



Operations

CAP EMERGENCY SERVICES MISSION FORMS

This regulation provides instructions and samples of Incident Command System (ICS) forms and CAP forms required for use on CAP emergency services missions. Blank ICS forms are in CAPR 60-4, Volume I, Part II, *CAP Emergency Services Mission Forms-ICS*. Practices, procedures, and standards prescribed in this regulation are mandatory and may not be supplemented or changed locally without the prior approval of NHQ CAP/DO. Additional guidance is found in CAPR 60-1, *CAP Flight Management*; CAPR 60-3, *CAP Emergency Services Training and Operational Missions*; CAPR 60-4, Volume II, *CAP Emergency Services Training Forms*; and other directives governing specific CAP policies. Forward all suggestions for modification and improvement of the program through channels to NHQ CAP/DO.

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GENERAL INFORMATION

1-1. Scope. This regulation provides forms for use on CAP actual mission activities and operational training missions. The Civil Air Patrol provides services to conduct search and rescue (SAR), disaster relief (DR), and other public assistance missions. Many missions are in support of persons in distress and should be conducted competently, expeditiously, and in a professional manner. Proper training, thoroughness, and timeliness cannot be overemphasized. This regulation provides directions, and completed samples of the standard Incident Command System (ICS) and CAP forms to be used in conducting operational missions. Some situations may dictate variations in the procedures contained in this regulation, in which common sense and prudent judgment shall be used to ensure effective management of CAP resources. **Safety should always be a primary concern.**

1-2. Supplements/Operating Instructions/Waivers. No supplements, waivers or operating instructions (OIs) may be issued to this regulation by any unit below wing level except the Congressional Squadron. All supplements, waivers or OIs affecting any aspect of this regulation may only be issued after **prior** written approval of NHQ CAP/DO.

INCIDENT BRIEFING (ICS FORM 201)

2-1. Purpose. The incident briefing form provides the incident commander (and the command and general staffs assuming command of the incident) with basic information regarding the incident situation and the resources allocated to the incident. It also serves as a permanent record of the initial response to the incident.

2-2. Preparation. The briefing form is prepared by the incident commander for presentation to the incoming incident commander along with a more detailed oral briefing. Proper symbols as outlined in figure 2-1 should be used when preparing a map of the incidents.

2-3. Distribution. After the initial briefing of the incident commander and general staff members, the incident briefing is duplicated and distributed to the command staff, section chiefs, branch directors, division/group supervisors, and appropriate planning and logistics section unit leaders. The sketch map and summary of current action portions of the briefing form are given to the situation unit while the current organization and resources summary portion are given to the resources unit.

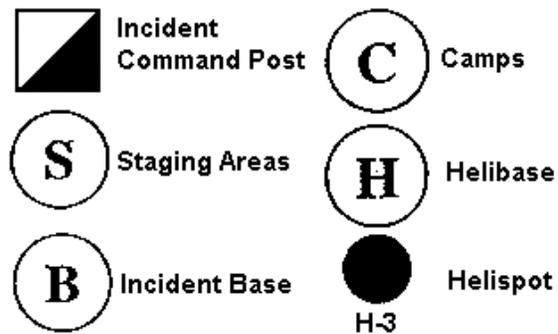


Figure 2-1. ICS Map Symbols

2-4. Instructions for Completing the Incident Briefing (ICS Form 201). The following steps should be followed to complete ICS Form 201:

Item

1. Incident Name - Print the name assigned to the incident.
2. Date Prepared - Enter date prepared (month, day, year).
3. Time Prepared - Enter time prepared (24-hour clock).
4. Map Sketch - Show perimeter and control lines, resources assignments, incident facilities, and other special information on a sketch map or attached to the topographic or other appropriate map.
5. Prepared By - Enter the name and position of the person completing the form.
6. Summary of Current Actions - Enter the strategy and tactics used on the incident and note any specific problem areas.
7. Current Organization - Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary.
8. Resources Summary - Enter the following information about the resources allocated to the incident. Enter the number and type of resource ordered. Resources Ordered - Enter the number and type of resource ordered. Resource Identification - Enter the agency three-letter designator, S/T, Kind/Type and resource designator. ETA/On Scene - Enter the estimated arrival time and place the arrival time or a checkmark in the "on scene" column upon arrival. Location/Assignment - Enter the assigned location of the resource and/or the actual assignment.

NOTE: Additional pages may be added to ICS Form 201 if needed.

2-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwccg.gov/pms/forms/icsforms.htm>

2-6. Usage Requirements. This form is required to be used on ALL emergency services missions.

Sample ICS Form 201

<p>INCIDENT BRIEFING</p>	<p>1. INCIDENT NAME 00-1234</p>	<p>2. DATE PREPARED 4-19-00</p>	<p>3. TIME PREPARED 1430Z</p>
<p style="text-align: center;">4. MAP SKETCH</p> <p style="text-align: center;">See the attached map.</p>			
<p>ICS 201 (12/93) NFES 1325</p>	<p>PAGE 1</p>	<p>5. PREPARED BY (NAME AND POSITION) John J. Icee, Incident Commander</p>	

Sample ICS Form 201 (Cont'd)

7. CURRENT ORGANIZATION										
<table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="text-align: center; padding: 5px;">INCIDENT COMMANDER</td></tr><tr><td style="text-align: center; padding: 5px;">John J. Icee</td></tr></table>			INCIDENT COMMANDER	John J. Icee						
INCIDENT COMMANDER										
John J. Icee										
<table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 33%; text-align: center; padding: 5px;">PLANNING</td><td style="width: 33%; text-align: center; padding: 5px;">OPERATIONS</td><td style="width: 33%; text-align: center; padding: 5px;">LOGISTICS</td></tr><tr><td style="text-align: center; padding: 5px;">John J. Icee</td><td style="text-align: center; padding: 5px;">John J. Icee</td><td style="text-align: center; padding: 5px;">John J. Icee</td></tr></table>			PLANNING	OPERATIONS	LOGISTICS	John J. Icee	John J. Icee	John J. Icee		
PLANNING	OPERATIONS	LOGISTICS								
John J. Icee	John J. Icee	John J. Icee								
<table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 25%; text-align: center; padding: 5px;">DIV./GROUP_____</td><td style="width: 25%; text-align: center; padding: 5px;">DIV./GROUP_____</td><td style="width: 25%; text-align: center; padding: 5px;">DIV./GROUP_____</td><td style="width: 25%; text-align: center; padding: 5px;">AIR</td></tr><tr><td style="text-align: center; padding: 5px;">N/A</td><td style="text-align: center; padding: 5px;">N/A</td><td style="text-align: center; padding: 5px;">N/A</td><td style="text-align: center; padding: 5px;">N/A</td></tr></table>			DIV./GROUP_____	DIV./GROUP_____	DIV./GROUP_____	AIR	N/A	N/A	N/A	N/A
DIV./GROUP_____	DIV./GROUP_____	DIV./GROUP_____	AIR							
N/A	N/A	N/A	N/A							
<table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 100%; height: 100px;"><hr/><hr/><hr/><hr/><hr/></td></tr></table>			<hr/> <hr/> <hr/> <hr/> <hr/>							
<hr/> <hr/> <hr/> <hr/> <hr/>										
ICS 201 (12/93) NFES 1325	PAGE 3									

INCIDENT ACTION PLAN (ICS FORMS 202-206)

3-1. Purpose. An incident action plan documents the actions developed by the incident commander and command and general staffs during the planning meeting. When all attachments are included, the plan specifies the control objectives, tactics to meet the objectives, resources, organization, communications plan, medical plan, and other appropriate information for use in tactical operations. The incident action plan should at least contain the following:

- a. Incident Objectives (ICS Form 202)
- b. Organization Assignment List (ICS Form 203)
- c. Incident Map (topographic section or sketch)
- d. Assignment List (ICS Form 204)
- e. Radio Communications Plan (ICS Form 205)
- f. Traffic Plan (internal and external to the incident)
- g. Medical Plan (ICS Form 206)

3-2. Preparation. An incident action plan is completed following each formal planning meeting conducted by the incident commander and the command and general staff. The incident commander must approve the plan prior to distribution.

3-3. Distribution. Sufficient copies of the incident action plan will be reproduced and given to all supervisory personnel at the section, branch, division/group, and unit leader levels.

3-4. Incident Objectives (ICS Form 202)

a. Purpose. The Incident Objectives Form (ICS Form 202) is the first page of an incident action plan. The incident objectives form describes the basic incident strategy, control objectives, and provides weather information and safety considerations for use during the next operational period.

b. Preparation. This form is prepared by the planning section chief and then approved by the Incident commander prior to distribution.

c. Distribution. The incident objectives form is duplicated and given to all recipients of the incident action plan.

d. Instructions for Completing the Incident Objectives (ICS Form 202). The following steps should be followed to complete the ICS Form 202:

Item

1. Incident Name - Print the name assigned to the incident.
2. Date Prepared - Enter date prepared (month, day, year).
3. Time Prepared - Enter time prepared (24-hour clock).
4. Operational Period - Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5. General Control Objectives (include alternatives) - Enter short, clear, and concise statements of the objectives for managing the incident including alternatives. The control objectives usually apply for the duration of the incident.
6. Weather Forecast for Operational Period - Enter weather prediction information for the specified operational period.
7. General/Safety Message - Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached.
8. Attachments - The form is ready for distribution when appropriate attachments are completed and attached to the form.
9. Prepared By - Enter the name and position of the person completing the form (usually the planning section chief).
10. Approved By - Enter the name and position of the person approving the form (usually the incident commander).

NOTE: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered complete until attachments are included.

e. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

f. Usage Requirements. This form is required to be used on emergency services missions greater than 24 hours in length or that have more than one operational period.

3-5. Organization Assignment List (ICS FORM 203).

a. Purpose. The organization assignment list 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 Form 207) that is posted on the incident command post display.

b. Preparation. The list is prepared and maintained by the resources unit under the direction of the planning section chief.

c. Distribution. The organization assignment list is duplicated and attached to the incident objectives form and given to all recipients of the incident action plan.

d. Instructions for Completing the Organization Assignment List (ICS Form 203). An organization assignment list may be completed any time the number of personnel assigned to the incident increase or decrease or a change in assignment occurs. The following steps should be followed to complete the ICS Form 203:

Item

1. Incident Name - Print the name assigned to the incident.
2. Date Prepared - Enter date prepared (month, day, year).
3. Time Prepared - Enter time prepared (24-hour clock). Operational Period - Enter the time interval for which the assignment list applies. Record the start time and end time and include date(s).
- 4-8. Enter the names of personnel staffing each of the listed positions. Use at least first initial and last name. For units indicate unit leader and for divisions/groups indicate division/group supervisor. Use an additional page if more than three branches are activated.
9. Prepared By - Enter the name of the member preparing the form. Attach the form to the Incident Objectives.

e. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

f. Usage Requirements. This form is required to be used on emergency services missions greater than 24 hours in length or that have more than one operational period.

3-6. Assignment List (ICS FORM 204).

a. Purpose. The assignment list(s) is used to inform operations section personnel of incident assignments. Once the incident commander and general staff agree to the assignments, the assignment information is given to the appropriate units and divisions via the communications center.

b. Preparation. The assignment list is normally prepared by the resources unit using guidance by the Incident Objectives (ICS Form 202), Operational Planning Worksheet (ICS Form 215), and operations section chief. The planning section chief must approve this form. When approved, it is attached to the ICS 202 as part of the incident action plan.

c. Distribution. The assignment list is duplicated and attached to the incident objectives and given to all recipients of the incident action plan. In some cases, assignments may be communicated via radio.

d. Instructions for Completing the Assignment List (ICS Form 204). A separate sheet is used for each division or group. The identification letter of the division is entered in the form title. Also enter the number (roman numeral) assigned to the branch. The following steps should be followed to complete the ICS Form 204:

Item

1. Incident Name - Print the name assigned to the incident.
2. Date Prepared - Enter date prepared (month, day, year).
3. Time Prepared - Enter time prepared (24-hour clock).
4. Operational Period - Enter the time interval for which the form applies. Record the start and end time and include date(s).
5. Operations personnel enter the name of the operations chief, applicable branch director, and division supervisor.
6. Resources Assigned/Strike Team/Task Force/Resource Designator - List resource designators, leader name, and total number of personnel for strike teams, task forces, or single resources assigned.
7. Control Operations provide a statement of the tactical objectives to be achieved within the operational period. Include any special instructions for individual resources.
8. Special Instructions - Enter statement calling attention to any safety problems or specific precautions to be exercised or other important information.
9. Division Communication Summary - The communications unit provides this information on the form for command, division, tactical, support, and ground-to-air frequencies.
10. Prepared By - Enter the name of the resources unit member completing the form.
11. Approved By - Enter the name of the person approving the form (usually the planning section chief).

e. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

f. Usage Requirements. This form is required to be used on emergency services missions greater than 24 hours in length or that have more than one operational period.

3-7. Incident Radio Communications Plan (ICS FORM 205).

a. Purpose. The incident radio communications plan provides information on all radio frequency assignments for each operational period in one location. The plan is a summary of information obtained from the Radio Requirement Worksheet (ICS Form 216) and the Radio Frequency Assignment Worksheet (ICS Form 217). Information from the radio communications plan on frequency assignments is normally placed on the appropriate Assignment List (ICS Form 204).

b. Preparation. The incident radio communications plan is prepared by the communications unit leader and given to the planning section chief.

c. Distribution. The incident radio communications plan is duplicated and given to all recipients of the incident objectives form including the incident communications center. Information from the plan is placed on assignment lists.

d. Instructions for Completing the Incident Radio Communications Plan (ICS Form 205). The following steps should be followed to complete the ICS Form 205:

Item

1. Incident Name - Print the name assigned to the incident.
2. Date/Time Prepared - Enter date (month, day, year) and time prepared (24-hour clock).
3. Operational Period Date/Time - Enter the date and time interval for which the radio communications plan applies. Record the start time and end time and include date(s).
4. Basic Radio Channel Utilization System/Cache - Enter the radio cache system(s) assigned and used on the incident (e.g., Boise Cache, FIREMARS, Region 5 Emergency Cache, etc.). Channel Number - Enter the radio channel numbers assigned. Function - Enter the function each channel number is assigned (i.e., command, support, division tactical, and ground-to-air). Frequency - Enter the radio frequency tone number assigned to each specified function (e.g., 153.400). Assignment - Enter the ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A). Remarks - This section should include narrative information regarding special situations.
5. Prepared By - Enter the name of the communications unit leader preparing the form.

e. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

f. Usage Requirements. This form is required to be used on emergency services missions greater than 24 hours in length or that have more than one operational period.

