

Appendix I

FEMA ICS Forms, Approved in 2010:

<http://training.fema.gov/emiweb/is/icsresource/icsforms.htm>

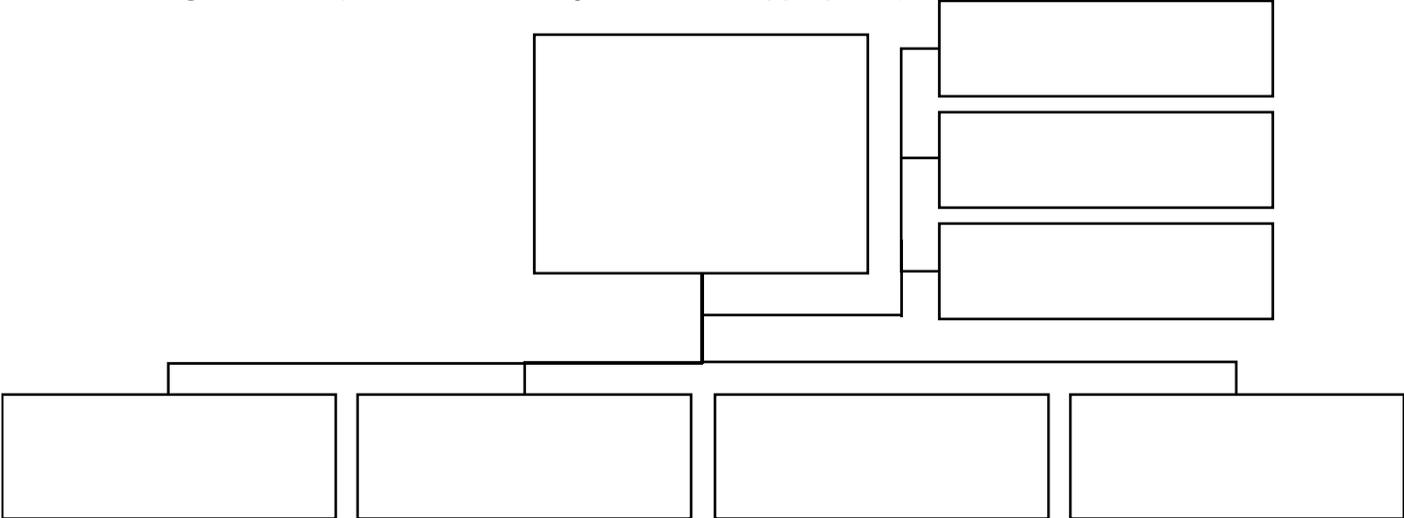
The following forms are used in this course:

ICS 201: Incident Briefing (doc/pdf)
ICS 204: Assignments List (doc/pdf)
ICS 205: Incident Communications Plan (doc/pdf)
ICS 205A: Communications List (doc/pdf)
ICS 206: Medical Plan
ICS 210: Resource Status Change (doc/pdf)
ICS 211: Incident Check-In List (doc/pdf)
ICS 213: General Message Form (doc/pdf)
ICS 214: Unit Log (doc/pdf)
ICS 217: Radio Frequency Assignment Worksheet (doc/pdf)
Form 217A: Radio Frequency Assignment Worksheet (doc/pdf)
ICS 221: Demobilization Checkout (doc/pdf)
ICS 225: Incident Personnel Performance Rating (doc/pdf)

The forms and instructions are on the following pages.

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INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
9. Current Organization (fill in additional organization as appropriate): 		
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 201, Page 3	Date/Time: _____	

ICS 201

Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block		
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Initiated • Date, Time	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident’s location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.

