County of Sutter

Emergency Operations Plan

Sutter Operational Area

Annex 3

INCIDENT COMMAND SYSTEM (ICS) AND EMERGENCY OPERATIONS CENTER (EOC) FORMS

February 2015

Annex 3 – Incident Command System (ICS) Forms

The following forms are needed during disaster/emergency operations under SEMS operations and are used in conjunction with the County of Sutter Emergency Operations Plan (BASIC), supporting Annexes, SOPs, and State guidelines.

There are three sections in this Annex. The first contains commonly used ICS forms, additional ICS forms can be found at www.firescope.org . The second section contains forms that have been developed for use in the Sutter County Emergency Operations Center. Additional forms may be developed and used. These forms will be added during future updates.

Finally, the third section contains examples of wall charts to be used during an emergency. These charts have been developed to be used with the EOC forms.

NATIONAL INCIDENT MANAGEMENT SYSTEM

The federal Department of Homeland Security has established that the National Incident Management System (NIMS) will be used during an emergency/disaster. The State of California, through Executive Order S-2-05, has established that the implementation of SEMS/ICS substantially meets the requirements of NIMS.

For more information on NIMS refer to the **Sutter County OA EOP Chapter A**.

Section 1

Incident Command System (ICS) Forms

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INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. MAP SKETCH

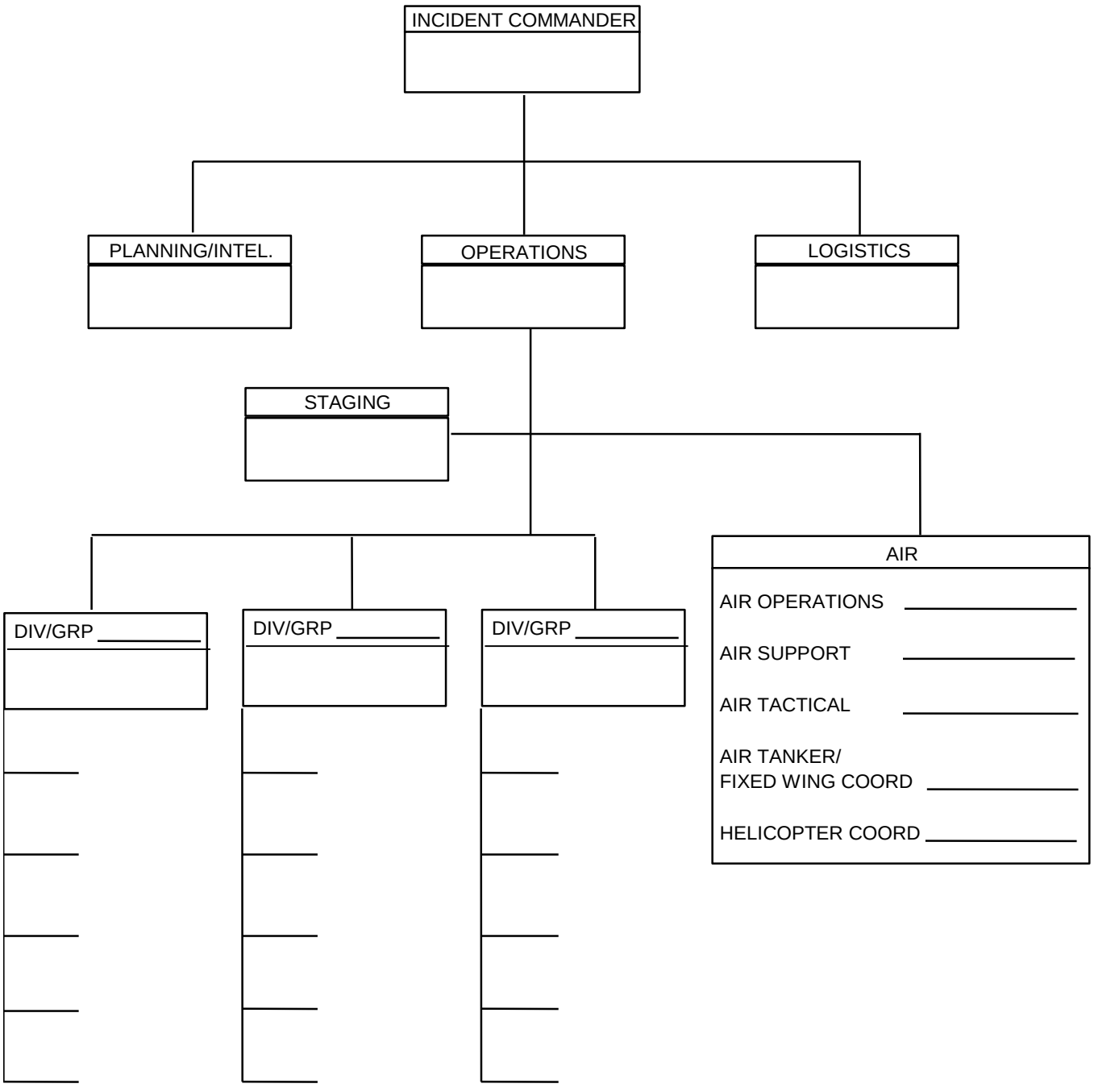
ICS 201 (SEMS 2003)	PAGE 1	8. PREPARED BY (NAME AND POSITION)