3-8. Medical Plan (ICS FORM 206).

a. Purpose. The medical plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

b. Preparation. The medical plan is prepared by the medical unit leader and reviewed by the safety officer.

c. Distribution. The medical plan may be an attachment to the incident objectives, or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and placed on assignment lists.

d. Instructions for Completing the Medical Plan (ICS Form 206). The following steps should be followed to complete the ICS Form 206:

Item

1. Incident Name - Print the name assigned to the incident.
2. Date Prepared - Enter date prepared (month, day, year).
3. Time Prepared - Enter time prepared (24-hour clock).
4. Operational Period Date/Time - Record the date and time of the operational period for which this plan is in effect.
5. Incident Medical Aid Stations - Enter name and location of incident medical aid stations (e.g., Cajon Staging Area, Cajon Camp Ground) and indicate with a √ if paramedics are located at the site.
6. Transportation

- a. Ambulance Services - List name and address of ambulance services (e.g., Shaeffer, 4358 Brown Parkway, Corona). Provide phone number and indicate if the ambulance company has paramedics.
 - b. Incident Ambulances - Name of organization providing ambulances and the incident location. Also indicate if paramedics are aboard.
 7. Hospitals - List hospitals that could serve this incident. Incident name, address, the travel time by air and ground from the incident to the hospital, phone number, and indicate with a \checkmark if the hospital is a burn center and has a helipad.
 8. Medical Emergency Procedures - Note any special emergency instructions for use by incident personnel.
 9. Prepared By - Enter the name of the medical unit leader preparing the form.
 9. Reviewed By - Obtain the name of the safety officer who must review the plan.
- e. Availability.** This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.
- f. Usage Requirements.** This form is required to be used on emergency services missions greater than 24 hours in length or that have more than one operational period.

Sample ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME 00-1234	2. DATE PREPARED 4-20-00	3. TIME PREPARED 0130Z
4. OPERATIONAL PERIOD (DATE/TIME) 0200Z 4-20-00 to 0200Z 4-21-00			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
Conduct route searches along the route of the missing aircraft, searching			
the area nearest the destination and final turning point first.			
Conduct witness interviews in a timely manner.			
Coordinate operations with state EMA personnel and AFRCC.			
Follow guidelines established in current regulations and laws - no exceptions.			
Update the Incident Action Plan and these objectives as necessary to successfully proxecute the mission.			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
Overcast in the area surrounding the departure point for the morning hours.			
Expected to have clear skies and good weather for all operations by late morning or early afternoon.			
7. GENERAL SAFETY MESSAGE			
All personnel are responsible for the safety of operations - be sure to assess and mitigate resks wherever possible - if you are not sure if something is safe or needs to be brought to our attention, speak up.			
8. ATTACHMENTS (✓ IF ATTACHED)			
<input checked="" type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input checked="" type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input checked="" type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input checked="" type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____	
9. PREPARED BY (PLANNING SECTION CHIEF) Peter J. Lan, PSC		10. APPROVED BY (INCIDENT COMMANDER) John J. Icee, IC	

Sample ICS 203

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME 00-1234	2. DATE PREPARED 11 Jun 00	3. TIME PREPARED 1300Z
POSITION NAME		4. OPERATIONAL PERIOD (DATE/TIME) 11 Jun 00 1300Z - 12 Jun 00 1300Z		
5. INCIDENT COMMANDER AND STAFF		9. OPERATIONS SECTION		
INCIDENT COMMANDER	<u>John J. Icee</u>	CHIEF	<u>Glen Rush</u>	
DEPUTY	<u>Edward M. Sea</u>	DEPUTY	<u>Mike Lawrence</u>	
SAFTEY OFFICER	<u>William G. Smalley</u>	a. BRANCH I- DIVISION/GROUPS GROUND		
INFORMATION OFFICER	<u>Joseph N. Guy</u>	BRANCH DIRECTOR	<u>Pete N. Orris .</u>	
LIAISON OFFICER	<u>Marci Falcon</u>	DEPUTY	<u>Mike Long</u>	
6. AGENCY REPRESENTATIVES		DIVISION/GROUP		
AGENCY	NAME	DIVISION/GROUP		
AFRCC	<u>Major Al Francis</u>	DIVISION/GROUP		
7. PLANNING SECTION		DIVISION/GROUP		
CHIEF	<u>Peter J. Lan</u>	b. BRANCH II- DIVISION/GROUPS		
DEPUTY	<u>Al Bushee</u>	BRANCH DIRECTOR		
RESOURCES UNIT	<u>John R. Source</u>	DEPUTY		
SITUATION UNIT	<u>Lisa Sea</u>	DIVISION/GROUP		
DOCUMENTATION UNIT	<u>Jason Daily</u>	DIVISION/GROUP		
DEMOBILIZATION UNIT	<u>Joseph Lan</u>	DIVISION/GROUP		
TECHNICAL SPECIALISTS		DIVISION/GROUP		
8. LOGISTICS SECTION		c. BRANCH III- DIVISION/GROUPS		
CHIEF	<u>Carl Logee</u>	BRANCH DIRECTOR		
DEPUTY		DEPUTY		
a. SUPPORT BRANCH		DIVISION/GROUP		
DIRECTOR		DIVISION/GROUP		
SUPPLY UNIT		DIVISION/GROUP		
FACILITIES UNIT		DIVISION/GROUP		
GROUND SUPPORT UNIT		DIVISION/GROUP		
b. SERVICE BRANCH		d. AIR OPERATIONS BRANCH		
DIRECTOR	<u>John Public</u>	AIR OPERATIONS BR. DIR.	<u>Gene Hargrove</u>	
COMMUNICATIONS UNIT	<u>John Public</u>	AIR TACTICAL GROUP SUP.		
MEDICAL UNIT	<u>Paul Medique</u>	AIR SUPPORT GROUP SUP.	<u>Pete Keller</u>	
FOOD UNIT		HELICOPTER COORDINATOR		
		AIR TANKER/FIXED WING CRD.		
PREPARED BY (RESOURCES UNIT) John R. Source		10. FINANCE/ADMINISTRATION SECTION		
		CHIEF	<u>Jeanne Spruance</u>	
		DEPUTY		
		TIME UNIT		
		PROCUREMENT UNIT		
		COMPENSATION/CLAIMS UNIT		
		COST UNIT		

Sample ICS Form 204

1. BRANCH Ground Branch		2. DIVISION/GROUP N/A		ASSIGNMENT LIST			
3. INCIDENT NAME 00-1234			4. OPERATIONAL PERIOD DATE <u>11 - 12 Jun 00</u> TIME <u>1300Z - 1300Z</u>				
5. OPERATIONAL PERSONNEL							
OPERATIONS CHIEF <u>Glen Rush</u>			DIVISION/GROUP SUPERVISOR _____				
BRANCH DIRECTOR <u>Pete Orris</u>			AIR TACTICAL GROUP SUPERVISOR _____				
6. RESOURCES ASSIGNED THIS PERIOD							
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME	
MXF Ground Team	NO	Chris Melcher	5				
7. CONTROL OPERATIONS The MXF Ground team has been assigned to conduct witness interviews in the area that the missing hiker was last seen. The team will use their own transport to move to the area and work. The team has permission to break into groups to conduct these interviews, but each interview will be conducted with two personnel.							
8. SPECIAL INSTRUCTIONS Call the incident command post immediately following interviews with new info. Use of a cellular phone or other land line is recommended.							
9. DIVISION/GROUP COMMUNICATIONS SUMMARY							
FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	148.15	CAP	SUPPORT	LOCAL		
	REPEAT	148.15	CAP		REPEAT		
DIV./GROUP TACTICAL				GROUND TO AIR			
PREPARED BY (RESOURCE UNIT LEADER) John R. Source			APPROVED BY (PLANNING SECT. CH.) Peter J. Lan		DATE 11 Jun 00	TIME 1320Z	

Sample ICS Form 205

INCIDENT RADIO COMMUNICATIONS PLAN		1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME	
		00-1234	16 May 00	16-17 May 00	
4. BASIC RADIO CHANNEL UTILIZATION					
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS
Wing Kit A	1	Ground	100.0	Ground Branch	
Wing Kit B	3	Air-to-Ground	N/A	Air Branch	
Wing Kit C	2	Support	100.0	Ground Support Unit	
205 ICS	5. PREPARED BY (COMMUNICATIONS UNIT)				
	John Q. Public				

Sample ICS Form 206

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD							
	00-1234	11 JUN 00	1300Z	11JUN00 - 12JUN00 1300Z - 1300Z							
5. INCIDENT MEDICAL AID STATIONS											
MEDICAL AID STATIONS	LOCATION						PARAMEDICS				
							YES	NO			
6. TRANSPORTATION											
A. AMBULANCE SERVICES											
NAME	ADDRESS					PHONE	PARAMEDICS				
							YES	NO			
Howard Ambulance Company	10 Main Street, Howard, AL					953-1911	X				
B. INCIDENT AMBULANCES											
NAME	LOCATION						PARAMEDICS				
							YES	NO			
7. HOSPITALS											
NAME	ADDRESS				TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
					AIR	GRND		YES	NO	YES	NO
Brown County	100 Main Street, Howard, AL				10+	25+	953-0911	X		X	
8. MEDICAL EMERGENCY PROCEDURES											
As medical support is limited, anything other than minor medical issues should											
be forwarded to local EMS and hospital services immediately.											
206 ICS 8-78			9. PREPARED BY (MEDICAL UNIT LEADER)					10. REVIEWED BY (SAFETY OFFICER)			
			Paul Medique					William G. Smalley			

INCIDENT ORGANIZATION CHART (ICS FORM 207)

4-1. Purpose. The incident organization chart is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. The attached chart is an example of the kind of organizational chart used in the ICS. Personnel responsible for managing organizational positions would be listed in each box as appropriate.

4-2. Preparation. The organization chart is prepared by the resources unit and posted along with other displays at the incident command post. A chart is completed for each operational period and updated when organizational changes occur.

4-3. Distribution. When completed, the chart is posted on the display board located at the incident command post (wall size chart). The ICS Form 207 WS is a large chart that is primarily used to post on the command post display board for better visibility.

4-4. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

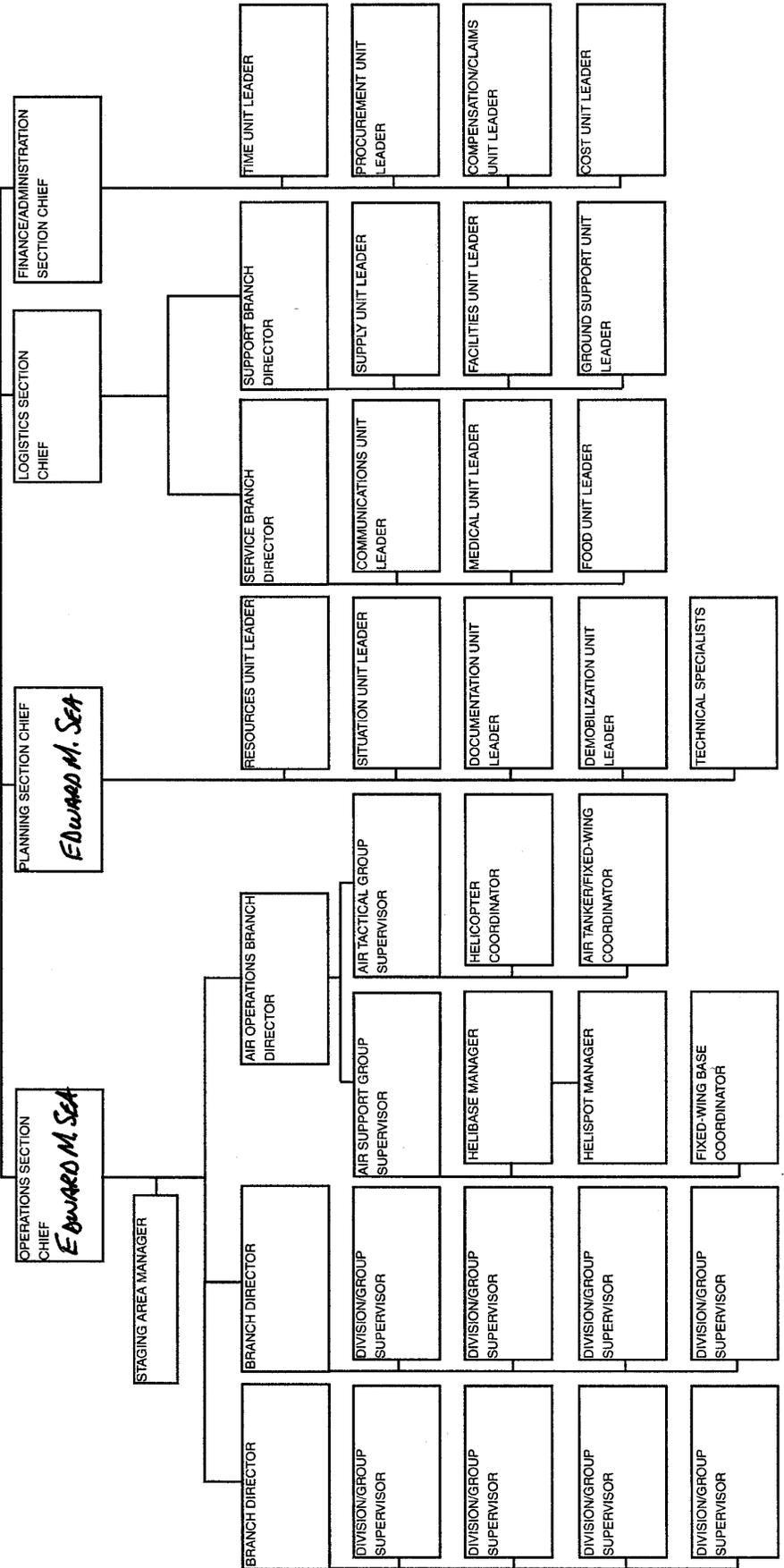
4-5. Usage Requirements. This form is required to be used on emergency services missions greater than 24 hours in length or that have more than one operational period.

