11: SPECIAL ASSIGNED EQUIPMENT;** Aircraft Rescue Fire Fighters (ARFF) and Water Tender identifiers by assigned helibase(s) (mandatory).
- Block 12: EQUIPMENT ON ORDER;** List Fixed-Wing and Rotor-Wing outstanding support equipment on back order (optional).
- Block 13: TASK/MISSION ASSIGNMENT;** (ICS 220B) Provide name of personnel and or cargo including instructions for tactical type and functions i.e., air tactical, dropping retardant air tankers, recon/plans, helicopter coordinator, personnel transport, cargo transport, dip site names and locations, initial attack, air rescue and other including mission start times and fly form and to information using numeric or text information (mandatory).

Name of Personnel or Cargo or Instructions for Tactical. Provide critical information: Who or what/how much is being transported, or instructions for tactical aircraft such as “Drop retardant in Division C” or “Conduct continuous aerial supervision over the incident.”

Mission Start Time. The time skids should be off the helibases or, for Fixed-Wing aircraft, the time the aircraft should be *over the incident* (not the take-off time). For helicopters, ensure the GSUL is aware of intended Start Time.

Fly From. Fly from is departure point for the mission, a helibase, a helispot, an air attack base, etc.

Fly To. The destination point for the mission, a helispot, a division (for retardant dropping), or “the fire” (for air attack).

DEMOBILIZATION CHECKOUT

1. INCIDENT NAME / NUMBER

2. DATE / TIME

3. DEMOBILIZATION NUMBER

4. UNIT / PERSONNEL RELEASED

5. TRANSPORTATION TYPE / NO.

6. ACTUAL RELEASE DATE / TIME

7. MANIFEST

YES

NO

NUMBER

8. DESTINATION

9. AGENCY/ REGION / AREA NOTIFIED

NAME

DATE

10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING

11. UNIT / PERSONNEL

YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING:

(DEMOBILIZATION UNIT LEADER CHECK APPROPRIATE BOX)

LOGISTICS SECTION

SUPPLY UNIT

COMMUNICATIONS UNIT

FACILITIES UNIT

GROUND SUPPORT UNIT

PLANNING / INTELLIGENCE SECTION

DOCUMENTATION UNIT

FINANCE / ADMINISTRATION SECTION

TIME UNIT

OTHER

12. REMARKS

ICS 221

(SEMS 2003)

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13. ORDER RELAYED				ACTION TAKEN	ORDER RELAYED				ACTION TAKEN
Req. No.	Date	Time	To / From		Req. No.	Date	Time	To / From	
REQUEST NUMBER	REMARKS								
2. INCIDENT / PROJECT NAME	3. INCIDENT / PROJECT ORDER NO.	ESTIMATED COST	ORDER COMPLETED BY						
			INITIALS _____	DATE _____	TIME _____				