

## 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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Date/Time Initiated</b> <ul style="list-style-type: none"> <li>• Date, Time</li> </ul>	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	<b>Map/Sketch</b> (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	<b>Situation Summary and Health and Safety Briefing</b> (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	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	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	<b>Current and Planned Objectives</b>	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	<b>Current and Planned Actions, Strategies, and Tactics</b> <ul style="list-style-type: none"> <li>• Time</li> <li>• Actions</li> </ul>	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	<b>Current Organization</b> (fill in additional organization as appropriate) <ul style="list-style-type: none"> <li>• Incident Commander(s)</li> <li>• Liaison Officer</li> <li>• Safety Officer</li> <li>• Public Information Officer</li> <li>• Planning Section Chief</li> <li>• Operations Section Chief</li> <li>• Finance/Administration Section Chief</li> <li>• Logistics Section Chief</li> </ul>	<ul style="list-style-type: none"> <li>• Enter on the organization chart the names of the individuals assigned to each position.</li> <li>• 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.</li> <li>• If Unified Command is being used, split the Incident Commander box.</li> <li>• Indicate agency for each of the Incident Commanders listed if Unified Command is being used.</li> </ul>
10	<b>Resource Summary</b>	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"> <li>• Resource</li> </ul>	Enter the number and appropriate category, kind, or type of resource ordered.
	<ul style="list-style-type: none"> <li>• Resource Identifier</li> </ul>	Enter the relevant agency designator and/or resource designator (if any).
	<ul style="list-style-type: none"> <li>• Date/Time Ordered</li> </ul>	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	<ul style="list-style-type: none"> <li>• ETA</li> </ul>	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	<ul style="list-style-type: none"> <li>• Arrived</li> </ul>	Enter an "X" or a checkmark upon arrival to the incident.
	<ul style="list-style-type: none"> <li>• Notes (location/assignment/status)</li> </ul>	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

## 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	<b>Incident Name</b>	Enter the name assigned to the incident. If needed, an incident number can be added.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	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	<b>Objective(s)</b>	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: <b>S</b> pecific – Is the wording precise and unambiguous? <b>M</b> easurable – How will achievements be measured? <b>A</b> ction-oriented – Is an action verb used to describe expected accomplishments? <b>R</b> ealistic – Is the outcome achievable with given available resources? <b>T</b> ime-sensitive – What is the timeframe?
4	<b>Operational Period Command Emphasis</b>	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	<b>Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	<b>Approved Site Safety Plan(s) Located At</b>	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	<p><b>Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):</p> <p><input type="checkbox"/> ICS 203</p> <p><input type="checkbox"/> ICS 204</p> <p><input type="checkbox"/> ICS 205</p> <p><input type="checkbox"/> ICS 205A</p> <p><input type="checkbox"/> ICS 206</p> <p><input type="checkbox"/> ICS 207</p> <p><input type="checkbox"/> ICS 208</p> <p><input type="checkbox"/> Map/Chart</p> <p><input type="checkbox"/> Weather Forecast/ Tides/Currents</p> <p><u>Other Attachments:</u></p>	<p>Check appropriate forms and list other relevant documents that are included in the IAP.</p> <p><input type="checkbox"/> ICS 203 – Organization Assignment List</p> <p><input type="checkbox"/> ICS 204 – Assignment List</p> <p><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan</p> <p><input type="checkbox"/> ICS 205A – Communications List</p> <p><input type="checkbox"/> ICS 206 – Medical Plan</p> <p><input type="checkbox"/> ICS 207 – Incident Organization Chart</p> <p><input type="checkbox"/> ICS 208 – Safety Message/Plan</p>
7	<p><b>Prepared by</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>	<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><b>Approved by Incident Commander</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	<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>