Sample ICS Form 207

Incident Name 00-1234
Operational Period 10/3002-11/1300Z
Date 10 JUN 00 Time 1320Z

INCIDENT COMMANDER
Edward M. SEA

SAFETY OFFICER
LIAISON OFFICER
INFORMATION OFFICER



NFES 1332

207 ICS (1/99)

INCIDENT STATUS SUMMARY (ICS FORM 209)

5-1. Purpose. The incident status summary serves the following purposes:

- a. It is used by situation unit personnel for posting information on incident command post displays.
- b. When duplicated and provided to command staff members, it provides them with basic information for use in planning for the next operational period.
- c. It provides basic information to the information officer for preparation of media releases.
- d. It provides incident information to agency dispatch and off-incident coordination centers.

5-2. Preparation. The situation unit prepares the incident status summary. Resource information should be obtained from the resources unit. It is scheduled for presentation to the planning section chief and other general staff members prior to each planning meeting and may be required at more frequent intervals by the intervals by the incident commander or planning section chief.

5-3. Distribution. When completed, the form is duplicated and copies are distributed to the incident commander and staff, and all section chiefs, planning section unit leaders, and agency dispatch centers. It is also posted on the display board located at the incident command post. Completion of the incident status summary will be as specified by agency or municipality. Report by telephone, Teletype, computer, or facsimile to the local agency or municipality headquarters by 2100 daily on incidents as required by agency or municipality (reports are normally required on life-threatening situations, real property threatened or destroyed, high resource damage potential, and complex incidents that could have political ramifications). Normally wild land agencies require a report on all Class D (100 acres plus) and larger incidents (unless primarily grass type in which case report Class E, 300 acres or larger). The summary will cover the period from the start of the incident to 2100 the first day of the incident, if at least four hours have elapsed; thereafter, the summary will cover the 24-hour period ending at 1900 (this reporting time will enable compilation of reporting data and submission of report to local agency or municipality headquarters by 2100) daily until incident is under control. Wild land fire agencies will send the summary to the National Interagency Fire Center by 2400 Mountain Time.

5-4. Instructions for Completing the Incident Status Summary (ICS Form 209).

Accurate and timely completion of the incident status summary is a critical factor in the allocation of available resources during multiple fire situations. The information included on the form often determines the priority of a given fire, and thus its share of the resources available. In order to ensure that the information is the most complete possible, please follow the guidelines below when completing/reviewing the specific items on the form prior to transmittal.

Completion of the incident status summary will be as specified by agency (in the geographic area's mobilization guide) or municipality. Reports are generally required for incidents where life and/or real property is threatened or destroyed, on incidents with high resource damage potential, and complex incidents that could have political ramifications. Wild land agencies normally require reports on all fire incidents that are 100+ acres in timber or 300+ acres in grass/shrubs. The first summary will cover the period from the start of the incident to 2100 hrs on the first day, if at least four hours have elapsed; thereafter the summary will cover the 24-hour period ending at 1900 hours. Reports will be filed on a daily basis until the incident is declared controlled.

Date/Time - Enter the date and time of this report. If it is an update, check to make sure that the date and time have been changed.

Initial/Update/Final - There is only ONE initial report and ONE final report. Everything else is an update. Updates should be submitted at least once a day until the fire is declared controlled. The final report is submitted only after the fire is declared controlled.

Incident Number - Enter the number that has been assigned by the jurisdictional agency. This should start with the 2-letter state identifier, followed by the unit identifier and the fire/incident number (e.g., NV-NNS-N920464, NV-ELD-Y042, or NV-HTF-P44681).

Incident Name - Once a name has been assigned, it should not be changed if at all possible. However, if a name change does occur, be sure to make a note of it in the block for remarks. If the report is for a complex, put the name of the complex here and list the individual fires and acreages under remarks.

Incident Type - Wildfire, Wild Land Fire Use, Prescribed Fire, Hazardous Materials or Fuel Spill, Hurricane, Tornado, Flood, Earthquake, etc.

Started (Date/Time) - Enter the date (including year) and time at which the incident began.

Cause - For fire incidents, enter the specific cause (e.g., human, lightning, or under investigation). Leave blank for other incident types.

Incident Commander - Use the first initial, followed by the last name.

IMT Type - Enter the type of incident management team assigned (1, 2, or 3), if applicable.

State/Unit - Enter the 2-letter identifier for the state, followed by the identifier of the agency unit or municipality that has administrative jurisdiction over the land on which the incident is located; i.e., city, county, state, National

Park, National Forest, etc. If the incident is being managed/suppressed by another entity, note this information in the remarks.

County - Enter the county/counties in which the incident is occurring.

Latitude and Longitude - Enter the latitude and longitude where the incident started.

Short Location Descrip. - Give a general location (compass direction and number of miles) in reference to the nearest town.

Size/Area Involved - Enter the acreage for fire incidents or descriptive size (e.g., square miles) for other incidents. If a fire incident has more than one jurisdiction, show the total acreage here and break out the different agencies' acreages in the remarks block.

% Contained or MMA - For wildfire incidents, enter the % of the incident that is contained. For Wild Land Fire Use and/or Prescribed Fire, enter the maximum manageable area (MMA) as an acreage value, polygon area, or radius in miles from a given point.

Expected Containment - For fire incidents, enter the date and time at which full containment is expected.

Line to Build - For fire incidents, enter the number of chains of line still to be completed.

Costs to Date - Enter the total incident costs to date (dollar value).

Declared Controlled - Enter the date and time at which the incident was declared controlled. Once this block has been filled, the report is considered to be "final" - remember to check the appropriate box at the top of the report.

Injuries Today - Report only serious injuries for this reporting period. The nature of the injuries must be explained under remarks.

Fatalities - Enter the total number of fatalities for the duration of the incident. Be very sensitive about exactly what kind of information is included (never include names!).

Threat to Human Life/Safety - Check the line that most accurately describes the current level of threat to human life and/or safety.

Structure Information - Enter the number of structures threatened and/or destroyed by type. If additional descriptions are needed, use the remarks section. Make sure the information is **current** - don't include past or future threats. The information should be updated daily as threats change, increase, or decrease.

Fuels Involved - For fire incidents, list the predominant and/or carrier fuels involved (by common name).

Resources Threatened - Include significant threats to timber, wildlife, habitat, watershed, or other valuable resources.

Current Weather Conditions - For fire incidents, enter the maximum (e.g., 1300 hr.) readings for wind speed, wind direction, temperature, and relative humidity for the current day. For non-fire incidents in which other weather conditions are a factor, use the remarks section to describe the conditions.

Resource Benefits/Objectives - For Wild Land Fire Use and Prescribed Fire incidents, describe the resource objectives and benefits to be derived from the project.

Today's Observed Fire Behavior - For fire incidents, describe the fire behavior observed during the period being reported (i.e., moderate, extreme, and advanced to describe fire behavior in general terms, or terms such as torching, creeping, crowning, etc.).

Significant Events Today - Describe significant events occurring during the period being reported (i.e., closures, evacuations, progress made, distribution center accomplishments, etc.).

Committed Resources - Enter the number of resources committed by agency and kind of resource under the appropriate column single resource (SR) or strike team (ST). This section is used mainly to track federal, state, and private resources. If there are several different county, volunteer fire department, or city resources committed, group them together under "Other" and then list the individual entities in the Cooperating Agencies section. Make sure that the total number of personnel correlates with the number of people per crew, engine, helicopter (module and pilot(s)), etc.

Cooperating Agencies - Do not repeat agencies listed in the Committed Resources section. This section is for local cooperators and will generally include entities such as the Red Cross, Salvation Army, local law enforcement, etc.

Prepared By - Normally, this will be the situation unit leader or planning section chief at the incident, but may be a dispatcher in the local dispatch center.

Approved By - Normally, this will be the planning section chief or incident commander at the incident, but may be the local dispatch center manager, fire management officer, or agency manager.

Estimated Control - For fire incidents, give the date and time at which control is expected. For non-fire incidents, enter the date at which incident support is expected to be completed.

Projected Final Size - Enter an estimate of the total area that is expected to be involved/affected over the course of the incident.

Estimated Final Cost - Enter an estimate of the total costs for the incident, once all bills will have been processed (dollar value).

Tomorrow's Forecasted Weather - For fire incidents, enter the forecasted afternoon wind speed, wind direction, temperature, and relative humidity. Highlight significant forecasted weather events such as dry lightning, frontal passages, inversions, and gusty/erratic winds under remarks. For non-fire incidents in which other weather conditions are a factor, use the remarks section to describe the conditions.

Critical Resource Needs - List the kinds and numbers of resources needed, in order of priority.

Actions Planned - Provide a short summary of actions planned for the next operational period.

Projected Incident - Provide an estimate of the direction in which the incident is expected to spread during the next operational period (when applicable). Also include an estimate of the acreage that will likely be affected.

Major Problems and Concerns - For fire incidents, describe control problems (such as heavy fuels, steep terrain, difficult access, adverse weather conditions (high winds, low humidity), erratic/extreme fire behavior), safety concerns, etc. For all incidents, include social/political/economic concerns or impacts, and relate critical resource needs to the planned actions. If the fire is controlled, this block should be blank.

For fire incidents - Describe the fire's resistance to control in terms of growth potential and difficulty of terrain.

How likely is it - Give a short assessment of the likelihood of meeting the containment/control targets, given the current resources and suppression strategy (e.g., very likely). If containment is unlikely, explain why and/or adjust the containment/control targets accordingly.

Projected Demobe Start - Enter the date and time at which significant demobilization is expected to begin.

Remarks - Use this block to expand on information as outlined above, or to include other pertinent information not previously addressed.

5-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

5-6 Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate reporting requirements.

Sample ICS Form 209 (Cont'd)

Outlook			
Estimated Control Date: Time:	Projected Final Size	Estimated Final Cost <i>UNK</i>	Tomorrow's Forecasted Weather Wind Speed: <i>5K</i> Temperature: <i>85°F</i> Wind Direction: <i>E</i> Relative Humidity:
Critical Resource Needs (kind & amount, in priority order): 1. <i>AIRCRAFT + CREW - 1 MORE</i> 2. <i>2 GRND TEAMS</i> 3.			
Actions planned for next operational period: <i>CONT. RECON</i>			
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 Demobe Start (date and time):			
Remarks:			

STATUS CHANGE CARD (ICS FORM 210)

6-1. Purpose. The status change card is used by the incident communications center manager to record status change information received on resources assigned to the incident.

6-2. Preparation. Radio/telephone operators who receive status change information from individual resources, task forces, strike teams, and division/group supervisors complete the form. Staging area and helibase managers and fixed-wing facilities could also report status information.

6-3. Distribution. The status change card is a two-part form. The original copy is given to the resources unit, and the second (pink) copy is retained by the communications unit.

6-4. Instructions for Completing the Status Change Card (ICS Form 210).

Designator Name/ID No. - Enter the appropriate designator for the kind of resource.

Status - Determine the current status of the resource. If out-of-service status is checked, enter the time when the resource will return to service (ETR).

From/Location/To - Place a checkmark in the FROM column indicating the current location of the resource (where it came from). Also place a check in the TO column indicating the assigned location of the resource. When more than one division, staging area, or camp is used, identify the specific location (e.g., Division A, Redfern Staging Area, Camp Hood).

Message - Enter any special information provided by the resource or dispatch center such as individual designators of strike teams and task forces.

Time -Enter the time of the status change (24-hour clock).

Resources Process - Resources unit personnel check this box after the Unit has transferred the information to a Resource Status Card (ICS Form 219).

6-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

6-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate status monitoring.

Sample ICS Form 210

DESIGNATOR Maxwell Ground Team NAME/ID. NO. _____								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">STATUS</td> <td colspan="2"></td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <input type="checkbox"/> ASSIGNED <input checked="" type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S MECHANICAL <input type="checkbox"/> O/S MANNING _____ ETR (O/S=Out-of-Service) </td> </tr> </table>			STATUS			<input type="checkbox"/> ASSIGNED <input checked="" type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S MECHANICAL <input type="checkbox"/> O/S MANNING _____ ETR (O/S=Out-of-Service)		
STATUS								
<input type="checkbox"/> ASSIGNED <input checked="" type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S MECHANICAL <input type="checkbox"/> O/S MANNING _____ ETR (O/S=Out-of-Service)								
FROM	LOCATION	TO						
	DIVISION/GROUP							
	STAGING AREA							
	BASE/ICP	X						
	CAMP							
	EN ROUTE	ETA						
X	HOME AGENCY							
<p>MESSAGE</p> <p>The Maxwell ground team is reporting in from home to the Incident Command Post as requested.</p>								
TIME <u>1400Z</u> RESOURCES PROCESS <input checked="" type="checkbox"/>								
<p>ICS STATUS CHANGE CARD FORM 210 6/83</p>								
☆ U.S. GOVERNMENT PRINTING OFFICE: 1986-695-272								

CHECK-IN LIST (ICS FORM 211)

7-1. Purpose. Personnel and equipment arriving at the incident can check-in at various incident locations. Check-in consists of reporting specific information that is recorded on the check-in list. The check-in list serves several purposes:

- a. Used for recording arrival times at the incident of all overhead personnel and equipment.
- b. Used for recording the initial location of personnel and equipment and thus a subsequent assignment can be made.
- c. Used to support demobilization by recording the home base, method of travel, etc., on all check-ins.