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Block		
6	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	Current and Planned Objectives	Enter the objectives used on the incident and note any specific problem areas.
8	Current and Planned Actions, Strategies, and Tactics <ul style="list-style-type: none"> • Time • Actions 	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"> • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief 	<ul style="list-style-type: none"> • Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	Resource Summary	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	<ul style="list-style-type: none"> • Resource 	Enter the number and appropriate category, kind, or type of resource ordered.
	<ul style="list-style-type: none"> • Resource Identifier 	Enter the relevant agency designator and/or resource designator (if any).
	<ul style="list-style-type: none"> • Date/Time Ordered 	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	<ul style="list-style-type: none"> • ETA 	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	<ul style="list-style-type: none"> • Arrived 	Enter an "X" or a checkmark upon arrival to the incident.
	<ul style="list-style-type: none"> • Notes (location/assignment/status) 	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

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**ICS 204
Assignment List**

Purpose. The Assignment **List(s)** (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS **204** is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All **completed original forms must be given to the Documentation Unit.**

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	<ul style="list-style-type: none"> • Resource Identifier 	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	<ul style="list-style-type: none"> • Leader 	Enter resource leader's name.

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Block		
	<ul style="list-style-type: none"> # of Persons 	Enter total number of persons for the resource assigned, including the leader.
	<ul style="list-style-type: none"> Contact (e.g., phone, pager, radio frequency, etc.) 	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	<ul style="list-style-type: none"> Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information 	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.
6	Work Assignments	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	Communications (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) 	Enter specific communications information (including emergency numbers) for this Branch/Division/Group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number.
9	Prepared by <ul style="list-style-type: none"> Name Position/Title Signature Date/Time 	Add a secondary contact (phone number or radio) if needed. Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared: Date: _____ Time: _____	3. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____

ICS 205	IAP Page _____	Date/Time: _____
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ICS 205

Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

Preparation. The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

Distribution. The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

1	Incident Name	Enter the name assigned to the incident.
2	Date/Time Prepared	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	Basic Radio Channel Use	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talkgroup such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.

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Block		
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) sub-audible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.
4 (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) sub-audible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
5	Special Instructions	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
6	Prepared by (Communications Unit Leader) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

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**ICS 205A
Communications List**

Purpose. The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation. The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution. The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block		
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Basic Local Communications Information	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	<ul style="list-style-type: none"> • Incident Assigned Position 	Enter the ICS organizational assignment.
	<ul style="list-style-type: none"> • Name 	Enter the name of the assigned person.
	<ul style="list-style-type: none"> • Method(s) of Contact • (phone, pager, cell, etc.) 	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period:	Date From: Time From:	Date To: Time To:
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____	Signature: _____
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8. Approved by (Safety Officer): Name: _____	Signature: _____
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ICS 206	IAP Page	Date/Time:
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**ICS 206
Medical Plan**

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block		
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	<ul style="list-style-type: none"> • Name 	Enter name of the medical aid station.
	<ul style="list-style-type: none"> • Location 	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	<ul style="list-style-type: none"> • Contact Number(s)/Frequency 	Enter the contact number(s) and frequency for the medical aid station(s).
	<ul style="list-style-type: none"> • Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	<ul style="list-style-type: none"> • Ambulance Service 	Enter name of ambulance service.
	<ul style="list-style-type: none"> • Location 	Enter the location of the ambulance service.
	<ul style="list-style-type: none"> • Contact Number(s)/Frequency 	Enter the contact number(s) and frequency for the ambulance service.
	<ul style="list-style-type: none"> • Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS 	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

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5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	<ul style="list-style-type: none"> Hospital Name 	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	<ul style="list-style-type: none"> Address, Latitude & Longitude if Helipad 	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	<ul style="list-style-type: none"> Contact Number(s)/ Frequency 	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	<ul style="list-style-type: none"> Travel Time <ul style="list-style-type: none"> Air Ground 	Enter the travel time by air and ground from the incident to the hospital.
	<ul style="list-style-type: none"> Trauma Center <input type="checkbox"/> Yes Level: 	Indicate yes and the trauma level if the hospital has a trauma center.
	<ul style="list-style-type: none"> Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a burn center.
	<ul style="list-style-type: none"> Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used,	Self-explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> Name Signature 	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) <ul style="list-style-type: none"> Name Signature Date/Time 	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

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ICS 210

Resource Status Change

Purpose. The Resource Status Change (ICS 210) is used by the Incident Communications Center Manager to record status change information received on resources assigned to the incident. This information could be transmitted with a General Message (ICS 213). The form could also be used by Operations as a worksheet to track entry, etc.

