

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

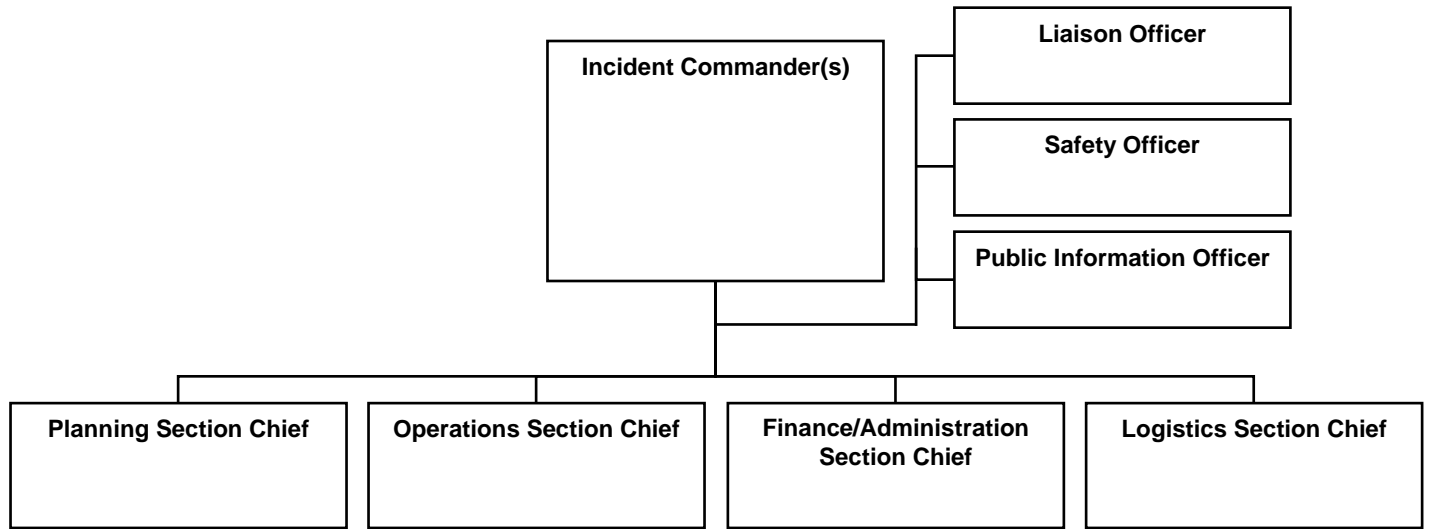
Time:	Actions:

6. Prepared by: Name: _____	Position/Title: _____	Signature: _____
ICS 201, Page 2	Date/Time: _____	

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name: _____	Position/Title: _____	Signature: _____
ICS 201, Page 3	Date/Time: _____	

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	

6. Prepared by: Name: _____	Position/Title: _____	Signature: _____
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ICS 201, Page 4	Date/Time: _____
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Incident Objectives (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
3. Objective(s):		
4. Operational Period Command Emphasis:		
General Situational Awareness		
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):		
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
8. Approved by Incident Commander: Name: _____ Signature: _____		
ICS 202	IAP Page _____	Date/Time: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page _____	Date/Time: _____	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: _____		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3. Branch: _____	
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____				Division: _____ Group: _____ Staging Area: _____	
Operations Section Chief: _____					
Branch Director: _____					
Division/Group Supervisor: _____					
5. Resources Assigned:			# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
6. Work Assignments: 					
7. Special Instructions: 					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ _____/ _____ _____/ _____ _____/ _____ _____/ _____					
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 204	IAP Page _____	Date/Time: _____			