7-2. Preparation. The check-in list is initiated at a number of incident locations including:

- a. Staging areas, base, camps, helibases, and incident command post (ICP). Managers at these locations record the information and give it to the resources unit as soon as possible.
- b. Incident communications center manager located in the communications center record the information and also give it to the resources unit as soon as possible.
- c. A recorder at the resources unit will do check-in at the ICP.

7-3. Distribution. Check-in lists, which are completed by personnel at the various check-in locations, are provided to both the resources unit and the finance section. The resources unit maintains a master list of all equipment and personnel that have reported to the incident.

7-4. Instructions for Completing the Check-in List (ICS Form 211). Incident dispatchers, upon receipt of a check-in message by radio, record the information on the Check-in List (ICS Form 211) and then give the information to the resources unit. Resources unit recorders, upon receipt of information on an in-person check-in, record the information directly onto the check-in list form.

Item

1. Incident Name - Print the name assigned to the incident.
2. Check-in Location - Place a check mark in the appropriate box indicating where the resource or person checked in at the incident.
3. Date/Time Prepared - Enter date (month, day, year) and time prepared (24-hour clock).
4. List Personnel (Overhead) by Agency & Name - Use this section to list agency three-letter designator and individual names for all overhead (supervisory) personnel. When listing equipment, use three-letter designator, indicate if resource is a single resource, task force or strike team; enter kind or resource (letter for single resources, number 1-3 for strike team); enter type of resource (1-4), and designated identification number.
5. Order/Request Number - Order number will be assigned by agency dispatching the resources or personnel to the incident.
6. Date/Time Check-In – Self-explanatory.
7. Leader's Name – Self-explanatory.
8. Total Number Personnel - Enter total number of personnel in strike teams, task forces or manning single resources. Include leaders.
9. Manifest - Indicate if a manifest was prepared.
10. Crew Weight or Individual's Weight – Self-explanatory.
11. Home Base - Location at which the resource/individual is normally assigned. (May not be departure location.)
12. Departure Point - Location from which resource/individual departed for this incident.
13. Method of Travel - Means of travel to incident (bus, truck, engine, personal vehicle, etc.).
14. Incident Assignment - Assignment at time of dispatch.
15. Other Qualifications - List any other ICS position the individual has been trained to fill.
16. Sent to - Enter initials and time that the information pertaining to that entry was sent to the resources unit.
17. Page - Indicate page number and number of pages being used for check-in at this location.
18. Prepared By - Enter name of check-in recorder.

7-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwccg.gov/pms/forms/icsforms.htm>.

7-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate electronic check-in of resources.

GENERAL MESSAGE (ICS FORM 213)

Note: The general message form in use within the ICS is a three-part form, or will need to be copied appropriately.

8-1 Purpose. The general message form is used by:

- a. Incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients.
- b. Command post and other incident personnel to transmit messages to the incident
- c. Communications center for transmission via radio or telephone to the addressee.
- d. Incident personnel to send any message or notification to incident personnel that require hard-copy delivery.

8-2. Initiation of Form. Incident dispatchers and any other personnel on an incident may initiate the general message form.

8-3. Distribution. Upon completion, the general message may be:

- a. Hand carried to the addressee.
- b. Hand carried to the incident communication center for transmission.

8-4. Instructions for Completing General Message (ICS Form 209).

Item

To	Indicate unit/person the general message is intended for. Be specific.
Office	Indicate the location where the unit/person is located, e.g., ground support unit leader, Simpson Camp, communications, etc.
From	Indicate appropriate designation and location of sender.
Subject	Fill in if applicable.
Date	List the date and time.
Message	Briefly complete. Think through your message before writing it down. Try to be as concise as possible.
Reply	This section is intended to be used by the unit/person who receives the message to reply to your message.
Date	Record the date and time of reply.
Signature	Record signature and title of person replying.

*White Copy/Pink Copy Both copies are sent by person who initiates the message.

*Yellow Copy Retained by the person who initiates the message.

*Pink Copy May be returned to the person who initiates the message.

*Note: Carbonless 3 part general message forms are available from the US government printing office – if not available, personnel should make a carbon of the message or photocopy the message as appropriate.

8-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

8-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate message transfer.

Sample ICS Form 213

U.S. GPO: 1988-783-875

GENERAL MESSAGE

TO: Mike Connaly		POSITION IC	
FROM Major Al Francis		POSITION Controller/AFRCC	
SUBJECT 00-1234		DATE 5/16/00	0816

MESSAGE:
 SARSAT Hit now shows a signal at 31° 19.6' North,
 090° 42.3' West.

Dispatching 1 aircraft and 1 groundteam to that area.

DATE	TIME	SIGNATURE/POSITION
5/16/00	0832	<i>Mike Connaly</i> IC

213 ICS 1/79
 NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

SENDER REMOVE THIS COPY FOR YOUR FILES

UNIT LOG (ICS FORM 214)

9-1. Purpose. The unit log is used to record details of unit activity including strike team activity. The file of these logs provides a basic reference from which to extract information for inclusion in any after-action report.

9-2. Initiation of Log. A unit log is initiated and maintained by command staff members, division/group supervisors, air operations groups, strike team/task force leaders, and unit leaders. Completed logs are forwarded to supervisors who provide to the documentation unit.

9-3. Distribution. The documentation unit maintains a file of all unit logs. It is necessary that one copy of each log be submitted to the documentation unit.

9-4. Instructions for Completing the Unit Log (ICS Form 214).

Item

1. Incident Name - Print the name assigned to the incident.
2. Date Prepared - Enter date prepared (month, day, year).
3. Time Prepared - Enter time prepared (24-hour clock).
4. Unit Name - Enter the title of the organizational unit or resource designator (e.g., facilities unit, safety officer, strike team).
5. Unit Leader - Enter the name of the individual in charge of the unit.
6. Operational Period - Enter the time span covered by the log (e.g., 1800 Oct. 12 to 0600 Oct. 13).
7. Personnel Roster - List the name, position, and home base of each member assigned to the unit during the operational period.
8. Activity Log - Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.).
9. Prepared By - Enter the name and title of the person approving the log. Provide log to immediate supervisor at the end of each operational period.

9-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwccg.gov/pms/forms/icsforms.htm>.

9-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate documentation of unit activities.

OPERATIONAL PLANNING WORKSHEET (ICS FORM 215)

10-1. Purpose. The purpose of the operational planning worksheet is to communicate the decisions made during the planning meeting concerning resource assignments to the resources unit. The worksheet is used by the resources unit to complete assignment lists and by the logistics section chief for ordering resources for the incident.

10-2. Initiation of Form. The incident commander and general staff at each planning meeting initiate the operational planning worksheet. It is recommended that the format be drawn on the chalkboard, and when decisions are reached, the information is recorded on the operational planning worksheet.

10-3. Distribution. When the division work assignments and accompanying resource allocations are agreed to, the form is distributed to the resources unit to assist in the preparation of the assignment lists. The planning section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

10-4. Instructions for Completing the Operational Planning Worksheet (ICS Form 215).

Item

1. Incident Name - Print the name assigned to the incident.
2. Date/Time Prepared - Enter date (month, day, year) and time prepared (24-hour clock).
3. Operational Period - Enter the time interval for which the information applies. Record the start time and end time and date(s).
4. Division or Other Location - Enter the division letter or location of the work assignment for the resources.
5. Work Assignments - Enter the specific work assignments given to each of the divisions.
6. Resource - Complete resource headings, both for kind and type appropriate for the incident. Enter, for the appropriate resources, the number of resources by type (engines, crew, etc.) required "REQ", and the number of resources available "HAVE" to perform the work assignment. Then record the number of resources needed "NEED" by subtracting the number in the "HAVE" row from the number in the "REQ" row.
7. Reporting Location - Enter the specific location the "needed" resources are to report for the work assignment (staging area, location on the fire line, etc.).
8. Requested Arrival Time - Enter time resources are requested to arrive at the reporting location.
9. Total Resources Required, On Hand, Ordered - Enter the total number of resources by type (engines, crews, dozers, etc.) required, on hand, and ordered.
10. Prepared By - Record the name and position of the person completing the form.

10-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwecg.gov/pms/forms/icsforms.htm>.

10-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate implementation of plans by the operations section.

RADIO REQUIREMENTS WORKSHEET (ICS FORM 216)

11-1. Purpose. The radio requirements worksheet is used to develop the total number of personal portable radios required for each division/group and branch. It provides a listing of all units assigned to each division, and thus depicts the total incident radio needs.

11-2. Initiation of Form. The worksheet is prepared by the communications unit for each operational period and can only be completed after specific resource assignments are made and designated on assignment lists. This worksheet need not be used if the communications unit leader can easily obtain the information directly from assignment lists.

11-3. Distribution. The worksheet is for internal use by the communications unit and therefore there is no distribution of the form.

11-4. Instructions for Completing the Radio Requirements Worksheet (ICS Form 216).**Item**

1. Incident Name - Print the name assigned to the incident.
2. Date - Enter date (month, day, year) prepared.
3. Time Prepared - Enter time prepared (24-hour clock).
4. Branch - Enter the branch number (I, II, etc.) for which radio requirements are being prepared.
5. Agency - Enter the three-letter designator (i.e., CAP) of the agency staffing the branch director position..
6. Operational Period - Enter the time interval for which the assignment applies. Record the start date/time and end date/time.
7. Tactical Frequency - Enter the radio frequency to be used by the branch director to communicate with each division/group supervisor in the branch.
8. Division/Group - Enter for each division/group in the branch the division/group identifier (A, B, etc.) and the agency assigned (i.e., CAP).
9. Agency/ID No./Radio Requirements - List all units assigned to each division/group. Record the agency designator, unit or resource identification, and total number of radios needed for each unit or resource.
10. Prepared By - Enter the name and position of the person completing the worksheet.

11-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

11-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate determination of communications requirements.

Sample ICS Form 216

RADIO REQUIREMENTS WORKSHEET									
1. INCIDENT NAME 00-1234			2. DATE 16 May 00		3. TIME 0800				
4. BRANCH GROUND			5. AGENCY CAP		6. OPERATIONAL PERIOD 16-17 May 00		7. TACTICAL FREQUENCY 148.150		
8. DIVISION/GROUP GSAR Teams			DIVISION/ GROUP		DIVISION/ GROUP				
AGENCY CAP			AGENCY CAP		AGENCY		AGENCY		
9. AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO.	RADIO RQMTS	
	017	1			4				
	076	1							
	012	1							
	068	2							
216 ICS 3-82			PAGE		1		5. PREPARED BY (COMMUNICATIONS UNIT) John Q. Public		

RADIO FREQUENCY ASSIGNMENT WORKSHEET (ICS FORM 217)

12-1. Purpose. The radio frequency assignment worksheet is used by the communications unit leader to assist in determining frequency allocations.

12-2. Preparation. Cache radio frequencies available to the incident are listed on the form. Major agency frequencies assigned to the incident should be added to the bottom of the worksheet.

12-3. Distribution. The worksheet, prepared by the communications unit, is for internal use.

12-4. Instructions for Completing the Radio Frequency Assignment Worksheet (ICS Form 217).**Item**

1. Incident Name - Print the name assigned to the incident.
2. Date - Enter date (month, day, year) prepared.
3. Operational Period - Enter the time interval for which the assignment applies. Record the start date/time and end date/time.
4. Incident Organization - List frequencies allocated for each channel for each organizational element activated, record the number of radios required to perform the designated function on the specified frequency.
5. Radio Data - For each radio cache and frequency assigned, record the associated function. Functional assignments are:
 - Command
 - Support
 - Division tactical
 - Ground-to-air
6. Agency - List the frequencies for each major agency assigned to the incident. Also list the function and channel number assigned.
7. Total Radios Required - Total each column. This provides the number of radios required by each organizational unit. Also total each row, which provides the number of radios using each available frequency.
8. Prepared By - Enter the name and position of the person completing the worksheet.

12-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

12-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate assignment of radio frequencies.

SUPPORT VEHICLE INVENTORY (ICS FORM 218)

13-1. Purpose. The support vehicle inventory form provides an inventory of all transportation and support vehicles assigned to the incident. The information is used by the ground support unit to maintain a record of the types and locations of vehicles on the incident. The resources unit uses the information to initiate and maintain status/resources information on these resources.

13-2. Preparation. Ground support unit personnel prepare the form at intervals specified by the ground support unit leader.

13-3. Distribution. Initial inventory information recorded on the form should be given to the resources unit. Subsequent changes to the status or location of transportation and support vehicles should be provided to the resources unit immediately.

13-4. Instructions for Completing the Support Vehicle Inventory (ICS Form 218)*.**Item**

1. Incident Name - Print the name assigned to the incident.
2. Date Prepared - Enter date (month, day, year) prepared.
3. Time Prepared - Enter time prepared (24-hour clock).
4. Vehicle Information - Record the following vehicle information:
 - Type - Specific vehicle type (e.g., bus, stake side, etc.).
 - Make - Vehicle manufacturer name (e.g., GMC, International).
 - Capacity/Size - Vehicle capacity/size, (e.g., 30-person bus, 3/4-ton truck).
 - Owner - Owner of vehicle (agency or private owner).
 - ID Number - Serial or other identification number.
 - Location - Location of vehicle.
 - Release Time - Time vehicle is released from the incident.
5. Prepared By - Enter the name of the person completing the form.