7. SUMMARY OF CURRENT OBJECTIVES AND ACTIONS

CURRENT OBJECTIVES:

CURRENT ACTIONS:

6. CURRENT ORGANIZATION



5. RESOURCES SUMMARY				
RESOURCES ORDERED	RESOURCE IDENTIFICATION	ETA	ON-SCENE ✓	LOCATION / ASSIGNMENT

	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

INCIDENT OBJECTIVES

4. OPERATIONAL PERIOD (DATE / TIME)

5. OVERALL INCIDENT OBJECTIVES:

6. OBJECTIVES FOR THIS OPERATIONAL PERIOD:

7. WEATHER FORECAST FOR OPERATIONAL PERIOD

8. GENERAL / SAFETY MESSAGE

9. ATTACHMENTS (CHECK IF ATTACHED)

- ☐ **ORGANIZATION LIST (ICS 203)**
- ☐ **DIVISION ASSIGNMENT LIST (ICS 204)**
- ☐ **COMMUNICATIONS PLAN (ICS 205)**
- ☐ **MEDICAL PLAN (ICS 206)**
- ☐ **INCIDENT MAP**
- ☐ **TRAFFIC PLAN**
- ☐
- ☐ **PHONE DIRECTORY**
- ☐ _____

ICS 202 (SEMS 2003)	**10. PREPARED BY (PLANNING / INTELLIGENCE SECTION CHIEF)**	**11. APPROVED BY (INCIDENT COMMANDER)**

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ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. OPERATIONAL PERIOD (DATE / TIME)

5. INCIDENT COMMANDER AND STAFF

POSITION	NAME
INCIDENT COMMANDER	
DEPUTY	
SAFETY OFFICER	
INFORMATION OFFICER	
LIAISON OFFICER	

6. AGENCY REPRESENTATIVES

AGENCY	NAME

7. PLANNING / INTELLIGENCE SECTION

CHIEF	
DEPUTY	
RESOURCES UNIT	
SITUATION UNIT	
DOCUMENTATION UNIT	
DEMOBILIZATION UNIT	
TECHNICAL SPECIALISTS	

8. LOGISTICS SECTION

CHIEF	
DEPUTY	

a. SUPPORT BRANCH

DIRECTOR	
DEPUTY	
SUPPLY UNIT	
FACILITIES UNIT	
GROUND SUPPORT UNIT	

b. SERVICE BRANCH

DIRECTOR	
DEPUTY	
COMMUNICATIONS UNIT	
MEDICAL UNIT	
FOOD UNIT	

9. OPERATIONS SECTION

CHIEF		
DEPUTY		

a. BRANCH I – DIVISIONS / GROUPS

BRANCH DIRECTOR		
DEPUTY		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		

b. BRANCH II – DIVISIONS / GROUPS

BRANCH DIRECTOR		
DEPUTY		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		

c. BRANCH III – DIVISIONS / GROUPS

BRANCH DIRECTOR		
DEPUTY		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		
DIVISION / GROUP		

d. AIR OPERATIONS BRANCH

AIR OPERATIONS BRANCH DIRECTOR	
DEPUTY	
AIR TACTICAL SUPERVISOR	
AIR SUPPORT SUPERVISOR	
HELICOPTER COORDINATOR	
AIR TANKER/FIXED WING COORDINATOR	

10. FINANCE / ADMINISTRATION SECTION

CHIEF	
DEPUTY	
TIME UNIT	
PROCUREMENT UNIT	
COMPENSATION / CLAIMS UNIT	
COST UNIT	

ICS 203 (SEMS 2003)	PREPARED BY (RESOURCES UNIT)

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1. BRANCH	2. DIVISION / GROUP	DIVISION ASSIGNMENT LIST **ICS 204** (SEMS 2003)

3. INCIDENT NAME	4. OPERATIONAL PERIOD

5. OPERATIONS PERSONNEL

OPERATIONS CHIEF _____

DIVISION / GROUP SUPERVISOR _____

BRANCH DIRECTOR _____

OTHER SUPERVISOR _____

6. RESOURCES ASSIGNED THIS PERIOD

STRIKE TEAM / TASK FORCE / SQUAD / PLATOON RESOURCE DESIGNATOR	LEADER	NUMBER PERSONS	TRANS. NEEDED	DROP OFF PT. / TIME	PICK UP PT. / TIME

7. CONTROL OPERATIONS

8. SPECIAL INSTRUCTIONS

9. DIVISION / GROUP COMMUNICATIONS SUMMARY

FUNCTION		FREQUENCY	SYSTEM	CHANNEL	FUNCTION		FREQUENCY	SYSTEM	CHANNEL
	LOCAL					LOCAL			
COMMAND	REPEAT				SUPPORT	REPEAT			
DIV / GROUP TACTICAL					GROUND TO AIR				