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

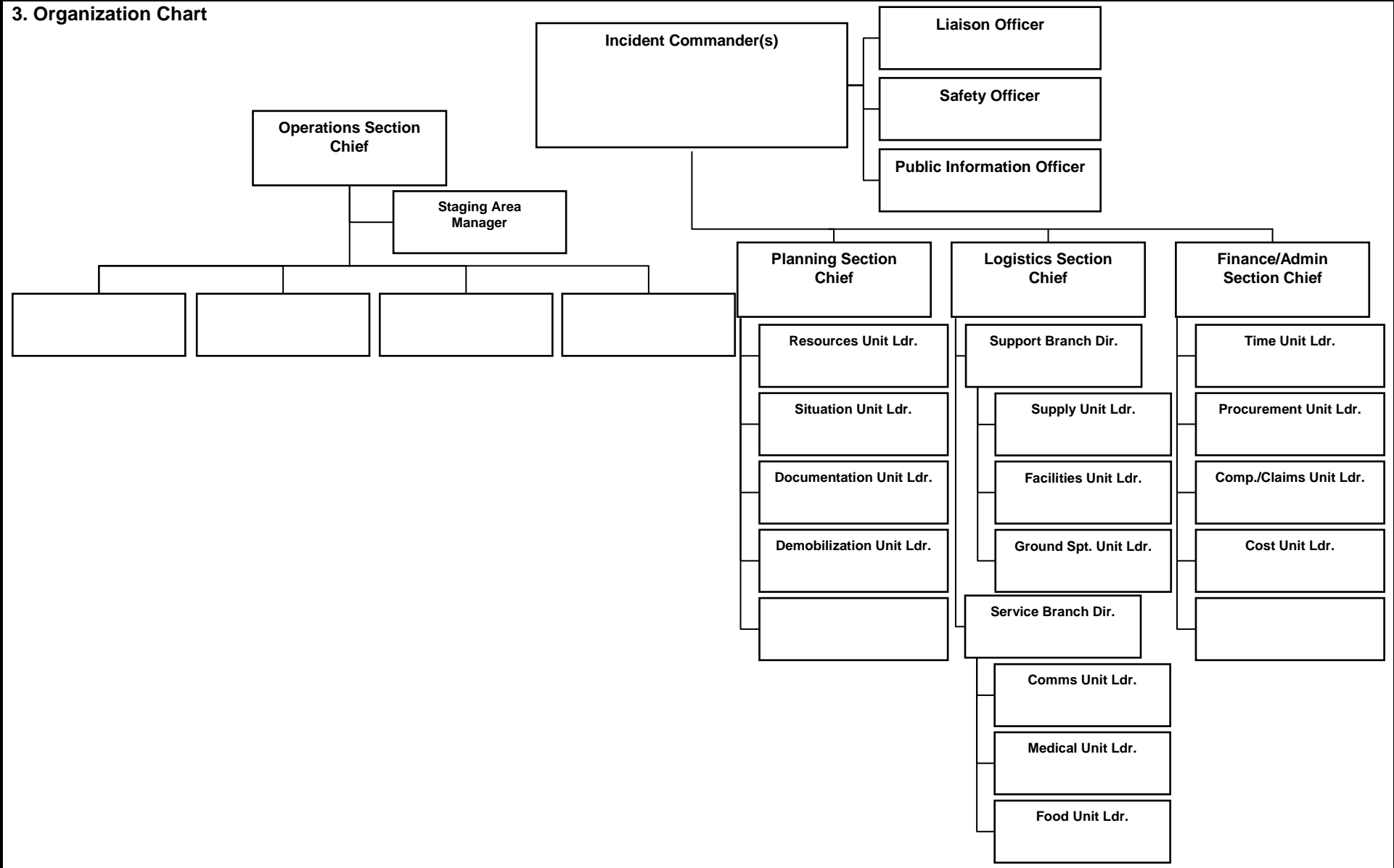
5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____
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ICS 205	IAP Page _____	Date/Time: _____
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INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
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ICS 207	IAP Page ____	4. Prepared by: Name: _____ Position/Title: _____	Signature: _____ Date/Time: _____
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INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		2. Incident Number:		
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final		*4. Incident Commander(s) & Agency or Organization:		5. Incident Management Organization: *6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., “sq mi,” “city block”):	8. Percent (%) Contained Completed _____	*9. Incident Definition:	10. Incident Complexity Level:	*11. For Time Period: From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____		*13. Date/Time Submitted: Time Zone: _____
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____		*15. Primary Location, Organization, or Agency Sent To:

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
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Additional Incident Decision Support Information

*31. Public Status Summary:	A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary:	A. # This Reporting Period	B. Total # to Date
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing (note if estimated)			G. Missing		
H. Evacuated (note if estimated)			H. Sheltering in Place		
I. Sheltering in Place (note if estimated)			I. Have Received Immunizations		
J. In Temporary Shelters (note if est.)			J. Require Immunizations		
K. Have Received Mass Immunizations			K. In Quarantine		
L. Require Immunizations (note if est.)					
M. In Quarantine					
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		

33. Life, Safety, and Health Status/Threat Remarks:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%; padding: 5px;">*34. Life, Safety, and Health Threat Management:</th> <th style="width: 20%; padding: 5px;">A. Check if Active</th> </tr> <tr> <td style="padding: 5px;">A. No Likely Threat</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">B. Potential Future Threat</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">C. Mass Notifications in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">D. Mass Notifications Completed</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">E. No Evacuation(s) Imminent</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">F. Planning for Evacuation</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">G. Planning for Shelter-in-Place</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">H. Evacuation(s) in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">I. Shelter-in-Place in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">J. Repopulation in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">K. Mass Immunization in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">L. Mass Immunization Complete</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">M. Quarantine in Progress</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">N. Area Restriction in Effect</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	*34. Life, Safety, and Health Threat Management:	A. Check if Active	A. No Likely Threat	<input type="checkbox"/>	B. Potential Future Threat	<input type="checkbox"/>	C. Mass Notifications in Progress	<input type="checkbox"/>	D. Mass Notifications Completed	<input type="checkbox"/>	E. No Evacuation(s) Imminent	<input type="checkbox"/>	F. Planning for Evacuation	<input type="checkbox"/>	G. Planning for Shelter-in-Place	<input type="checkbox"/>	H. Evacuation(s) in Progress	<input type="checkbox"/>	I. Shelter-in-Place in Progress	<input type="checkbox"/>	J. Repopulation in Progress	<input type="checkbox"/>	K. Mass Immunization in Progress	<input type="checkbox"/>	L. Mass Immunization Complete	<input type="checkbox"/>	M. Quarantine in Progress	<input type="checkbox"/>	N. Area Restriction in Effect	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
*34. Life, Safety, and Health Threat Management:	A. Check if Active																																				
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C. Mass Notifications in Progress	<input type="checkbox"/>																																				
D. Mass Notifications Completed	<input type="checkbox"/>																																				
E. No Evacuation(s) Imminent	<input type="checkbox"/>																																				
F. Planning for Evacuation	<input type="checkbox"/>																																				
G. Planning for Shelter-in-Place	<input type="checkbox"/>																																				
H. Evacuation(s) in Progress	<input type="checkbox"/>																																				
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K. Mass Immunization in Progress	<input type="checkbox"/>																																				
L. Mass Immunization Complete	<input type="checkbox"/>																																				
M. Quarantine in Progress	<input type="checkbox"/>																																				
N. Area Restriction in Effect	<input type="checkbox"/>																																				
	<input type="checkbox"/>																																				
	<input type="checkbox"/>																																				
	<input type="checkbox"/>																																				
35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):																																					