*** NOTES:**

1. The ground support unit leader may prefer to use separate sheets for each type of support vehicle (e.g., buses, pickups, and food tenders).
2. More than one line may be used to record information on each vehicle. If this is done, separate individual vehicle entries with a heavy line.
3. Several pages may be used. When this occurs, number the pages consecutively (in the page number box at bottom of the form).

13-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwecg.gov/pms/forms/icsforms.htm>.

13-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate vehicle tracking.

RESOURCE STATUS CARD (ICS FORM 219)

14-1. Purpose. Resource status cards are used by the resources unit to record status and location information on resources, transportation, and support vehicles and personnel. The resource status cards provide a visual display of the status and location of resources assigned to the incident.

14-2. Format. There are ten different status cards (see below). Each card is a different color and used for a different purpose. The format and content of information on each card will vary depending upon the use of the card.

- 219-1: Labels - Gray (used only as label cards in racks)
- 219-2: Handcrews - Green
- 219-3: Engines - Rose
- 219-4: Helicopter - Blue
- 219-5: Personnel - White
- 219-6: Aircraft - Orange
- 219-7: Dozers - Yellow
- 219-8: Task Forces & Miscellaneous Equipment – Tan
- 219-9: Accountable Property Assignment Record – White with Red print
- 219-9A: Accountable Property Transfer – White with Red print

14-3. Preparation. Information to be placed on the cards may be obtained from several sources including but not limited to:

- a. ICS Briefing (ICS Form 201)
- b. Check-In List (ICS Form 211)
- c. Status Change Card (ICS Form 210)
- d. Agency supplied information

Detailed information on preparing status cards is found in Resources Unit Position Manual (ICS 221-3)

14-4. Distribution. The cards are displayed in resource status racks where they can be easily retrieved. The resources unit will retain cards until demobilization. At demobilization all cards will be turned into the documentation unit.

14-5. Instructions for Completing the Resource Status Card. An example of each kind of card is shown in the following test. Instructions for filling in each block on the card are included where necessary and are not repeated on each example unless needed for clarification.

a. ICS 219-1 LABEL CARD. The label cards (gray) are used to designate either locations or status in the card racks. The organization of the card racks will vary depending upon the type and size of incident. Resources unit personnel can print location data (e.g., BRANCH 1 DIVISION C, SUNSET BASE), and/or status information (e.g., AVAILABLE, EN ROUTE, OUT-OF-SERVICE, ETC.) on the tops of the cards with felt-tip pens. The label cards may then be placed into the racks at appropriate locations as determined by resources unit personnel.

b. HANDCREWS—GREEN-COLORED CARD. The handcrew card is depicted below. (Incident location data on the handcrew card is on the back of the card and not shown in the example.)

ORDER/REQUEST NO. - Number assigned by dispatching agency.

HOME BASE - Location at which handcrew is normally located.

DEPARTURE POINT - Location from which handcrew left to reach this incident.

CREW ID. NO./NAME (FOR STRIKE TEAMS) - List commonly used names or numbers to identify the crews which make up the strike team.

NO. PERSONNEL - Total number of personnel (including leader) in crew or in strike team (as appropriate).

MANIFEST - Was a manifest prepared for the crew/strike team?

WEIGHT - Total weight (including equipment and personal belongings) of the crew/strike team.

DESTINATION POINT - Next location to which crew/strike team is being sent from the incident.

c. ICS 219-3 ENGINE—ROSE-COLORED CARD. The engine card when used for strike teams will have the right tab blocked out. This provides an immediate indication to resources unit that the card represents a strike team.

RESOURCE ID - Numbers; names for strike teams, list all individual engine numbers that make up the strike team. Engine company captains may be included as appropriate. For mixed agency strike teams, list the 3-letter ID. For each resource.

INCIDENT LOCATION - Write in the location that the resource is assigned to on the incident (e.g., DIVISION A, SUNSET BASE, etc.).

STATUS - Check appropriate line. If engine is O/S (out-of-service), give the ETR (estimated time of return) when known.

NOTE: Provide any information that may be needed or useful (e.g., engine MRV 6183 carries a 120 channel synthesizer).

d. ICS 219-4 HELICOPTER—BLUE-COLORED CARD.

MANUFACTURER NAME/NO. - e.g., Bell 206

INCIDENT LOCATION - Assigned location information on helicopters may be the same as other resources (e.g., Division A). However, location could also indicate a “general” working location (e.g., water-dropping in Branch 1; or crew transport - Wilson Staging Area).

e. ICS 219-5 PERSONNEL—WHITE-COLORED CARD.

TRANSPORTATION NEEDS - If an individual was picked up and brought to the incident, it is important to check what transportation is needed to return home.

DATE/TIME ORDERED - Important to show the specific means by which personnel will depart the incident. Note that this may vary from the way the individual arrived.

REMARKS (Include other qualifications) - Use this space to indicate ICS positions individuals may fill in addition to incident assignment (e.g., situation unit leader, demobilization unit leader, etc.).

f. ICS 219-6 AIRCRAFT—ORANGE-COLORED CARD.

INCIDENT LOCATION - Reflect the area of the incident to which the aircraft is primarily assigned (e.g., Branch 1).

g. 219-7 DOZERS—YELLOW-COLORED CARD.

RESOURCE ID. NUMBERS; NAMES - List dozer numbers and operator names for dozers in strike teams. Show contractor name as appropriate.

h. ICS 219-8 MISCELLANEOUS EQUIPMENT/TASK FORCE —TAN-COLORED CARD. This card is used for a variety of miscellaneous equipment (e.g., buses, trucks, water tenders, etc.). The card is also used to show task forces. (Task forces may be several different kinds of resources assembled for a specific purpose.) When the card is used to indicate a task force, the left tab should be blacked out. Also, the specific resources making up the task force should be listed in the resource ID. No./Names section of the card. The cards of the resources making up the task force can be clipped together with the tan task force card or stored separately as desired. When a single resource is being used in a task force, a notation should be made on that resources’ card to include the task force number.

i. ICS 219-9 – ACCOUNTABLE PROPERTY ASSIGNMENT RECORD – WHITE WITH RED PRINT. This card is utilized by the incident logistics staff to track accountable property at a command post, staging area, base or camp. As items are transferred in the field, the appropriate information is noted on the form so that there is a record of what unit currently is responsible for the property. General and special maintenance requirements and notes for the specific piece of equipment are also noted on the form.

j. ICS 219-9A – WHITE CARD WITH RED PRINT. This card is used to track accountable property changing hands in the field. This card should be attached to accountable equipment issued to field units that must be returned like electronic direction finding units, GPS units, handheld radios, etc. If the item is transferred between units in the field, say at a shift change for crew rest, then the losing unit fills out the appropriate information on the unit receiving the item, tears off the card, and returns the torn off portion of the card to the logistics section so that the ICS 219-9 can be appropriately updated. Items should not be transferred more than once in the field.

14-6. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwccg.gov/pms/forms/icsforms.htm>.

14-7. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate status monitoring.

Sample ICS Form 219-3

AGENCY	ST	TF	KIND	TYPE	I.D. NO.
ORLANDO FIRE	ST		ENG	1	42
ORDER/REQUEST NO. 5-5		DATE/TIME CHECK IN 10 JUN 00 - 1300Z			
HOME BASE ORLANDO METRO FD					
DEPARTURE POINT ORLANDO METRO FD					
LEADER NAME S. BEAR					
RESOURCE I.D. NO.S/NAMES ENGINE 42					
DESTINATION POINT I 95 STAGING AREA, MELBOURNE					ETA 1 HR
REMARKS					
INCIDENT LOCATION FOREST FIRE, WEST I 95				TIME 1315	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input checked="" type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
ICS 219-3 (Rev. 4/82) ENGINE NFES 1345					

AGENCY	ST	TF	KIND	TYPE	I.D. NO./NAME
INCIDENT LOCATION				TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
INCIDENT LOCATION				TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
INCIDENT LOCATION				TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
U.S. GPO: 1999-792-736					

Sample ICS Form 219-4

AGENCY FHP	TYPE 1	MANUFACTURER NAME/NO. BELL JET RANGER	I.D. NO. N1234
ORDER/REQUEST NO. 5-8		DATE/TIME CHECK IN 10 JUN 00 - 1300Z	
HOME BASE DAB			
DEPARTURE POINT DAB			
PILOT NAME WILLIAM ALANS			
DESTINATION POINT INTERSECTION I 95 AND ROUTE 4			ETA 20 MIN
REMARKS			
INCIDENT LOCATION INTERSECTION I 95 AND ROUTE 4			
STATUS <input checked="" type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
ICS 219-4 (Rev. 4/82) HELICOPTER NFES 1346			

AGENCY	TYPE	MANUFACTURER	I.D. NO.
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
U.S. GPO: 1999-792-739			
NFES 1346			

Sample ICS Form 219-5

AGENCY FLVOAD	NAME JOHN PUBLIC	INCIDENT ASSIGNMENT TECHNICAL SPECIALIST
ORDER/REQUEST NO. 5-9	DATE/TIME CHECK IN 10 JUN 00 -1315Z	
HOME BASE DAB		
DEPARTURE POINT DAB		
METHOD TRAVEL <input type="checkbox"/> OWN <input type="checkbox"/> BUS <input checked="" type="checkbox"/> AIR		
OTHER		
ON MANIFEST <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WEIGHT 300 LB	
TRANSPORTATION NEEDS <input type="checkbox"/> OWN <input type="checkbox"/> BUS <input checked="" type="checkbox"/> AIR		
OTHER		
DATE/TIME ORDERED 10 JUN 00 -1200Z	DATE/TIME CONFIRMED 10 JUN 00 -1225Z	
DESTINATION POINT MLB	ETA 15 MIN	
REMARKS (Include other qualifications)		
INCIDENT LOCATION I 95, NORTH OF MELBOURNE	TIME 1150Z	
STATUS <input checked="" type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR		
NOTE		
ICS 219-5 (Rev. 4/82) PERSONNEL NFES 1347		

AGENCY	NAME	INCIDENT ASSIGNMENT
INCIDENT LOCATION		TIME
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR		
NOTE		
INCIDENT LOCATION		TIME
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR		
NOTE		
INCIDENT LOCATION		TIME
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR		
NOTE		
INCIDENT LOCATION		TIME
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR		
NOTE		
☆ U.S. GPO: 2000 - 591-600		

Sample ICS Form 219-6

AGENCY FL CAP	TYPE 1	MANUFACTURER NAME/NO. CESNA 172 - N123CP	I.D. NO. 81
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AGENCY	TYPE	MANUFACTURER	I.D. NO.
--------	------	--------------	----------

ORDER REQUEST NO. 5-9	DATE/TIME CHECK IN 10 JUN 00 - 1335Z
---------------------------------	--

HOME BASE DAB

DATE TIME RELEASED 10 JUN 00 - 1400Z
--

INCIDENT LOCATION INTERSECTION I95 + ROUTE 4	TIME 1150Z
--	----------------------

STATUS			
<input checked="" type="checkbox"/> ASSIGNED	<input type="checkbox"/> O/S REST	<input type="checkbox"/> O/S PERS.	
<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> O/S MECH	<input type="checkbox"/> ETR	

NOTE TAKE DIGITAL PICTURES OF ACCIDENT SCENE
--

INCIDENT LOCATION	TIME
-------------------	------

STATUS			
<input type="checkbox"/> ASSIGNED	<input type="checkbox"/> O/S REST	<input type="checkbox"/> O/S PERS.	
<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> O/S MECH	<input type="checkbox"/> O/S ETR	

NOTE

INCIDENT LOCATION	TIME
-------------------	------

STATUS			
<input type="checkbox"/> ASSIGNED	<input type="checkbox"/> O/S REST	<input type="checkbox"/> O/S PERS.	
<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> O/S MECH	<input type="checkbox"/> ETR	

NOTE
ICS 219-6 (4/82) AIRCRAFT NFES 1348

INCIDENT LOCATION	TIME
-------------------	------

STATUS		
<input type="checkbox"/> ASSIGNED	<input type="checkbox"/> O/S REST	<input type="checkbox"/> O/S PERS.
<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> O/S MECH	<input type="checkbox"/> ETR

NOTE

INCIDENT LOCATION	TIME
-------------------	------

STATUS		
<input type="checkbox"/> ASSIGNED	<input type="checkbox"/> O/S REST	<input type="checkbox"/> O/S PERS.
<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> O/S MECH	<input type="checkbox"/> ETR

NOTE

INCIDENT LOCATION	TIME
-------------------	------

STATUS		
<input type="checkbox"/> ASSIGNED	<input type="checkbox"/> O/S REST	<input type="checkbox"/> O/S PERS.
<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> O/S MECH	<input type="checkbox"/> ETR

NOTE

INCIDENT LOCATION	TIME
-------------------	------

STATUS		
<input type="checkbox"/> ASSIGNED	<input type="checkbox"/> O/S REST	<input type="checkbox"/> O/S PERS.
<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> O/S MECH	<input type="checkbox"/> ETR

NOTE
U.S. GPO: 1999-792-738
NFES 1348

Sample ICS Form 219-7

AGENCY FL DOT	ST ST	TF	KIND	TYPE	I.D. NO. 350
ORDER/REQUEST NO. 5-11			DATE/TIME CHECK IN 10 JUN 00-1450Z		
HOME BASE DAB					
DEPARTURE POINT DAB					
LEADER NAME D. J. ZERE					
RESOURCE I.D. NO.S/NAMES P. ZERE					
J. MORRIS					
DESTINATION POINT MLB					ETA 1 HR
REMARKS BUILDING A FIRE BREAK IN N. MELBOURNE					
INCIDENT LOCATION I95, N. OF MELBOURNE					TIME 1150Z
STATUS <input checked="" type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
ICS 219-7 (Rev. 4/82) DOZERS NFES 1349					

AGENCY	ST	TF	KIND	TYPE	I.D. NO./NAME
INCIDENT LOCATION					TIME
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
INCIDENT LOCATION					TIME
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
INCIDENT LOCATION					TIME
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
U.S. GPO: 1999-792-736					

Sample ICS Form 219-9A

○

**ACCOUNTABLE
PROPERTY TRANSFER
TAG (219-9A)**

TEAR OFF CARD ON EACH
TRANSFER AND RETURN TO
ISSUING UNIT

DATE/TIME I.D. NO.