PREPARED BY (RESOURCE UNIT LEADER)	APPROVED BY (PLANNING / INTEL CHIEF)	DATE	**TIME**

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INCIDENT RADIO COMMUNICATIONS PLAN

1. INCIDENT NAME	2. DATE / TIME PREPARED	3. OPERATIONAL PERIOD (DATE / TIME)

4. BASIC RADIO CHANNEL UTILIZATION

SYSTEM / CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS

ICS 205
(SEMS 2001)

PREPARED BY:

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MEDICAL PLAN

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO

6. TRANSPORTATION

A. AMBULANCE SERVICE

NAME	ADDRESS	PHONE	PARAMEDICS	
			YES	NO

B. INCIDENT AMBULANCES

NAME	LOCATION	PHONE	PARAMEDICS	
			YES	NO

7. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GROUND		YES	NO	YES	NO

8. MEDICAL EMERGENCY PROCEDURES

ICS 206 (SEMS 2003)	**9. PREPARED BY (MEDICAL UNIT LEADER)**	**10. REVIEWED BY (SAFETY OFFICER)**

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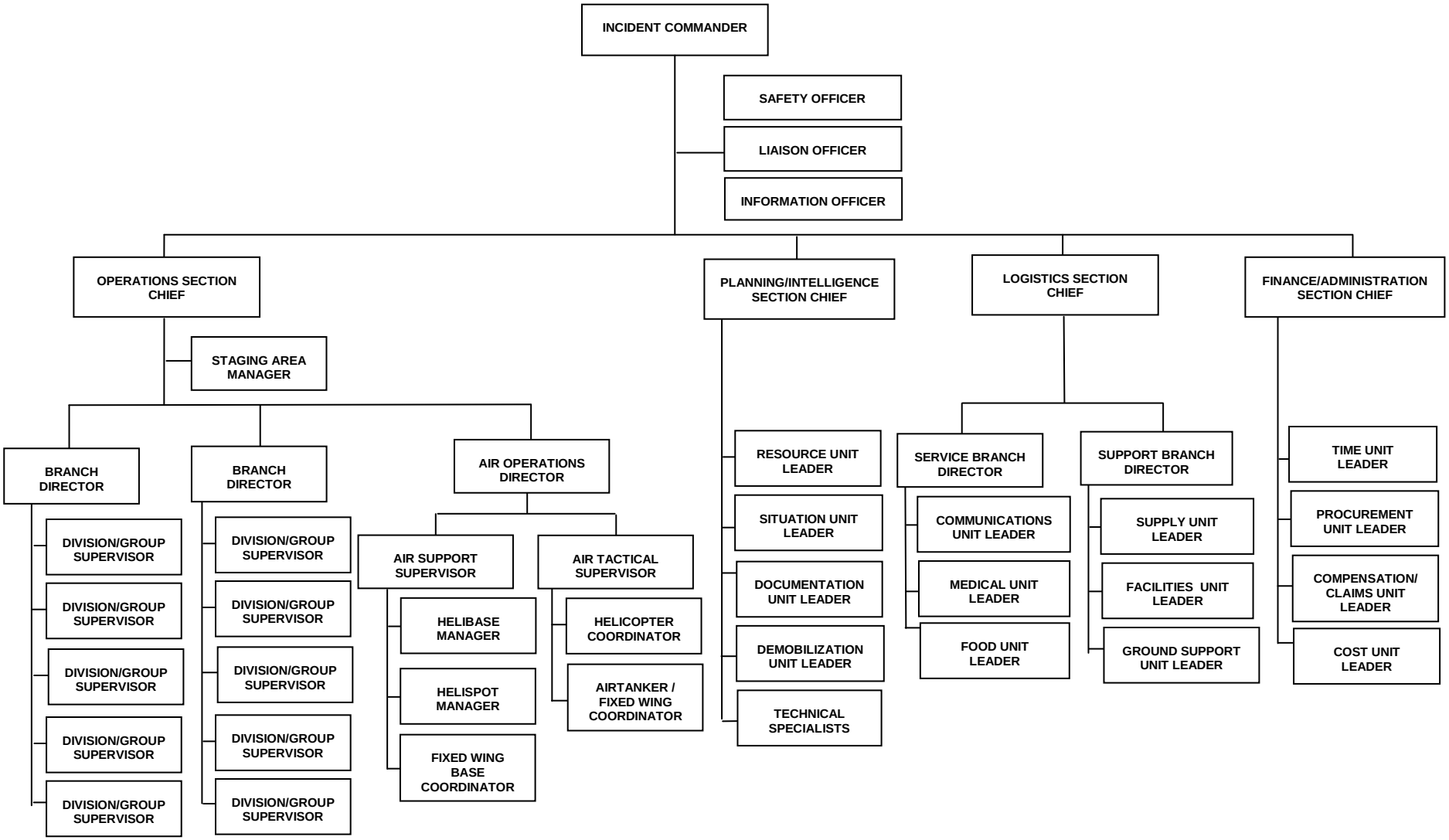
INCIDENT ORGANIZATION CHART