36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

37. Strategic Objectives (define planned end-state for incident):

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:

2. Incident Number:

Additional Incident Decision Support Information (continued)

38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”):

43. Anticipated Incident Management Completion Date:

44. Projected Significant Resource Demobilization Start Date:

45. Estimated Incident Costs to Date:

46. Projected Final Incident Cost Estimate:

47. Remarks (or continuation of any blocks above – list block number in notation):

Resource Status Change (ICS 210)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____			
3. Resource Number	4. New Status (Available, Assigned, O/S)	5. From (Assignment and Status):	6. To (Assignment and Status):	7. Time and Date of Change:	

8. Comments:

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____
ICS 210 _____ Date/Time: _____

INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Incident Number:	3. Check-In Location (complete all that apply): <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other					4. Start Date/Time: Date: _____ Time: _____
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Check-In Information (use reverse of form for remarks or comments)

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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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: _____	

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:		2. Incident Number:	
3. Date/Time Prepared: Date: _____ Time: _____		4. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
8. Prepared by (Safety Officer): Name: _____ Signature: _____			
Prepared by (Operations Section Chief): Name: _____ Signature: _____			
ICS 215A		Date/Time: _____	

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

1. Incident Name:	2. Incident Number:	3. Date/Time Prepared: Date: _____ Time: _____	4. Vehicle/Equipment Category:
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5. Vehicle/Equipment Information											
Order Request Number	Incident ID No.	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/ Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID No.	Incident Assignment	Incident Start Date and Time	Incident Release Date and Time

ICS 218	6. Prepared by: Name: _____ Position/Title: _____ Signature: _____
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AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____				3. Sunrise:	Sunset:
4. Remarks (safety notes, hazards, air operations special equipment, etc.):			5. Ready Alert Aircraft: Medivac: New Incident:			6. Temporary Flight Restriction Number: Altitude: Center Point:	
			8. Frequencies:		AM	FM	9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft:
			Air/Air Fixed-Wing				
7. Personnel:	Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following				
Air Operations Branch Director			Air/Ground				
Air Support Group Supervisor			Command				Other Fixed-Wing Aircraft:
Air Tactical Group Supervisor			Deck Coordinator				
Helicopter Coordinator			Take-Off & Landing Coordinator				
Helibase Manager			Air Guard				
10. Helicopters (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
11. Prepared by: Name: _____ Position/Title: _____ Signature: _____							
ICS 220, Page 1			Date/Time: _____				

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name: _____		2. Incident Number: _____	
3. Planned Release Date/Time: Date: _____ Time: _____	4. Resource or Personnel Released: _____	5. Order Request Number: _____	
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: 			
8. Travel Information:			
Estimated Time of Departure: _____		Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination: _____		Actual Release Date/Time: _____	
Travel Method: _____		Estimated Time of Arrival: _____	
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Information While Traveling: _____	
Number: _____		Area/Agency/Region Notified: _____	
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Incident Name: _____		Incident Number: _____	
Location: _____		Order Request Number: _____	
10. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 221		Date/Time: _____	

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED <u>ONLY</u> 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		
10. Evaluation						
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.

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

1. Name:	2. Incident Name:	3. Incident Number:
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10. Evaluation

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: _____

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:			2. Date/Time			3. Resource Request Number:		
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):							
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost	
					Requested	Estimated		
5. Requested Delivery/Reporting Location:								
6. Suitable Substitutes and/or Suggested Sources:								
7. Requested by Name/Position:				8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:		
Logistics	10. Logistics Order Number:					11. Supplier Phone/Fax/Email:		
	12. Name of Supplier/POC:							
	13. Notes:							
	14. Approval Signature of Auth Logistics Rep:					15. Date/Time:		
16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC								
Finance	17. Reply/Comments from Finance:							
	18. Finance Section Signature:					19. Date/Time:		
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