| **1. Incident Name:**  | **2. Incident Number:**  | **3. Date/Time Initiated:** Date: Time:  |
| --- | --- | --- |
| **4. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)**:** |
| **5. Situation Summary and Health and Safety Briefing** (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.  |
|  |
| **6. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 201, Page 1** | Date/Time:  |

| **1. Incident Name:**  | **2. Incident Number:**  | **3. Date/Time Initiated:** Date: Time:  |
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| **7. Current and Planned Objectives:** |
| **8. Current and Planned Actions, Strategies, and Tactics:** |
| Time: | Actions: |
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| **6. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 201, Page 2** | Date/Time:  |

| **1. Incident Name:**  | **2. Incident Number:**  | **3. Date/Time Initiated:** Date: Time:  |
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| **9. Current Organization** (fill in additional organization as appropriate)**:­­­­­****Operations Section Chief****Planning Section Chief****Logistics Section Chief****Finance/Administration Section Chief****Safety Officer****Public Information Officer****Liaison Officer****Incident Commander(s)** |
| **6. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 201, Page 3** | Date/Time:  |

| **1. Incident Name:**  | **2. Incident Number:**  | **3. Date/Time Initiated:** Date: Time:  |
| --- | --- | --- |
| **10. Resource Summary:** |
| Resource | Resource Identifier | Date/Time Ordered | ETA |  Arrived | Notes (location/assignment/status) |
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| **6. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 201, Page 4** | Date/Time:  |