INCIDENT NAME _____

OPERATIONAL PERIOD _____

DATE _____ **TIME** _____



* NOTE: IN SOME DISCIPLINES THE STAGING AREA AND STAGING AREA MANAGER MAY REPORT TO THE LOGISTICS SECTION CHIEF

ICS 207
(SEMS 2003)

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SITE SAFETY AND CONTROL PLAN ICS 208 (SEMS 2003)	1. INCIDENT NAME:	2. DATE PREPARED:	3: OPERATIONAL PERIOD TIME:

SECTION I: SITE INFORMATION

4. INCIDENT LOCATION:

SECTION II: ORGANIZATION

5. INCIDENT COMMANDER:	6. HM GROUP SUPERVISOR:	7. TECH. SPECIALIST – HM REFERENCE:
8. SAFETY OFFICER:	9. ENTRY LEADER:	10. SITE ACCESS CONTROL LEADER:
11. ASSISTANT SAFETY OFFICER – HM:	12. DECONTAMINATION LEADER:	13. SAFE REFUGE AREA MANAGER:
14. ENVIRONMENTAL HEALTH:		

15. ENTRY TEAM (BUDDY SYSTEM) NAME	LEVEL	16. DECONTAMINATION ELEMENT NAME	LEVEL
ENTRY 1:		DECON 1:	
ENTRY 2:		DECON 2:	
ENTRY 3:		DECON 3:	
ENTRY 4:		DECON 4:	

SECTION III: HAZARD / RISK ANALYSIS

17. MATERIAL	CONTAINER TYPE	QTY.	PHYS. STATE	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL

COMMENT:

SECTION IV: HAZARD MONITORING

18. LEL INSTRUMENT(S):	19. O_2 INSTRUMENT(S):
20. TOXICITY / PPM INSTRUMENT(S):	21. RADIOLOGICAL INSTRUMENT(S):

COMMENT:

SECTION V: DECONTAMINATION PROCEDURES

22. STANDARD DECONTAMINATION PROCEDURES: YES: NO: COMMENT:

SECTION VI: SITE COMMUNICATIONS

23. COMMAND FREQUENCY:	24. TACTICAL FREQUENCY:	25. ENTRY FREQUENCY:

SECTION VII: MEDICAL ASSISTANCE

26. MEDICAL MONITORING	YES:	NO:	27. MEDICAL TREATMENT AND TRANSPORT IN-PLACE	YES:	NO:

COMMENT:

SECTION VIII. SITE MAP

28. SITE MAP:

N

- ☐ WEATHER
- ☐ COMMAND POST
- ☐ ZONES
- ☐ ASSEMBLY AREAS
- ☐ ESCAPE ROUTES
- ☐ OTHER

SECTION IX: ENTRY OBJECTIVES

29. ENTRY OBJECTIVES:

SECTION X: SOP'S AND SAFE WORK PRACTICES

30. MODIFICATIONS TO DOCUMENTED SOP'S AND WORK PRACTICES	YES:	NO:	

COMMENT:

SECTION XI: EMERGENCY PROCEDURES

31. EMERGENCY PROCEDURES:

SECTION XII. SAFETY BRIEFING

32. ASSISTANT SAFETY OFFICER HM SIGNATURE:	SAFETY BRIEFING COMPLETED (TIME):
33. HM GROUP SUPERVISOR SIGNATURE:	34. INCIDENT COMMANDER SIGNATURE:

INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN ICS 208 HM

A Site Safety and Control Plan must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusive Zone.

Item Number	Item Title	Instructions
1.	Incident Name / Number	Print name and / or incident number.
2.	Date and Time	Enter date and time prepared.
3.	Operational Period	Enter the time interval for which the form applies.
4.	Incident Location	Enter the address and or map coordinates of the incident.
5 – 16.	Organization	Enter names of all individuals assigned to ICS positions. (Entries 5 & 8 mandatory). Use boxes 15 and 16 for other functions: i.e. Medical Monitoring.
17 – 18.	Entry Team/Decon Element	Enter names and level of PPE of Entry & Decon personnel. (Entries 1 – 4 mandatory buddy system and back-up).
19.	Material	Enter names and pertinent information of all known chemical products. Enter UNK if material is not known. Include any which apply to chemical properties. (Definitions: ph = Potential for Hydrogen (Corrosivity) IDLH = Immediately Dangerous to Life and Health, F.P. = Flash Point, I.T. = Ignition Temperature, V.P. = Vapor Pressure, V.D. = Vapor Density; S.G. = Specific Gravity, LEL = Lower Explosive Limit, UEL = Upper Explosive Limit)
20 – 23.	Hazard Monitoring	List the instruments which will be used to monitor for chemicals.
24.	Decontamination Procedures	Check NO if modifications are made to standard decontamination procedures and make appropriate Comments including type of solutions.
25 – 27.	Site Communications	Enter the radio frequency(ies) which apply.
28 – 29.	Medical Assistance	Enter comments if NO is checked.
30.	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones. (Check boxes are mandatory to be identified).
31.	Entry Objectives	List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters which will alter or stop entry operations.
32 – 33.	SOPs, Safe Work Practices and Emergency Procedures	List in Comments if any modifications to SOPs and any emergency procedures which will be affected if an emergency occurs while personnel are within the Exclusion Zone.
34 – 36.	Safety Briefing	Have the appropriate individual place their signature in the box once the Site Safety and Control Plan is reviewed. Note the time in box 34 when the safety briefing has been completed.