NAME

HOME BASE

INCIDENT ASSIGNMENT

DATE/TIME I.D. NO.

10 JUN 00-1700Z 2002

NAME

ENGINE 42

HOME BASE

ORLANDO METRO FD

INCIDENT ASSIGNMENT

ICS 219-9A (10/88) NFES 2099

AIR OPERATIONS SUMMARY WORKSHEET (ICS FORM 220)

15-1. Purpose. The air operations summary worksheet provides the air operations branch with the number, type, location, and specific assignments of helicopters and air tankers.

15-2. Initiation of Form. The operations section chief or the air operations branch director completes the worksheet during each planning meeting. General air resources assignment information is obtained from the operational planning worksheet (ICS Form 215), which also is completed during each planning meeting. The air and fixed-wing support groups provide specific designators of the air resources assigned to the incident.

15-3. Distribution. After the worksheet is completed by air operations personnel (except item 11), the form is given to the air support group supervisor and air tanker/fixed-wing coordinator personnel. These personnel complete the form by indicating the designators of the helicopters and air tankers assigned missions during the specified operational period. This information is provided to air operations personnel who, in turn, give the information to the resources unit.

15-4. Instructions for Completing Air Operations Summary Worksheet (ICS Form 220).**Item**

1. Incident Name - Print the name assigned to the incident.
2. Operational Period - Enter the time interval for which the assignment applies. Record the start date/time and end date/time.
3. Remarks - Enter special instructions or information, including safety notes, hazards, and priorities for air operations personnel.
4. Medevac A/C – Enter the name of any medevac a/c available
5. Total Flight Radius (TFR) – Enter the area of operations of aircraft utilized on this mission
6. Personnel – Enter the name of key personnel involved
7. Frequencies – Enter the frequency assignments as appropriate
8. Fixed-Wing - Enter the number and type (1, 2, or 3) of air tankers allocated to the location/function.
9. Helicopters - Enter the number and type of helicopters allocated to the location/function. – Special use aircraft like search aircraft are normally listed here as well
10. Task / Mission / Assignment – Enter the function accomplished, instructions and/or name of aircraft accomplishing the function, the mission start time and the destination and departure locations.

15-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

15-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate aircraft status monitoring. **The air operations branch director must have ready access to data tracked on this form.**

DEMobilization CHECKOUT (ICS FORM 221)

16-1. Purpose. The demobilization checkout form provides the planning section information on resource releases from the incident to include destination, actual release time, and estimated time of arrival at destination.

16-2. Initiation of the Form. The demobilization unit leader or the planning section initiates the form. Demobilization unit leader completes the top portion of the form after the resource supervisor has given written notification that the resource is excess to the needs of the incident.

16-3. Distribution. The individual resource will have the unit initial the appropriate checked boxes in section 11 prior to release from the incident. After completion, the form is returned to the demobilization unit leader or the planning section.

NOTE: Prior to actual demobilization, planning section (demobilization unit) should check with the command staff (liaison officer) to determine any agency needs related to demobilization and release; if any, add to line number 11.

16-4. Instructions for Completing the Demobilization Checkout (ICS Form 221).

Item

1. Incident Name/No. - Print the name and/or number assigned to the incident.
2. Date/Time - Enter date and time prepared.
3. Demobilization Number - Enter agency request number, order number, or agency demobilization number if applicable.
4. Unit/Personnel Released - Enter appropriate vehicle or strike team/task force ID. Number(s) and leader's name or individual overhead or staff personnel being released.
5. Transportation Type/No. Method and vehicle ID. Number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in remarks, block #12.
6. Actual Release Date/Time - To be completed at conclusion of demobilization at time of actual release from incident. Would normally be last item of form to be completed.
7. Manifest - Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8. Destination - Location to which Unit or personnel have been released, i.e., area, region, home base, airport, mobilization center, etc.
9. Area/Agency/Region Notified - Identify area, agency, or region notified and enter date and time of notification.
10. Unit Leader Responsible for Collecting Performance Ratings - Self-explanatory. Note, not all agencies require these ratings.
11. Unit/personnel demobilization unit leader will identify with a check in the box to the left of those units requiring check-out - Identified unit leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check (unit requirements as needed), i.e., safety officer, agency representative, etc.
12. Remarks - Any additional information pertaining to demobilization or release.

16-5. Availability. This form is available in hard copy at cost from the National Interagency Fire Center, Great Basin Cache Supply Office, 3833 S. Development Ave., Boise, ID, 83705 or electronically from their Website <http://www.nwcg.gov/pms/forms/icsforms.htm>.

16-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate demobilization of resources.

Sample ICS Form 221

DEMOBILIZATION CHECKOUT		ICS-221
1. INCIDENT NAME/NUMBER Alabama River Flood/00-1234	2. DATE/TIME 17 JUN 00 - 1300Z	3. DEMOB NO. AL-2
4. UNIT/PERSONNEL RELEASED Mission aircrews and flightline personnel are released.		
5. TRANSPORTATION TYPE/NO. 3 Corporate Aircraft and 2 Corporate Vans		
6. ACTUAL RELEASE DATE/TIME 17 JUN 00 - 1300 Z		7. MANIFEST <input checked="" type="checkbox"/> YES NO NUMBER See the attached CAPF 104s and 109s
8. DESTINATION Home		9. AREA/AGENCY/REGION NOTIFIED NAME Alabama EMA notified DATE 17 JUN 00
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING Not applicable		
11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER CHECK <input checked="" type="checkbox"/> APPROPRIATE BOX)		
<u>LOGISTICS SECTION</u>		
<input type="checkbox"/> SUPPLY UNIT _____		
<input checked="" type="checkbox"/> COMMUNICATIONS UNIT Return the region aerial damage assessment kit to the comm unit		
<input type="checkbox"/> FACILITIES UNIT _____		
<input type="checkbox"/> GROUND SUPPORT UNIT LEADER _____		
<u>PLANNING SECTION</u>		
<input checked="" type="checkbox"/> DOCUMENTATION UNIT Be sure to have your outbound CAPF 104s and 109s signed and copied		
<u>FINANCE/ADMINISTRATION SECTION</u>		
<input checked="" type="checkbox"/> TIME UNIT Confirm flight usage with the finance/admin section before departing for closeout		
<u>OTHER</u>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
12. REMARKS Additional crews will be released as assignments finish		

221 ICS 1/83		Joseph Lan, Major, CAP

MISSION FLIGHT PLAN/BRIEFING FORM (CAPF 104)

17-1. Purpose. The mission flight plan/briefing form provides the aircrew information required for the assigned personnel to complete their mission, and mission base staff the information that they need upon completion of the assigned sortie.

17-2. Initiation of the Form. The air operations branch initiates the form.

17-3. Distribution. After the air operations branch initiates the form, and the assigned aircrew completes their appropriate information, then complete the flight when released. The air operations branch will keep a copy of the form as well as the aircrew. Upon completing the assigned mission, the aircrew will complete it's debriefing and the air operations branch will keep a copy of the of the form and forward a copy to the planning section so that the incident action plan can be revised as appropriate.

17-4. Instructions for Completing the Mission Flight Plan/Briefing Form (CAPF 104).

Item

1. Summary Information – Fill-in the mission number, date and sortie number.
2. Crew Qualification – Note the qualifications of the personnel assigned to the aircrew.
3. Aircraft Equipment – Check the appropriate blocks of equipment on board the aircraft and fill-in additional equipment as necessary
4. Flight Plan Info – Complete the FAA flight plan information as required
5. Mission Requirements and Objectives – In conjunction with the briefing officer fill in the mission objectives summary, search area description, terrain/ground cover expected, the type of search pattern expected to be used, the direction of tracks, track spacing, search altitude, search airspeed, hazards to flight, military low altitude training routes, aircraft separation, emergency landing fields, current local weather, current local forecast, current weather for the search area, current forecast for the search area, the call sign for the mission base, the frequencies being monitored at the mission base, the cal signs of ground teams in the area, the frequencies the ground teams will be on, the locations that ground teams will be positioned at, who the aircrew is required to contact and when, and actions that the aircrew is required to take upon finding the objective. Code words are requested on the form, but will not be used in accordance with the incident command system.
6. Required signatures – The pilot, briefing officer, and clearance officer should sign the form. If the aircrew is being dispatched remotely, then the pilot should note that on the form in the appropriate blocks.
7. Mission Debriefing Information – List the type of search conducted, the search patterns used, the search visibility, the search altitude, the search speed, the track spacing, the grids searched or route searched as appropriate, the time of the search, how the crew is thought to have performed, the number of observers and scanners, any remarks about crew effectiveness, the terrain encountered, the turbulence encountered, the level of ground cover, any sightings noted, very high frequency omni directional range (VOR radials to potential objectives, the flying time en route, flying time in the search area, the total flight time, and any drawings or sightings that could be useful.

17-5. Availability. This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

17-6. Usage Requirements. This form will be used on all missions utilizing CAP or member-owned aircraft to brief and de-brief each crew.

Sample CAPF 104

MISSION FLIGHT PLAN/BRIEFING FORM		MISSION NO. 98XM-0001	DATE 1 JAN 98	SORTIE NO. A-1
INSTRUCTIONS: Pilot completes section pertaining to aircraft and crew (Items above double line), then gives form to Briefing Officer. Remaining items will be completed as required prior to flight. Complete reverse side after mission.				
CREW QUALIFICATION PILOT: Act Type <input checked="" type="checkbox"/> Night <input checked="" type="checkbox"/> Instrument <input checked="" type="checkbox"/> Mountain _____ CO-PILOT: Mission <input checked="" type="checkbox"/> Trainee _____ OBSERVER: Mission <input checked="" type="checkbox"/> Trainee _____ OBSERVER: Mission _____ Trainee _____		Aircraft Equipment <input checked="" type="checkbox"/> CAP RADIO FREQ <input checked="" type="checkbox"/> SIGNAL PANELS <input type="checkbox"/> POLICE RADIO FREQ <input type="checkbox"/> FLARES <input checked="" type="checkbox"/> VOR <input type="checkbox"/> MESSAGE DROPS <input checked="" type="checkbox"/> ADF <input checked="" type="checkbox"/> SURVIVAL KIT <input checked="" type="checkbox"/> ELT <input checked="" type="checkbox"/> TRANSPONDER <input checked="" type="checkbox"/> NIGHT FLIGHT <input checked="" type="checkbox"/> DIRECTION FINDER <input checked="" type="checkbox"/> INSTRUMENT FLT <input type="checkbox"/> <input checked="" type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> <input checked="" type="checkbox"/> FIRST AID KIT <input type="checkbox"/>		FLIGHT PLAN INFO CAP <input checked="" type="checkbox"/> FILED FAA <input type="checkbox"/> IFR <input type="checkbox"/> VFR <input checked="" type="checkbox"/>
MISSION OBJECTIVES: Conduct a route search from AAL to NTN.		AIRCRAFT NUMBER N103CP	AIRCRAFT TYPE Cessna 172	TRUE AIRSPEED 110 K
SEARCH AREA/ROUTE (DESCRIPTION) Low traffic area through some mountainous terrain following the anticipated route of flight of the missing aircraft, AAL VFR direct to NTN.		POINT OF DEPARTURE AAL	ETD/ATD 0600 L	0612 L
TERRAIN/GROUND COVER Moderate/Hilly		OUTBOUND/INBOUND ALTITUDE 4500/3500 MSL	ROUTE OF FLIGHT AAL VFR Direct to NTN	
TYPE OF SEARCH PATTERN(S) Route Search		DIRECTION OF TRACKS 340	TRACK SPACING N/A	
SEARCH ALTITUDE 1000 AGL		SEARCH AIRSPEED 80 K	HAZARDS TO FLIGHT Radio tower 35 miles NNW of AAL; Mountainous terrain.	DESTINATION AIRPORT NTN CITY Nowhere TN
HAZARDS TO FLIGHT Radio tower 35 miles NNW of AAL; Mountainous terrain.		MILITARY LOW ALTITUDE TRAINING ROUTES N/A	AIRCRAFT SEPARATION (ADJOINING AREAS) No other search aircraft launched at this time.	ESTIMATED TIME ENROUTE HRS. 1 MIN. 30
EMERGENCY FIELDS MNW (Middle Nowhere AL)		WEATHER CURRENT LOCAL NE Winds 10K; G15; 4000 Overcast	FORECAST LOCAL NE Winds 10K; Clear	FUEL ON BOARD HRS. 4 MIN. 30
WEATHER CURRENT SEARCH AREA NE Winds 15K; 5000 Broken		FORECAST SEARCH AREA NE Winds 10K; Clear	MISSION BASE CALL SIGN Goldenrod 100	ALTERNATE AIRPORT MNW
MISSION BASE CALL SIGN Goldenrod 100		FREQUENCIES FM - VHF - HF 148.15	MOBILE CALL SIGN Goldenrod 101	PILOT'S NAME Captain Frank T. Montgomery, CAP
MOBILE CALL SIGN Goldenrod 101		FREQUENCIES FM - VHF 148.15	MOBILE LOCATIONS AAL, awaiting results of this sortie. Contact mission base for coordination.	PILOT'S ADDRESS 10 Airline Drive, Anywhere AL 36000
WHO TO CONTACT AND WHEN Goldenrod 100 every half hour		ACTIONS TO BE TAKEN IF SAR OBJECTIVE IS LOCATED Contact mission base via radio	CODEWORDS N/A	PILOT'S PHONE NO. 334-111-0123
RECALL		FIND	NO. OF PERSONS ABOARD 3	COLOR OF AIRCRAFT White with Blue and Red Stripes
PILOT'S SIGNATURE Frank T. Montgomery		BRIEFING OFFICER'S SIGNATURE Joseph K. Ledge	OPS/CLEARANCE/DISPATCH SIGNATURE Edward M. Sea	PROPOSED LDG TIME 0730 L
				ACTUAL LDG TIME 0742 L
				FAA FLT PLAN CLOSED <input checked="" type="checkbox"/> CAP Flight Plan