Preparation. The ICS 210 is completed by radio/telephone operators who receive status change information from individual resources, Task Forces, Strike Teams, and Division/Group Supervisors. Status information could also be reported by Staging Area and Helibase Managers and fixed-wing facilities.

Distribution. The ICS 210 is maintained by the Communications Unit and copied to Resources Unit and filed by Documentation Unit.

Notes:

- The ICS 210 is essentially a message form that can be used to update Resource Status Cards or T-Cards (ICS 219) for incident-level resource management.
- If additional pages are needed, use a blank ICS 210 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Resource Number	Enter the resource identification (ID) number (this may be a letter and number combination) assigned by either the sending unit or the incident.
4	New Status (Available, Assigned, Out of Service)	Indicate the current status of the resource: <ul style="list-style-type: none"> • Available – Indicates resource is available for incident use immediately. • Assigned – Indicates resource is checked in and assigned a work task on the incident. • Out of Service – Indicates resource is assigned to the incident but unable to respond for mechanical, rest, or personnel reasons. If space permits, indicate the estimated time of return (ETR). It may be useful to indicate the reason a resource is out of service (e.g., “O/S – Mech” (for mechanical issues), “O/S – Rest” (for off shift), or “O/S – Pers” (for personnel issues).
5	From (Assignment and Status)	Indicate the current location of the resource (where it came from) and the status. When more than one Division, Staging Area, or Camp is used, identify the specific location (e.g., Division A, Staging Area, Incident Command Post, Western Camp).

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Block		
6	To (Assignment and Status)	Indicate the assigned incident location of the resource and status. When more than one Division, Staging Area, or Camp is used, identify the specific location.
7	Time and Date of Change	Enter the time and location of the status change (24-hour clock). Enter the date as well if relevant (e.g., out of service).
8	Comments	Enter any special information provided by the resource or dispatch center. This may include details about why a resource is out of service, or individual identifying designators (IDs) of Strike Teams and Task Forces.
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Incident Number:	3. Check-In Location (complete all that apply):					4. Start Date/Time:
		<input type="checkbox"/> Base	<input type="checkbox"/> Staging Area	<input type="checkbox"/> ICP	<input type="checkbox"/> Helibase	<input type="checkbox"/> Other	Date: Time:

5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:								6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point, Date and Time	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Data Provided to Resources Unit
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF												

ICS 211	17. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____
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ICS 211

Incident Check-In List

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

Preparation. The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Distribution. ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

ALL HAZARDS COMMUNICATIONS UNIT LEADER

Block		
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Check-In Location <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other	Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post. Other may include...
4	Start Date/Time <ul style="list-style-type: none"> • Date • Time 	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.
	Check-In Information	Self explanatory.
5	List single resource personnel (overhead) by agency and name, OR list resources by the following format <ul style="list-style-type: none"> • State 	Enter the following information for resources: OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.
	<ul style="list-style-type: none"> • Agency 	Use this section to list the home State for the resource.
	<ul style="list-style-type: none"> • Category 	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	<ul style="list-style-type: none"> • Kind 	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> • Type 	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> • Resource Name or Identifier 	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	<ul style="list-style-type: none"> • ST or TF 	Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team.
	<ul style="list-style-type: none"> • ST or TF 	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.
6	Order Request #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.
7	Date/Time Check-In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
8	Leader's Name	<ul style="list-style-type: none"> • For equipment, enter the operator's name. • Enter the Strike Team or Task Force leader's name.