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Incident Status Summary

Date	Time	Initial / Update / Final	Incident Number	Incident Name

Incident Type	Start Date/Time	Cause	Incident Commander	IMT Type	State/Unit

County	Latitude and Longitude	Short Location Description (in reference to nearest town):

Current Situation

Size/Area Involved	% Contained or MMA	Expected Containment Date: Time:	Line to Build (# chains)	($) Costs to Date	Declared Controlled Date: Time:

Injuries Today	Fatalities

Structure Information

Type of Structure	# Threatened	# Destroyed
Residence		
Commercial Property		
Out building/Other		

Threat to Human Life/Safety:

Evacuation(s) in progress _____
No evacuation(s) imminent _____
Potential future threat _____
No likely threat _____

Fuels Involved

Resources threatened (kind(s) and value/significance):

Current Weather Conditions

Wind Speed: Temperature:
Wind Direction: **Relative Humidity:**

Resource benefits/objectives (for prescribed/wildland fire use):

Today's observed fire behavior **(leave blank for non-fire events):**

Significant events today **(closures, evacuations, significant progress made, etc.)**

26. AGENCIES / 27. RESOURCES																							TOTALS	
KIND OF RESOURCE	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST
OVERHEAD PERSONNEL																								
TOTAL PERSONNEL																								

Cooperating Agencies Not Listed Above:

Prepared by:	Approved by:	Sent to: by: Date: Time:

Outlook

Estimated Control	Projected Final Size	Estimated Final Cost	Tomorrow's Forecasted Weather	
Date: Time:			Wind Speed: Wind Direction:	Temperature: Relative Humidity:

Critical Resource Needs **(kind & amount, in priority order):**

1.

2.

3.

Actions planned for next operational period:

Projected incident movement/spread during next operational period (leave blank for non-fire incidents):

Major problems and concerns (control problems, social/political/economic concerns or impacts, etc.) **Relate critical resource needs identified above to the Incident Action Plan.**

For fire incidents, describe resistance to control in terms of:

1. **Growth potential -**
2. **Difficulty of terrain -**

How likely is it that containment/control targets will be met, given the current resources and suppression strategy?

Projected Demob Start (date and time):

Remarks:

CHECK-IN LIST ICS 211

(SEMS 2003)

1. INCIDENT NAME

2. CHECK-IN LOCATION

☐ STAGING AREA _____ ☐ ICP RESOURCE UNIT

☐ CAMP _____ ☐ BASE

☐ HELIBASE _____

3. DATE / TIME

CHECK-IN INFORMATION

4. LIST PERSONNEL (OVERHEAD) BY AGENCY AND NAME LIST EQUIPMENT BY THE FOLLOWING FORMAT: AGENCY	SINGLE T / F S / T	KIND	TYPE	ID. NO / NAME	5. ORDER/ REQUEST NBER	6. DATE / TIME CHECK-IN	7. LEADER'S NAME	8. TOTAL NO. PERSONNEL	9. MANIFEST YES	9. MANIFEST NO	10. CREW WEIGHT OR INDIVIDUALS WEIGHT	11. HOME BASE	12. DEPARTURE POINT	13. METHOD OF TRAVEL	14. INCIDENT ASSIGNMENT	15. OTHER QUALIFICATIONS	16. SENT TO RESTAT - TIME

PAGE _____ OF _____

17. PREPARED BY (NAME AND POSITION) USE BACK FOR REMARKS OR COMMENTS

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UNIT LOG

ICS 214 (SEMS 2003)

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. ORGANIZATION POSITION	5. LEADER NAME	6. OPERATIONAL PERIOD

7. PERSONNEL ROSTER ASSIGNED

NAME	ICS POSITION	HOME BASE

8. ACTIVITY LOG (CONTINUE ON REVERSE)

TIME	MAJOR EVENTS

TIME	MAJOR EVENTS
	9. PREPARED BY (NAME AND POSITION

OPERATIONAL PLANNING WORKSHEET
ICS 215 (SEMS 2003)

1. INCIDENT NAME	2. DATE PREPARED	TIME PREPARED	3. OPERATIONAL PERIOD (DATE / TIME)

4. DIVISION / GROUP OR OTHER LOCATION	5. WORK ASSIGNMENT		RESOURCES BY TYPE																	6. OVERHEAD	7. SPECIAL EQUIPMENT	8. OTHER	9. REPORTING LOCATION	10. REQUESTED ARRIVAL TIME
		REQ																						
		HAVE																						
		NEED																						
		REQ																						
		HAVE																						
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		NEED																						
ICS 215	Total Resources Required	Single Resources / Strike Teams, Crews, Platoon																					PREPARED BY: (NAME AND POSITION)	
	Total Resources on Hand																							
	Total Resources Needed																							