Sample CAPF 104 (Cont'd)

MISSION DEBRIEFING FORM								
TYPE OF SEARCH: Visual <input checked="" type="checkbox"/> Electronic <input type="checkbox"/>		SEARCH PATTERNS USED: Route Search						
SEARCH VISIBILITY: (Distance you can see an auto clearly) <u>2</u> NM		SEARCH ALTITUDE: (Above ground) <u>1000</u> AGL			SEARCH SPEED: <u>80</u> Kts		TRACK SPACING: <u> </u> NM	
SECTIONAL GRIDS SEARCHED: (Numbers) # <u>1</u>		A B C <u>(D)</u>		# <u>2</u>		A B C <u>(D)</u>		
SEARCHED: Route/ Electronically		N/A		to		to		
TIME OF DAY: <u>0612</u> to <u>0742</u>		Crew Comments about Effectiveness Exec <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>						
OBSERVERS/ SCANNERS: Number <u>2</u>		Crew Remarks of SAR Effectiveness Excellent, but crew could have used more air to ground coordination practice.						
TERRAIN: Flat <input type="checkbox"/>		Rolling Hills <input checked="" type="checkbox"/>		Rugged Hills <input type="checkbox"/>		Mtns <input type="checkbox"/>		
COVER: Open <input type="checkbox"/>		Moderate <input checked="" type="checkbox"/>		Heavy <input type="checkbox"/>		Light Snow <input type="checkbox"/>		
COORDINATES OF SIGHTINGS: (Lat/Long)		87.8° W x 35.75° N				TURBULENCE: Light <input checked="" type="checkbox"/> Mod <input type="checkbox"/> Heavy <input type="checkbox"/>		
FLYING TIME: Enroute (To/From Grid) <u>6</u> Hrs		Search Time (In Grid) <u>9</u> Hrs			Total <u>1.5</u> Hrs			

NOTE: If part of a grid was searched, draw area covered below in relation to landmarks. Indicate sightings.
 Missing aircraft was located approximately 30 miles along the intended route of flight. The aircrew then spent most of the remaining time circling the target waiting for confirmation by the ground team of the find.

OPEN, FLAT TERRAIN					MODERATE TREE COVER AND/OR HILLY					HEAVY TREE COVER AND OR VERY HILLY							
SEARCH ALTITUDE (AGL)		SEARCH VISIBILITY			SEARCH ALTITUDE (AGL)		SEARCH VISIBILITY			SEARCH ALTITUDE (AGL)		SEARCH VISIBILITY					
Track Spacing		1 mi	2 mi	3 mi	4+mi	Track Spacing		1 mi	2 mi	3 mi	4+mi	Track Spacing		1 mi	2 mi	3 mi	4+mi
500 Ft					500 Ft					500 Ft							
.5 mi		35%	60%	75%	75%	.5 mi		20%	35%	50%	50%	.5 mi		10%	20%	30%	30%
1.0		20	35	50	50	1.0		10	20	30	30	1.0		5	10	15	15
1.5		15	25	35	40	1.5		5	15	20	20	1.5		5	5	10	10
2.0		10	20	30	30	2.0		5	10	15	15	2.0		5	5	10	10
700 Ft					700 Ft					700 Ft							
.5 mi		40%	60%	75%	80%	.5 mi		20%	35%	50%	55%	.5 mi		10%	20%	30%	35%
1.0		20	35	50	55	1.0		10	20	30	35	1.0		5	10	15	20
1.5		15	25	40	40	1.5		10	15	20	25	1.5		5	5	10	15
2.0		10	20	30	35	2.0		5	10	15	20	2.0		5	5	10	10
1000 Ft					1000 Ft					1000 Ft							
.5 mi		40%	65%	80%	85%	.5 mi		25%	40%	55%	60%	.5 mi		15%	20%	30%	35%
1.0		25	40	55	60	1.0		15	20	30	35	1.0		5	10	15	20
1.5		15	30	40	45	1.5		10	15	20	25	1.5		5	10	10	15
2.0		15	20	30	35	2.0		5	10	15	20	2.0		5	5	10	10

GROUND INTERROGATION FORM (CAPF 106)

18-1. Purpose. The ground interrogation form provides the ground team a collection method for useful information gathered in the field from witnesses or other interested parties to a missing person or aircraft search.

18-2. Initiation of the Form. The ground team leader initiates the form.

18-3. Distribution. The ground team leader gives the completed form to the de-briefer that will normally be forwarded to the planning section so that the incident action plan can be updated appropriately.

18-4. Instructions for Completing the Ground Interrogation Form (CAPF 106).

- a. One person should be assigned the job of compiling all leads that come in.
 - 1) Place a stack of ground interrogation forms on a clipboard
 - 2) Write the mission number beside item #1
 - 3) The consecutively number each of the sheets beginning with the number 1.
 - 4) When a lead comes in, the person compiling leads completes items 3 through 6 giving his/her own name and home unit.
 - 5) Items 7 through 35 are then supplied by the ground team conducting the interrogation or by non-CAP individuals that may call-in with information
 - 6) Whenever information is relayed to the mission base through a third party (State Police, FAA, etc.), the original source of the information should be contacted and the lead thoroughly checked out.
 - 7) Do not fill out the ground interrogation report in duplicate. This can create confusion and additional work repetitively checking out the same leads.
- b. Leads should be conspicuously posted in order on a bulletin board for mission planners and operations personnel to see.
- c. Any further information obtained from the original source of a particular lead should be stapled to original lead. The results of all follow-up investigations of a particular lead by aircraft or ground teams should also be stapled to the original lead for future reference.
- d. If a non-CAP witness telephones information directly into the mission base, the person tracking leads should fill-in items 31 through 35.
- e. The person tracking leads at the mission base should tell each ground team conducting interrogations the number he/she is assigning any leads the team phones or radios in.
- f. Ground teams should keep several have several blank copies of this form available. Teams should fill out this form immediately after interviewing a witness, and forward this lead to the mission staff via radio or telephone as soon as possible thereafter.

18-5. Availability. This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

18-6. Usage Requirements. This form may be used to conduct witness interviews, though it is not required. Interviews should not be limited to only the above information as more information may be gained by asking additional questions that are not listed on this form.

Sample CAPF 106

GROUND INTERROGATION FORM				
Items 1-6 for Mission Hq use only				
1. MISSION NUMBER 00-1234		2. LEAD NUMBER 1		
This information received at Mission Hq		3. TIME 1320Z	4. DATE 10 JUN 00	
5. INFORMATION RECORDED BY Edward M. Sea		6. HOME UNIT SER-AL-032		
Items 7-35 to be completed by CAP Interrogator				
7. Name of witness	<input checked="" type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	John Grover
8. ADDRESS 2 Main Street, Montgomery, AL 36111				
9. TELEPHONE (AREA CODE) (334)953-1115		10. ESTIMATED AGE 35		
11. Plane	<input type="checkbox"/> SEEN	<input checked="" type="checkbox"/> HEARD	12. TIME 1245Z	13. DAY/DATE 10 JUN 00
14. WHAT OCCURRENCE FIXED TIME HE HEARD/SAW PLANE(<i>watch, radio, etc.</i>) Had just gotten off work when he heard the plane flying over head.				
15. WHAT WAS EXACT LOCATION OF WITNESS AT THE TIME? In his front yard looking to the east.				
16. FROM WHAT DIRECTION DID PLANE COME? The east				
17. ABOUT HOW HIGH ABOVE GROUND WAS IT? About 2000 feet (estimated based on twice the height of the radio tower)				
18. ABOUT HOW FAR AWAY WAS IT AT THE NEAREST POINT? 5+ miles				
Description of Plane	19. COLOR White w/blue	20. NO OF ENGINES 1	21. HIGH OR LOW WING High	22. TYPE LANDING GEAR Fixed
23. SERIAL NO OR OTHER MARKINGS Could not see the tail number of the aircraft				
24. DID HE NOTICE ANYTHING ABOUT PLANE TO MAKE HIM THINK IT MIGHT BE IN TROUBLE (<i>Altitude, Smoke, Engine Noise, etc.</i>) It appeared to be circling downward at the time.				
25. DOES HE HAVE ANY REASON TO BELIEVE PLANE MAY HAVE GONE DOWN NEARBY (<i>fire, explosion, smoke, signals, etc.</i>)? The witness didn't hear anything, but just thought the airplane that he saw might be it				
26. IN WHAT DIRECTION DID PLANE FINALLY DISAPPEAR? Off to the east				
27. WHAT WAS THE WEATHER LIKE AT TIME OF SIGHTING? Hazy				
28. HOW MUCH CLOUD COVER? Minimal		29. HOW FAR COULD HE SEE? Several miles		30. ESTIMATE HEIGHT OF CLOUDS ABOVE GROUND 5000 +
Items 31-35 pertain to Interrogator				
31. INTERROGATOR C. Melcher		32. HOME UNIT SER-AL-032		
33. DATE INFORMATION RECORDED 10 JUN 00		34. TIME 1320Z		
35. Information recorded by		<input checked="" type="checkbox"/> PERSONAL INTERVIEW <input type="checkbox"/> TELEPHONE		

FLIGHT OPERATIONS LOG (CAPF 107)

19-1. Purpose. The flight operations log provides the air operations branch a way to track aircrew sorties accomplished or in progress

19-2. Initiation of the Form. The air operations branch initiates the form.

19-3. Distribution. The air operations branch completes the form. Copies are then forwarded to the planning section and the finance administration section so that the incident action plan can be adjusted appropriately and budget and manpower reports made as necessary.

19-4. Instructions for Completing the Flight Operations Log (CAPF 107).

1. Summary Information – Complete the mission number, base, date and page number (the total number of pages should be left blank until the mission is closed out, and the last sortie returning home).
2. Aircraft number and type – Enter the tail number and type of aircraft
3. Crew – Type the name of the pilot and the number of observers (including scanners) on board
4. Communications Capability – List the communications equipment available on board in addition to standard aircraft radios like radios capable of transmitting on CAP's VHF-FM frequencies, airborne video equipment, or an airborne repeater
5. Home Base – List the home base of the pilot, and if different the crew as well
6. Area Assigned – List the area that the aircrew is expected to conduct their operations. This may be a CAP grid, or a specific route, or even a range of coordinates
7. Range in Hours – How long can this aircraft fly including reserve fuel requirements
8. ETE – Complete the time it is expected for the aircraft and crew to reach their destination
9. ATD – Complete the time the aircraft and crew actually left
10. ETA – Complete the time it is expected to take the aircraft to arrive back at base or the final destination
11. ATA – Complete the time it actually took the aircraft to arrive back at base or the final destination
12. Time Flown – List the total time flown (ATA minus ATD)
13. Remarks – Make any notations necessary to adequately manage and track flights

19-5. Availability. This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

19-6. Usage Requirements. This form may be used on all missions utilizing aircraft to track mission aircraft usage, though in-house electronic tools and media are encouraged to support appropriate tracking of these resources. Though this form is not required, reporting of the data on this form is required both during and after missions so a mechanism must be in place to capture this data.

GROUND TEAM CLEARANCE (CAPF 109)

20-1. Purpose. The purpose of this form is to consolidate the mission and specific sortie information that the ground team needs on one form, while also tracking progress and updates allowing for relatively simple debriefs of the team on completion of their assigned tasks.

20-2. Initiation of the Form. The ground team leader or the ground team briefer can initiate the form.

20-3. Distribution. Initially this form is given to the ground team, with a copy remaining with the operations section. Upon completion of the assigned sortie, this form is given to the debriefer that will forward copies or at least appropriate information to the sections requiring information.

20-4. Instructions for Completing the Ground Team Clearance (CAPF 109).

Item

1. General Clearance Information – Fill-in the mission number, base, team leader's name, the current date, call sign, destination and sortie number, or at least all information known.
2. Vehicle – Fill-in the make, type license, call sign, start mileage and frequencies available in the vehicle. The ending mileage will be filled in on completion of the sortie.
3. Team Members – Insert the names, qualifications and personal equipment of the assigned team members. It is not necessary to list all qualifications or equipment that personnel carry, but listing relevant specialties that could be important to the mission and any special equipment or equipment limitations is necessary.
4. Briefing – Write a brief description of the team's assigned mission, and be sure to give the team the information that they need to remain in contact with the mission base like the base call sign and phone number.
5. Code words – Code words are no longer used as CAP transitions to using the incident command system. That does not mean that a team needs to broadcast everything over the radio either. Team leaders and radio operators must consider how something will be understood by the public if heard over the radio, and use appropriate tact and diplomacy when transmitting sensitive information over the radio. Alternative communications means other than CAP radio should also be explored.
6. ETD, ATD, ETA & ATA – Fill in the ETD (estimated time of departure), ATD (actual time of departure), ETA (estimated time of arrival), and ATA (actual time of arrival) as appropriate
7. Signatures – The briefing officer and ground team leader should both sign this form. In cases of phone or other long distance dispatch, the team leader should annotate this on the form as a briefing officer's signature will most likely not be available and really isn't necessary.
8. Debriefing – The debriefing officer should fill-in the appropriate information as appropriate, sign the form, and forward copies to those who need them. The planning section will probably need copies to adjust the incident action plan appropriately. The finance/administration section and possibly the logistics section may need copies of them to track vehicle and manpower usage.

