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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Incident Name:** | | | **2. Operational Period:**  Date From: Date To:  Time From: Time To: | | | | **3.**  **Branch:**  **Division: 1**  **Group: 1**  **Staging Area:** |
| **4. Operations Personnel:** Name Contact Number(s)  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 | | |
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| **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: | | |