ASSIGNMENT NOTES

ASSIGNMENT NOTES

RADIO REQUIREMENTS WORKSHEET

1. INCIDENT NAME	2. DATE	3. TIME

4. BRANCH	5. AGENCY	6. OPERATIONAL PERIOD	7. TACTICAL FREQUENCY

8. DIVISION / GROUP AGENCY	DIVISION / GROUP AGENCY	DIVISION / GROUP AGENCY	DIVISION / GROUP AGENCY

9. AGENCY	ID NUMBER	RADIO REQUIREMENTS	AGENCY	ID NUMBER	RADIO REQUIREMENTS	AGENCY	ID NUMBER	RADIO REQUIREMENTS	AGENCY	ID NUMBER	RADIO REQUIREMENTS

ICS 216 (SEMS 2003)	PAGE _____ OF _____	10. PREPARED BY (NAME AND POSITION)

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SUPPORT VEHICLE INVENTORY

(USE SEPARATE SHEET FOR EACH VEHICLE CATEGORY)

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. VEHICLE INFORMATION

a. TYPE	b. MAKE	c. CAPACITY / SIZE	d. AGENCY / OWNER	e. ID NUMBER	f. LOCATION	g. RELEASE TIME

ICS 218 (SEMS 2003)	PAGE _____ OF _____	10. PREPARED BY (GROUND SUPPORT UNIT)

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AIR OPERATIONS SUMMARY

1. INCIDENT NAME	2. OPERATIONAL PERIOD		3. DISTRIBUTION	
	DATE	TIME	HELIBASES	FIXED WING BASES

4. PERSONNEL & COMMUNICATIONS	NAME	AIR / AIR FREQUENCY	AIR / GROUND FREQUENCY	5. REMARKS (Specific Instructions, Safety Notes, Hazards, Priorities)
AIR OPERATIONS DIRECTOR				
AIR TACTICAL SUPERVISOR				
HELICOPTER COORDINATOR				
AIR TANKER/FIXED WING COORDINATOR				

6. LOCATION/ FUNCTION	7. ASSIGNMENT	8. FIXED WING		9. HELICOPTERS		10. TIME		11. AIRCRAFT ASSIGNED	12. OPERATING BASE
		NO.	TYPE	NO.	TYPE	AVAILABLE	COMMENCE		
	13. TOTALS								

14. AIR OPERATIONS SUPPORT EQUIPMENT	15. PREPARED BY	DATE	TIME

GENERAL INSTRUCTIONS

PURPOSE: The Air Operations Summary Worksheet provides air operations units safety notes, aerial and flight hazards, air rescue aircraft information and procedures, TFR information, water points, helispots, assigned personnel/equipment, communication frequencies and crash rescue, helibase dust abatement equipment and tasks/mission assignments.

Close coordination with logistics section personnel (communications, ground support, supply) is necessary so that the information coincides with that in the rest of the Incident Action Plan. It is also essential that the AOBD and OSC review both the ICS 220 and Division Assignment Sheets to ensure information is the same. It is essential that the mandatory block information is provided while optional block information may remind you or assist others when using the ICS 220.

- ☐ Prepared by and date (mandatory). Enter your name and the date of completion (not operational period date).
- ☐ **Block 1: INCIDENT NAME;** Provide name given to incident by Agency (mandatory).
- ☐ **Block 2: OPERATIONAL PERIOD;** Enter Operational Date including sunrise and sunset (mandatory).
- ☐ **Block 3: REMARKS;** (Safety, Notes, Hazards and Air Operations Special Equipment etc.). Aerial hazards, military airspace, special equipment, helibase(s) name(s) and latitude and longitude information (mandatory).
- ☐ **Block 3a: Water Points;** Provide land marks including latitude and longitude information when established (mandatory).
- ☐ **Block 3b: Helispots;** Provide numbers including latitude and longitude information when established (mandatory).
- ☐ **Block 4: AIR RESCUE AIRCRAFT;** Provide assigned air rescue aircraft including activation instructions that have been coordinated with Operations Branch Director, Air Tactical Group Supervisor, Medical Unit Leader, and the Communications Unit Leader (mandatory).
- ☐ **Block 5: TFR/91.137;** Provide information including, radius by nautical miles and altitude by mean sea level, and center point information including latitude, longitude information (mandatory).
- ☐ **Block 6: PERSONNEL;** Provide first and last name, telephone, cellular, pager and fax numbers of personnel assigned to positions currently filled including ATGS and ATGS-relief assigned bases identifiers (mandatory).
- ☐ **Block 7: FREQUENCY: AM and FM;** Provide command, Fixed Wing air to air, Rotor Wing air to air, air to ground, command and other air operation support frequencies both AM and FM (mandatory). Check your listing with that on the Incident Radio Communications Plan prior to submitting the ICS 220 to Plans. *This is critical.* You should make it a practice to meet with the CML to ensure coordination. Add additional frequencies as necessary in blank rows (e.g., second air-ground, etc.).
- ☐ **Block 8: PERSONNEL ON ORDER;** Enter personnel on back order for filling air operation positions (optional).
- ☐ **Block 9: FIXED WING: Air Attack(s)/Leadplane(s)/Tankers/Identifier/Base(s);** Provide current assigned Leadplane(s) information by identifier and assigned bases, total tankers assigned, and Fixed-Wing aircraft information by type, identifier and assigned bases (mandatory). This entry must tie in with entries in Block 13.
- ☐ **Block 10: ROTOR WING: Type/Identifier/Base(s);** Provide current assigned Rotor-Wing aircraft information by type, identifier and assigned bases (mandatory). This entry *must* tie in with entries in Block 13.
- ☐ **Block 11: SPECIAL ASSIGNED EQUIPMENT;** Aircraft Rescue Fire Fighters (ARFF) and Water Tender identifiers by assigned helibase(s) (mandatory).
- ☐ **Block 12: EQUIPMENT ON ORDER;** List Fixed-Wing and Rotor-Wing outstanding support equipment on back order (optional).
- ☐ **Block 13: TASK/MISSION ASSIGNMENT;** (ICS 220B) Provide name of personnel and or cargo including instructions for tactical type and functions i.e., air tactical, dropping retardant air tankers, recon/plans, helicopter coordinator, personnel transport, cargo transport, dip site names and locations, initial attack, air rescue and other including mission start times and fly form and to information using numeric or text information (mandatory).