ALL HAZARDS COMMUNICATIONS UNIT LEADER

Block		
		<ul style="list-style-type: none"> • Leave blank for single resource personnel (overhead).
9	Total Number of Personnel	Enter total number of personnel associated with the resource. Include leaders.
10	Incident Contact Information	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
11	Home Unit or Agency	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
12	Departure Point, Date and Time	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
13	Method of Travel	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).
14	Incident Assignment	Enter the incident assignment at time of dispatch.
15	Other Qualifications	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.
16	Data Provided to Resources Unit	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.
17	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

ALL HAZARDS COMMUNICATIONS UNIT LEADER

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date:	6. Time
7. Message:		
8. Approved by: Name: _____ Signature: _____ Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: _____		
ICS 213	Date/Time: _____	

ICS 213

General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block		
1	Incident Name (Optional)	Enter the name assigned to the incident. This block is optional.
2	To (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (month/day/year) of the message.
6	Time	Enter the time (using the 24-hour clock) of the message.
7	Message	Enter the content of the message. Try to be as concise as possible.
8	Approved by <ul style="list-style-type: none"> • Name • Signature • Position/Title 	Enter the name, signature, and ICS position/title of the person approving the message.
9	Reply	The intended recipient will enter a reply to the message and return it to the originator.

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10	Replied by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).
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ICS 214

Activity Log

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

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

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

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

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

ALL HAZARDS COMMUNICATIONS UNIT LEADER

Block		
		columns such as "Action Required," "Delegated To," "Status," etc.
8	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

**ICS Form 217
Radio Frequency Assignment Worksheet**

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
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 (e.g., 9/17/96-0600 to 9/18/96-0600).
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 assignment for: a. Command b. Support c. Division tactical d. 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.

Purpose: The Radio Frequency Assignment Worksheet is used by the Communications Unit Leader to assist in determining frequency allocation.

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.

Distribution: The worksheet, prepared by the Communications Unit, is for internal use.

Form 217A
Communications Resource Availability Worksheet

Block Number	Block Title	Instructions
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 (e.g., 9/17/96-0600 to 9/18/96-0600).
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 assignment for: 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.

Purpose: The Radio Frequency Assignment Worksheet is used by the Communications Unit Leader to assist in determining frequency allocation.

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.

Distribution: The worksheet, prepared by the Communications Unit, is for internal use.

**ALL HAZARDS COMMUNICATIONS UNIT LEADER
DEMobilIZATION CHECK-OUT (ICS 221)**

1. Incident Name: _____	2. Incident Number: _____
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3. Planned Release Date/Time: Date: _____ Time: _____	4. Resource or Personnel Released: _____	5. Order Request Number: _____
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6. Resource or Personnel:
You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).

LOGISTICS SECTION

	Unit/Manager	Remarks	Name	Signature
<input type="checkbox"/>	Supply Unit			
<input type="checkbox"/>	Communications Unit			
<input type="checkbox"/>	Facilities Unit			
<input type="checkbox"/>	Ground Support Unit			
<input type="checkbox"/>	Security Manager			
<input type="checkbox"/>				

FINANCE/ADMINISTRATION SECTION

	Unit/Leader	Remarks	Name	Signature
<input type="checkbox"/>	Time Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				

OTHER SECTION/STAFF

	Unit/Other	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>				

PLANNING SECTION

	Unit/Leader	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>	Documentation Leader			
<input type="checkbox"/>	Demobilization Leader			

7. Remarks: _____

<p>8. Travel Information: Estimated Time of Departure: _____ Destination: _____ Travel Method: _____ Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____</p>	<p>Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Release Date/Time: _____ Estimated Time of Arrival: _____ Contact Information While Traveling: _____ Area/Agency/Region Notified: _____</p>
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<p>9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No Incident Name: _____ Location: _____</p>	<p>Incident Number: _____ Order Request Number: _____</p>
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10. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 221	Date/Time: _____
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ICS 221

Demobilization Check-Out

Purpose. The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation. The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block		
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Planned Release Date/Time	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	Resource or Personnel Released	Enter name of the individual or resource being released.
5	Order Request Number	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	<p>Resource or Personnel You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).</p> <ul style="list-style-type: none"> • Unit/Leader/Manager/Other • Remarks • Name • Signature 	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).