20-5. Availability. This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

20-6. Usage Requirements. This form will be used on all missions utilizing CAP ground teams to brief and de-brief each crew.

Sample CAPF 109

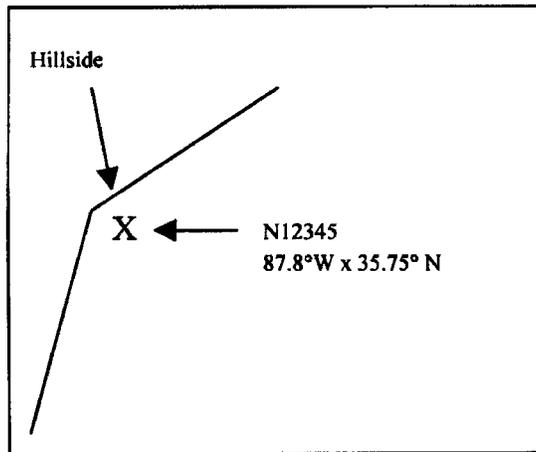
GROUND TEAM CLEARANCE		Mission Number 98XM-0001	Mission Base AAL	Team Leader's Name (Last, First) Stone, Michael		
		Date 1 JAN 98	Tm Ldr Radio Call GR 101	Destination Grid 1 D	Sortie Number G-1	
VEHICLE						
Make	Type	License	Radio Call	Start Mileage	Ending Mileage	Freq. Available
Ford	Bronco	AL-123	GR 101	12001.2	12094.5	148.15
Wing Assigned Veh. ID No. 01001		Other Equipment Portable DF Unit, Medic Kit, Cellular Phone (334-313-1001), Air to Ground Signal Panels				
TEAM MEMBERS						
PRINT Last Name, First Initial		ES Qualification		Personal Equipment		
King, R.		GTM		24 Hour Pack		
Moore, D.		GTM		24 Hour Pack		
Jameson, J.		GTM		24 Hour Pack		
Morin, G.		GTM		24 Hour Pack		
Stone, M.		GTL		24 Hour Pack, VHF/FM Handheld		
BRIEFING						
Primary Assignment (describe in detail)			Time Team Reached Area		Grid Numbers/Area 1 D	
Report to intersection of state roads 105 and 109. Contact the aircrew (CAPflight 103) on 148.15. The aircrew will lead the team to the target for identification.					BRIEFING CHECKLIST	
Check in via radio or landline every half hour, and/or when target is confirmed.					Base Radio Capability, VHF Freq. <u>148.15</u>	
					UHF Freq. <u>N/A</u>	
					Base Call Sign <u>Goldenrod 100</u>	
					Base Phone Number(s) <u>334-111-1212</u>	
					Restricted Areas <u>As noted on map</u>	
					Search Aircraft/Grid <u>CAPflight 103 / 1D</u>	
					Radio Call Sign <u>CAPflight 103</u>	
					Target Sighting Actions Call mission base ASAP, cell phone if possible.	
In Field Reassignment Instructions			Time Team Reached Area		Other Agencies <u>Sheriff's Department</u>	
Remain on site until relieved by county sheriff's deputy on site.					Weather Current <u>Overcast, 60° F</u>	
					Expected 24 hrs <u>Overcast, 60° F</u>	
					Other _____	
Code words						
ETD 0645 L	ATD 0635 L		ETA 0720 L		ATA 0718 L	
Signature of Briefing Officer <i>Joseph K. Ledge</i>			Signature of Team Leader <i>Michael J. Stone</i>			

Sample CAPF 109 (Cont'd)

DEBRIEFING					Debriefing Checklist <input type="checkbox"/> ELT Signals <input type="checkbox"/> Landmarks <input type="checkbox"/> Old Wreckage <input type="checkbox"/> Possible Targets <input type="checkbox"/> Ground Activity <input type="checkbox"/> Search Hazards <input type="checkbox"/> Aircraft <input type="checkbox"/> Communications <input type="checkbox"/> Other Ground Teams <input type="checkbox"/> Recommendations for Further Coverage <input type="checkbox"/> Probability that Target was in Area Time Debriefed <u>0930 L</u>
Clouds	Clear X	Scattered	Broken	Overcast X	
Precipitation	None X	Rain	Scattered	Snow	
Light Conditions	Bright X	Dull	Near Dark	Night (%moon)	
Visibility	> 10 mile	> 5 mile	> 1 mile	< 1 mile X	
Terrain	Flat	Rolling Hills	Rugged Hills X	Mtns	
Ground Cover	Open	Moderate X	Heavy	Other	
Wind Speed	Calm	≤ 10 mph X	≤ 20 mph	≤ 30 mph	

REMARKS AND SKETCH OF AREA COVERED. Show location of significant findings

The team was lead to the crash site by CAP Flight 103 at around 0715 this morning. The team confirmed the wreckage of the missing aircraft located at the base of a steep hillside in Grid 1 D. A perimeter was established approximately 100 meters around the four corners of the crash site. The team leader confirmed that the pilot did survive the crash. The team was relieved by the sheriff's office at about 0900, at which time we were told by Goldenrod 100 to RTB.



Grid 1D Sketch

Debriefing Officer <i>Joseph K. Ledge</i>	Team Leader Signature <i>Michael J. Stone</i>
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CAP EMERGENCY SERVICES MISSION FOLDER (CAPF 115)

21-1. Purpose. The CAPF 115 is used as a folder for all mission documents of record.

21-2. Initiation of the Form. The form is initiated by the incident commander at the opening of the mission, updated throughout the mission, and forwarded to the wing headquarters at the close of the mission.

21-3. Distribution. The CAPF 115 is provided to the wing headquarters at the close of the mission to be kept as part of the official records of all missions conducted by the wing.

21-4. Instructions for Completing the CAP Emergency Services Mission Folder (CAPF 115).

Item

1. Summary Information – Fill-in the mission number, the agency supported, the name of the IC or agency liaison, when the mission was opened and when the mission was closed.
2. Opening Actions – Initial when the IC or agency liaison has been briefed, when the ICS 201 is completed, when resources have been alerted, when the incident action plan is complete, when press releases have been accomplished, and any other information required.
3. Closing Actions – Initial when the lead agency has been briefed, when the CAPF 122 is complete, when TEMPEST RAPID reports are submitted, when resources have been released, and any other information required.
4. Post Mission Processing – After the mission is completed the wing staff should initial when support letters have been sent, after action reports are completed, press releases accomplished, CAPFs 108 compiled, and any other information required completed. Additionally, the form should be initialed by the key incident and wing staff members appropriately upon their reviewing and approving the folder.
5. Mission Resources – When resources are alerted or released should be noted in the folder with their contact information.
6. Organizational Contacts – List the agencies or personnel that are key points of contact on this mission so that they can be referred to again if necessary either on this mission or added to a contact database for future missions.
7. Page 3 has been left blank so that forms can be stapled or otherwise bound into the folder for the future. For each mission, the folder should contain any sign-in sheets, briefing forms, mission reports, after action reports, press releases, reimbursement requests, accident or incident reports, and any other pertinent information that might be needed in the future.
8. Mission Summary – List the personnel results, resources used, and any specific mission remarks necessary.

21-5. Availability. This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

21-6. Usage Requirements. This form will be used on all missions for storage of CAP mission records, and supporting agency documents if applicable.

Sample CAPF 115

CIVIL AIR PATROL EMERGENCY SERVICES



MISSION FOLDER

MISSION # 00-1234	SUPPORTED AGENCY AFRCC	IC/VAL John J. Isee	OPENED DTGZ 1 APR 01 - 1415	CLOSED DTGZ
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INITIALS OR N/A	OPENING ACTIONS	INITIALS OR N/A	CLOSING ACTIONS
???	IC/VAL BRIEFED		LEAD AGENCY BRIEFED
???	ICS 201		CAPF 122
???	RESOURCES ALERTED		TEMPEST RAPID REPORT
	INCIDENT ACTION PLAN		RESOURCES RELEASED
	PRESS RELEASE		OTHER (specify):
	OTHER (specify):		
POST MISSION PROCESSING			
INITIALS OR N/A	REPORTS	INITIALS OR N/A	REVIEWS
	SUPPORT LETTERS		INCIDENT COMMANDER
	AFTER ACTION REPORTS		WING ES OFFICER
	PRESS RELEASE		WING DO
	CAPFs 108 COMPILED		WING FINANCE OFFICER
	OTHER (specify):		WING COMMANDER
			OTHER (specify):

Sample CAPF 115 (Cont'd)

(BLANK)

SAR MISSION REPORT (CAPF 122)

22-1. Purpose. The CAPF 122 is used as a closeout form for an operational period

22-2. Initiation of the Form. The form is initiated by the incident commander or the planning section and then certified by the incident commander.

22-3. Distribution. The CAPF 122 is provided to the lead agency to report the efforts of CAP personnel. Copies are kept on file in the wing's mission folders.

22-4. Instructions for Completing the SAR Mission Report (CAPF 122).

Item

1. Summary Information – Fill in the mission number, date of the activity being reported, who is reporting and what wing they are from, and the date and time of the report.
2. Alpha – Block Alpha requires the search agency to list the assets, CAP or others, used on the search for that period,
3. Bravo – Block Bravo is a summary of that day's mission activities. The responsible organization reports the time the first aircraft or ground team was dispatched, time a distress beacon was first heard, how many aircraft were used, how many flight sorties were conducted, how many hours were spent in the search area, how long it took to get to and from the search area, how many total many flight hours were flown on the mission, the total number of personnel on the mission, the areas searched with their probability of detection, any special searches conducted like route searches, and any significant weather encountered in the area that could have affected operations.
4. Charlie – Block Charlie is a summary of the plans for the next period's operations including the total resources expected to be utilized (aircraft and personnel), the areas to be searched, and what the forecasted weather is for the area.
5. Delta – Block Delta is a summary of the locating data. The name of the organization locating the objective, actual location description, latitude and longitude coordinates of the objective, time the objective was located, time the distress beacon was silenced if appropriate, the terrain encountered at the objective, the number of subjects involved, the number located alive, the number located deceased, and the number that remain missing if applicable.
6. Echo – Block Echo is a summary of the recovery data for objectives located. This block is normally reporting another agencies activities as CAP does not normally conduct recovery operations as we are not typically equipped for this function. If this information is known, forward it appropriately though. List the organization making the recovery, the time the recovery began, or is expected to begin, where the subjects are being delivered, the time the recovery is completed or expected to be complete, what methods are or were being used for recovery, the number of subjects recovered alive, the number of subjects recovered deceased, and the number of subjects that self-recovered.
7. Foxtrot – Block Foxtrot is a summary of the mission's closing or suspending data. In coordination with the lead agency determine the number of subjects saved, the number of subjects assisted, the organization that the saves are credited to, and the mission closing or suspending time.
8. Golf – Block Golf is a remarks block allowing the incident commander to document any additional information that he/she feels needs to be part of the formal record.

22-5. Availability. This form is available in accordance with CAPR 5-4, *Publications and Blank Forms Management* and at the NHQ CAP Website.

22-6. Usage Requirements. This form will be used if required by the lead or supported agency. For missions utilizing only CAP assets and resources, in-house electronic tools and media are encouraged to support appropriate reporting of CAP mission activity.

Sample CAPF 122 (Cont'd)

DELTA	LOCATING DATA			
1	NAME OF ORGANIZATION/AGENCY LOCATING THE OBJECTIVE: AL CAP			
2	ACTUAL LOCATION: Grid ID	COORDINATES 35.75° N 87.8° W		
3	TIME OBJECTIVE (ELT) LOCATED (DTGZ): 1128	ELT SILENCED	BY: (DTGZ):	N/A
4	TERRAIN AND GROUND COVER: Moderate Cover; Hilly			
5	NUMBER OF SUBJECTS INVOLVED: 1	NUMBER LOCATED ALIVE: 0	NUMBER LOCATED DECEASED: 1	NUMBER MISSING: 0
ECHO	RECOVERY DATA			
1	ORGANIZATION/AGENCY MAKING RECOVERY: Anywhere, AL Sherrif's Department			
2	TIME RECOVERY BEGAN: 1400 Z			
3	SUBJECT(S) DELIVERED TO: (SAFE LOCATION, HOSPITAL, ETC)	COORDINATES N W		
4	TIME RECOVERY (DELIVERY) COMPLETED: Z			
5	RECOVERY METHODS: (GND TM, HELICOPTER/LITTER OR PENETRATOR, LANDING, BOAT, ETC.)			
6	NUMBER RECOVERED ALIVE	NUMBER RECOVERED DECEASED	NUMBER SELF RECOVERED	
FOXTROT	MISSION CLOSING/SUSPENDING DATA			
1	NUMBER OF SUBJECTS SAVED (DETERMINED WITH AFRCR DURING CLOSING): 0			
2	NUMBER OF SUBJECTS ASSISTED: 0			
3	ORGANIZATION/AGENCY SAVES CREDITED TO: N/A			
4	(CIRCLE ONE) MISSION CLOSING SUSPENDING TIME: 1520Z			
GOLF	REMARKS: (ADDITIONAL INFORMATION, LEADS, LIMITING, FACTORS, PROBLEMS, ELT MFG/MOD NO., ETC)			
The aircrew located the missing aircraft quickly and safely, and the ground team confirmed the wreckage in the same manner.				
Teams were relieved earlier this morning by the Anywhere AL Sheriff's deputies who are now responsible for the recovery of Mr. Smith. If there are any questions for our mission personnel, please forward them to me at (334) 111-2121.				
<i>Edward M. Sea, Captain, CAP</i>				