Name of Personnel or Cargo or Instructions for Tactical. Provide critical information: Who or what/how much is being transported, or instructions for tactical aircraft such as “Drop retardant in Division C” or “Conduct continuous aerial supervision over the incident.”

Mission Start Time. The time skids should be off the helibases or, for Fixed-Wing aircraft, the time the aircraft should be *over the incident* (not the take-off time). For helicopters, ensure the GSUL is aware of intended Start Time.

Fly From. Fly from is departure point for the mission, a helibase, a helispot, an air attack base, etc.

Fly To. The destination point for the mission, a helispot, a division (for retardant dropping), or “the fire” (for air attack).

DEMOBILIZATION CHECKOUT

1. INCIDENT NAME / NUMBER	2. DATE / TIME	3. DEMOBILIZATION NUMBER

4. UNIT / PERSONNEL RELEASED

5. TRANSPORTATION TYPE / NO.

6. ACTUAL RELEASE DATE / TIME

_____

7. MANIFEST YES NO

NUMBER _____

8. DESTINATION

_____

9. AGENCY/ REGION / AREA NOTIFIED

NAME _____

DATE _____

10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING

11. UNIT / PERSONNEL **YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING:**

(DEMOBILIZATION UNIT LEADER CHECK APPROPRIATE BOX)

LOGISTICS SECTION

☐ **SUPPLY UNIT** _____

☐ **COMMUNICATIONS UNIT** _____

☐ **FACILITIES UNIT** _____

☐ **GROUND SUPPORT UNIT** _____

PLANNING / INTELLIGENCE SECTION

☐ **DOCUMENTATION UNIT** _____

FINANCE / ADMINISTRATION SECTION

☐ **TIME UNIT** _____

OTHER

☐ _____ _____

☐ _____ _____

12. REMARKS

_____

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RESOURCE ORDER

INCIDENT / PROJECT ORDER NUMBER

INITIAL DATE / TIME	2. INCIDENT PROJECT NAME	3. INCIDENT / PROJECT ORDER NUMBER	4. OFFICE REFERENCE NUMBER

5. DESCRIPTIVE LOCATION / RESPONSE AREA	6. SEC	TWN	RNG	BASE MDM	8. INCIDENT BASE / PHONE NUMBER	9. JURISDICTION / AGENCY
	7. MAP REFERENCE					10. ORDERING OFFICE

11. AIRCRAFT INFORMATION			LATITUDE		LONGITUDE			
BEARING	DISTANCE	BASE OR OMNI	AIR CONTACT	FREQUENCY	GROUND CONTACT	FREQUENCY	RELOAD BASE	OTHER AIRCRAFT / HAZARDS

12. Request Number	Ordered Date / Time	From / To	QTY	RESOURCE REQUESTED	Needed Date / Time	Deliver To	To / From	Time	Agency ID	RESOURCES ASSIGNED	ETD / ETA	RELEASED Date	RELEASED To	Time / ETA

13. ORDER RELAYED Req. No.	Date	Time	To / From	ACTION TAKEN	ORDER RELAYED Req. No.	Date	Time	To / From	ACTION TAKEN

13. ORDER RELAYED				ACTION TAKEN	ORDER RELAYED				ACTION TAKEN
Req. No.	Date	Time	To / From		Req. No.	Date	Time	To / From	

REQUEST NUMBER	REMARKS

2. INCIDENT / PROJECT NAME	3. INCIDENT / PROJECT ORDER NO.	ESTIMATED COST	ORDER COMPLETED BY
			INITIALS _____ DATE _____ TIME _____