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Block		
	Logistics Section <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Ground Support Unit <input type="checkbox"/> Security Manager	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Finance/Administration Section <input type="checkbox"/> Time Unit	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Other Section/Staff <input type="checkbox"/>	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Planning Section <input type="checkbox"/> Documentation Leader <input type="checkbox"/> Demobilization Leader	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
7	Remarks	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.
8	Travel Information	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
	Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.
9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.

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Block		
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.
10	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).

ALL HAZARDS COMMUNICATIONS UNIT LEADER

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT

1. Name:		2. Incident Name:			3. Incident Number:	
4. Home Unit Name and Address:				5. Incident Agency and Address:		
6. Position Held on Incident:		7. Date(s) of Assignment: From: To:		8. Incident Complexity Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		9. Incident Definition:
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
11. Knowledge of the Job/ Professional Competence: Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)	<input type="checkbox"/>	Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs.	<input type="checkbox"/>	Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs.	<input type="checkbox"/>	Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work.
12. Ability To Obtain Performance/Results: Quality, quantity, timeliness, and impact of work.	<input type="checkbox"/>	Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve.	<input type="checkbox"/>	Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness.	<input type="checkbox"/>	Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement.
13. Planning/ Preparedness: Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).	<input type="checkbox"/>	Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information.	<input type="checkbox"/>	Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed.	<input type="checkbox"/>	Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact.
14. Using Resources: Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).	<input type="checkbox"/>	Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods.	<input type="checkbox"/>	Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste.	<input type="checkbox"/>	Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency.
15. Adaptability/Attitude: Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.	<input type="checkbox"/>	Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations.	<input type="checkbox"/>	Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities.	<input type="checkbox"/>	Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change.
16. Communication Skills: Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.	<input type="checkbox"/>	Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread.	<input type="checkbox"/>	Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously.	<input type="checkbox"/>	Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives.

ALL HAZARDS COMMUNICATIONS UNIT LEADER

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

1. Name:		2. Incident Name:			3. Incident Number:	
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
17. Ability To Work on a Team: Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.	<input type="checkbox"/>	Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness. Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals.	<input type="checkbox"/>	Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals.	<input type="checkbox"/>	Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult situations. Major contributor to team effort. Established relationships and networks across a broad range of people and groups, raising accomplishments of mutual goals to a remarkable level.
18. Consideration for Personnel/Team Welfare: Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.	<input type="checkbox"/>	Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>	Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate. Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>	Always accessible. Enhanced overall quality of life. Actively contributed to achieving balance among IMT requirements and professional and personal responsibilities. Strong advocate for subordinates; ensured appropriate and timely recognition, both formal and informal.
19. Directing Others: Ability to influence or direct others in accomplishing tasks or missions.	<input type="checkbox"/>	Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment.	<input type="checkbox"/>	A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task.	<input type="checkbox"/>	An inspirational leader who motivated others to achieve results not normally attainable. Won people over rather than imposing will. Clearly articulated vision; empowered subordinates to set goals and objectives to accomplish tasks. Modified leadership style to best meet challenging situations.
20. Judgment/Decisions Under Stress: Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.	<input type="checkbox"/>	Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization.	<input type="checkbox"/>	Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information.	<input type="checkbox"/>	Combined keen analytical thought, an understanding of political processes, and insight to make appropriate decisions. Focused on the key issues and the most relevant information. Did the right thing at the right time. Actions indicated awareness of impact of decisions on others. Not afraid to take reasonable risks to achieve positive results.
21. Initiative Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.	<input type="checkbox"/>	Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements in methods, services, or products went unexplored.	<input type="checkbox"/>	Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods.	<input type="checkbox"/>	Aggressively sought out additional responsibility. A self-learner. Made worthwhile ideas and practices work when others might have given up. Extremely innovative. Optimized use of new ideas and methods to improve work processes and decisionmaking.
22. Physical Ability for the Job: Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.	<input type="checkbox"/>	Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need.	<input type="checkbox"/>	Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional well-being. Recognized and managed stress effectively.	<input type="checkbox"/>	Remarkable vitality, enthusiasm, alertness, and energy. Consistently contributed at high levels of activity. Optimized personal performance through involvement in activities that supported physical and emotional well-being. Monitored and helped others deal with stress and enhance health and well-being.
23. Adherence to Safety: Ability to invest in the IMT's future by caring for the safety of self and others.	<input type="checkbox"/>	Failed to adequately identify and protect personnel from safety hazards.	<input type="checkbox"/>	Ensured that safe operating procedures were followed.	<input type="checkbox"/>	Demonstrated a significant commitment toward safety of personnel.
24. Remarks:						
25. Rated Individual (This rating has been discussed with me): Signature: _____ Date/Time: _____						
26. Rated by: Name: _____ Signature: _____ Home Unit: _____ Position Held on This Incident: _____						
ICS 225			Date/Time: _____			