## 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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	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	<b>Incident Commander(s) and Command Staff</b> <ul style="list-style-type: none"> <li>• IC/UCs</li> <li>• Deputy</li> <li>• Safety Officer</li> <li>• Public Information Officer</li> <li>• Liaison Officer</li> </ul>	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	<b>Agency/Organization Representatives</b> <ul style="list-style-type: none"> <li>• Agency/Organization</li> <li>• Name</li> </ul>	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	<b>Planning Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Resources Unit</li> <li>• Situation Unit</li> <li>• Documentation Unit</li> <li>• Demobilization Unit</li> <li>• Technical Specialists</li> </ul>	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	<p><b>Logistics Section</b></p> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> </ul> <p><b>Support Branch</b></p> <ul style="list-style-type: none"> <li>• Director</li> <li>• Supply Unit</li> <li>• Facilities Unit</li> <li>• Ground Support Unit</li> </ul> <p><b>Service Branch</b></p> <ul style="list-style-type: none"> <li>• Director</li> <li>• Communications Unit</li> <li>• Medical Unit</li> <li>• Food Unit</li> </ul>	<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	<p><b>Operations Section</b></p> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Staging Area</li> </ul> <p><b>Branch</b></p> <ul style="list-style-type: none"> <li>• Branch Director</li> <li>• Deputy</li> <li>• Division/Group</li> </ul> <p><b>Air Operations Branch</b></p> <ul style="list-style-type: none"> <li>• Air Operations Branch Director</li> </ul>	<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	<p><b>Finance/Administration Section</b></p> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Time Unit</li> <li>• Procurement Unit</li> <li>• Compensation/Claims Unit</li> <li>• Cost Unit</li> </ul>	<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	<p><b>Prepared by</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	<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 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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Date/Time Prepared</b>	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	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	<b>Basic Radio Channel Use</b>	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.xxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.  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
<p><b>4</b> (continued)</p>	<p>TX (Transmit) Frequency (N or W)</p>	<p>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.</p>
	<p>TX Tone/NAC</p>	<p>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.</p>
	<p>Mode (A, D, or M)</p>	<p>Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.</p>
	<p>Remarks</p>	<p>Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.</p>
<p><b>5</b></p>	<p><b>Special Instructions</b></p>	<p>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.</p>
<p><b>6</b></p>	<p><b>Prepared by</b> (Communications Unit Leader)</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	<p>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).</p>



## 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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	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	<b>Medical Aid Stations</b>	Enter the following information on the incident medical aid station(s):
	<ul style="list-style-type: none"> <li>• Name</li> </ul>	Enter name of the medical aid station.
	<ul style="list-style-type: none"> <li>• Location</li> </ul>	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	<ul style="list-style-type: none"> <li>• Contact Number(s)/Frequency</li> </ul>	Enter the contact number(s) and frequency for the medical aid station(s).
	<ul style="list-style-type: none"> <li>• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	Indicate (yes or no) if paramedics are at the site indicated.
4	<b>Transportation</b> (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	<ul style="list-style-type: none"> <li>• Ambulance Service</li> </ul>	Enter name of ambulance service.
	<ul style="list-style-type: none"> <li>• Location</li> </ul>	Enter the location of the ambulance service.
	<ul style="list-style-type: none"> <li>• Contact Number(s)/Frequency</li> </ul>	Enter the contact number(s) and frequency for the ambulance service.
	<ul style="list-style-type: none"> <li>• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS</li> </ul>	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	<b>Hospitals</b>	Enter the following information for hospital(s) that could serve this incident:
	<ul style="list-style-type: none"> <li>• Hospital Name</li> </ul>	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	<ul style="list-style-type: none"> <li>• Address, Latitude &amp; Longitude if Helipad</li> </ul>	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	<ul style="list-style-type: none"> <li>• Contact Number(s)/ Frequency</li> </ul>	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	<ul style="list-style-type: none"> <li>• Travel Time               <ul style="list-style-type: none"> <li>• Air</li> <li>• Ground</li> </ul> </li> </ul>	Enter the travel time by air and ground from the incident to the hospital.
	<ul style="list-style-type: none"> <li>• Trauma Center <input type="checkbox"/> Yes Level: _____</li> </ul>	Indicate yes and the trauma level if the hospital has a trauma center.
	<ul style="list-style-type: none"> <li>• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	Indicate (yes or no) if the hospital has a burn center.
	<ul style="list-style-type: none"> <li>• Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	<b>Special Medical Emergency Procedures</b>	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.
	<input type="checkbox"/> 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	<b>Prepared by</b> (Medical Unit Leader) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> </ul>	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	<b>Approved by</b> (Safety Officer) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	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).

## 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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	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	<b>Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan</b>	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	<b>Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	<b>Approved Site Safety Plan(s) Located At</b>	Enter where the approved Site Safety Plan(s) is located.
5	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).