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ICS 225

Incident Personnel Performance Rating

Purpose. The Incident Personnel Performance Rating (ICS 225) gives supervisors the opportunity to evaluate subordinates on incident assignments. **THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.**

Preparation. The ICS 225 is normally prepared by the supervisor for each subordinate, using the evaluation standard given in the form. The ICS 225 will be reviewed with the subordinate, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

Distribution. The ICS 225 is provided to the Planning Section Chief before the rater leaves the incident.

Notes:

- Use a blank ICS 225 for each individual.
- Additional pages can be added based on individual need.

Block		
1	Name	Enter the name of the individual being rated.
2	Incident Name	Enter the name assigned to the incident.
3	Incident Number	Enter the number assigned to the incident.
4	Home Unit Address	Enter the physical address of the home unit for the individual being rated.
5	Incident Agency and Address	Enter the name and address of the authority having jurisdiction for the incident.
6	Position Held on Incident	Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated.
7	Date(s) of Assignment <ul style="list-style-type: none"> • From • To 	Enter the date(s) (month/day/year) the individual was assigned to the incident.
8	Incident Complexity Level <ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 	Indicate the level of complexity for the incident.
9	Incident Definition	Enter a general definition of the incident in this block. This may be a general incident category or kind description, such as "tornado," "wildfire," "bridge collapse," "civil unrest," "parade," "vehicle fire," "mass casualty," etc.
10	Evaluation	Enter "X" under the appropriate column indicating the individual's level of performance for each duty listed.
	N/A	The duty did not apply to this incident.
	1 – Unacceptable	Does not meet minimum requirements of the individual element. Deficiencies/Improvements needed must be identified in Remarks.
	2 – Needs Improvement	Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.

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Block		
	3 – Met Standards	Satisfactory. Employee meets all requirements of the individual element.
	4 – Fully Successful	Employee meets all requirements and exceeds one or several of the requirements of the individual element.
10	5 – Exceeded Expectations	Superior. Employee consistently exceeds the performance requirements.
11	Knowledge of the Job/ Professional Competence:	Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)
12	Ability To Obtain Performance/Results:	Quality, quantity, timeliness, and impact of work.
13	Planning/Preparedness:	Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).
14	Using Resources:	Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).
15	Adaptability/Attitude:	Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.
16	Communication Skills:	Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.
17	Ability To Work on a Team:	Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.
18	Consideration for Personnel/Team Welfare:	Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of work life concepts and skills.
19	Directing Others:	Ability to influence or direct others in accomplishing tasks or missions.
20	Judgment/Decisions Under Stress:	Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.
21	Initiative	Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.
22	Physical Ability for the Job:	Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.
23	Adherence to Safety:	Ability to invest in the IMT's future by caring for the safety of self and others.
24	Remarks	Enter specific information on why the individual received performance levels.
25	Rated Individual (This rating has been discussed with me) <ul style="list-style-type: none"> • Signature • Date/Time 	Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed.
26	Rated by <ul style="list-style-type: none"> • Name • Signature • Home Unit • Position Held on This Incident • Date/Time 	Enter the name, signature, home unit, and position held on the incident of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared.

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