Section 2

Emergency Operations Center (EOC) Forms

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EOC 201 – EOC BRIEFING	INITIAL BRIEFING	
1. EVENT/DISASTER NAME	2. DATE OF BRIEFING	3. TIME OF BRIEFING
4. EVENT HISTORY AND CURRENT ACTIONS SUMMARY		
5. CURRENT ORGANIZATION		

6. NOTES (including accomplishments, issues, warnings/directives)	
7. PREPARED BY (NAME AND POSITION)	8. FACILITY NAME

EOC OBJECTIVES	1. EVENT/DISASTER NAME	2. DATE PREPARED	3. TIME PREPARED

4. OPERATIONAL PERIOD (DATE / TIME)

5. OVERALL OBJECTIVES:

6. OBJECTIVES FOR THIS OPERATIONAL PERIOD:

7. WEATHER FORECAST FOR OPERATIONAL PERIOD:

8. GENERAL/SAFETY MESSAGE:

9. ATTACHMENTS (CHECK IF ATTACHED)

- ☐ ORGANIZATION LIST (DOC 203)
- ☐ SECTION STAFFING LIST (DOC 204)
- ☐ COMMUNICATIONS LOG (DOC 205)
- ☐ COMMUNICATIONS PLAN (DOC 205A)
- ☐ ORGANIZATION CHART (DOC 207)
- ☐ CONTACT LIST
- ☐ OTHER _____
- ☐ OTHER _____
- ☐ PAGES _____

EOC 202 (7/2014)	10. PREPARED BY: (Plans/Intel Chief)	11. COORDINATED/APPROVED BY: (DOC Director)

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EOC 203 – ORGANIZATION ASSIGNMENT LIST			
1. EVENT/DISASTER NAME:	**2. DATE PREPARED**	**3. TIME PREPARED**	**4. OPERATIONAL PERIOD DATE/TIME**
POSITION	**NAME / AGENCY**		
5. DOC Director and General Staff			
Emergency Operations Center (EOC) Director			
Emergency Operations Center (EOC) Manager			
Public Information Officer			
Liaison Officer			
Safety Officer			
Other (Type)			
Other (Type)			
6. Operations Section			
Chief			
Law Enforcement Branch			
Fire Services Branch			
Agriculture Branch			
Public Works Branch			
Human Services Branch			
Other Branch/Unit (Type)			
Other Branch/Unit (Type)			
7. Planning Section			
Chief			
Situation/Status Unit			
Advance Planning			
Documentation Unit			
Demobilization Unit			
Technical Specialists (Type)			
Other Branch/Unit (Type)			
8. Logistics Section			
Chief			
Service Branch			
Supply Unit			
Facilities Unit			
Resource Status Unit			
Support Branch			
Communications Unit			
Personnel Unit			
Information Systems Unit			
9. Finance/Administration Section			
Chief			
Time Unit			
Purchasing Unit			
Compensation/Claims Unit			
Cost Unit			
Other Branch/Unit (Type)			
10. Agency Representative (in EOC)			
11. County Representative (External EOC)			
12. PREPARED BY (RESOURCES UNIT LEADER)			
13. FACILITY NAME			

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Section:	EOC Form 204 Section Staffing
Section Chief:	Operational Period (Date/Time):
Event/Disaster Number:	Date/Time Prepared:

Event/Disaster Name:

Section Staffing

Name	Position	Contact Phone	Agency Phone
	Services Branch Coordinator		
	Communication Unit Leader		
	Personnel Unit Leader		
	Information System Unit Leader		
	Communication Unit Member		

Additional Comments

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EOC Form 205 – EOC COMMUNICATIONS ASSIGNMENT LOG (INTERNAL AGENCIES)		
1. EVENT/DISASTER NAME	**2. DATE/TIME PREPARED**	**3. OPERATIONAL PERIOD DATE/TIME**

4. BASIC CONTACT INFORMATION

ASSIGNMENT/ NAME	RADIO CHANNEL / FREQUENCY	PHONE Primary & Alternate	FAX	E-MAIL / PDA	PAGER	ALT. COMMUNICATION DEVICE	COMMENTS

5. PREPARED BY (COMMUNICATIONS UNIT LEADER)	**6. APPROVED BY (LOGISTICS CHIEF)**
7. FACILITY NAME	

EOC Form 205 – EOC COMMUNICATIONS ASSIGNMENT LOG (EXTERNAL AGENCIES)		
1. EVENT/DISASTER NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME

4. BASIC CONTACT INFORMATION

ASSIGNMENT/ NAME	RADIO CHANNEL / FREQUENCY	PHONE Primary & Alternate	FAX	E-MAIL / PDA	PAGER	ALT. COMMUNICATION DEVICE	COMMENTS

5. PREPARED BY (COMMUNICATIONS UNIT LEADER)	6. APPROVED BY (LOGISTICS CHIEF)
7. FACILITY NAME	

EOC RADIO COMMUNICATIONS PLAN

Incident Name	Date/Time Prepared	Operational Period Date/Time

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
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Prepared By (Communications Unit)	Incident Location
	County State Latitude N Longitude W

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

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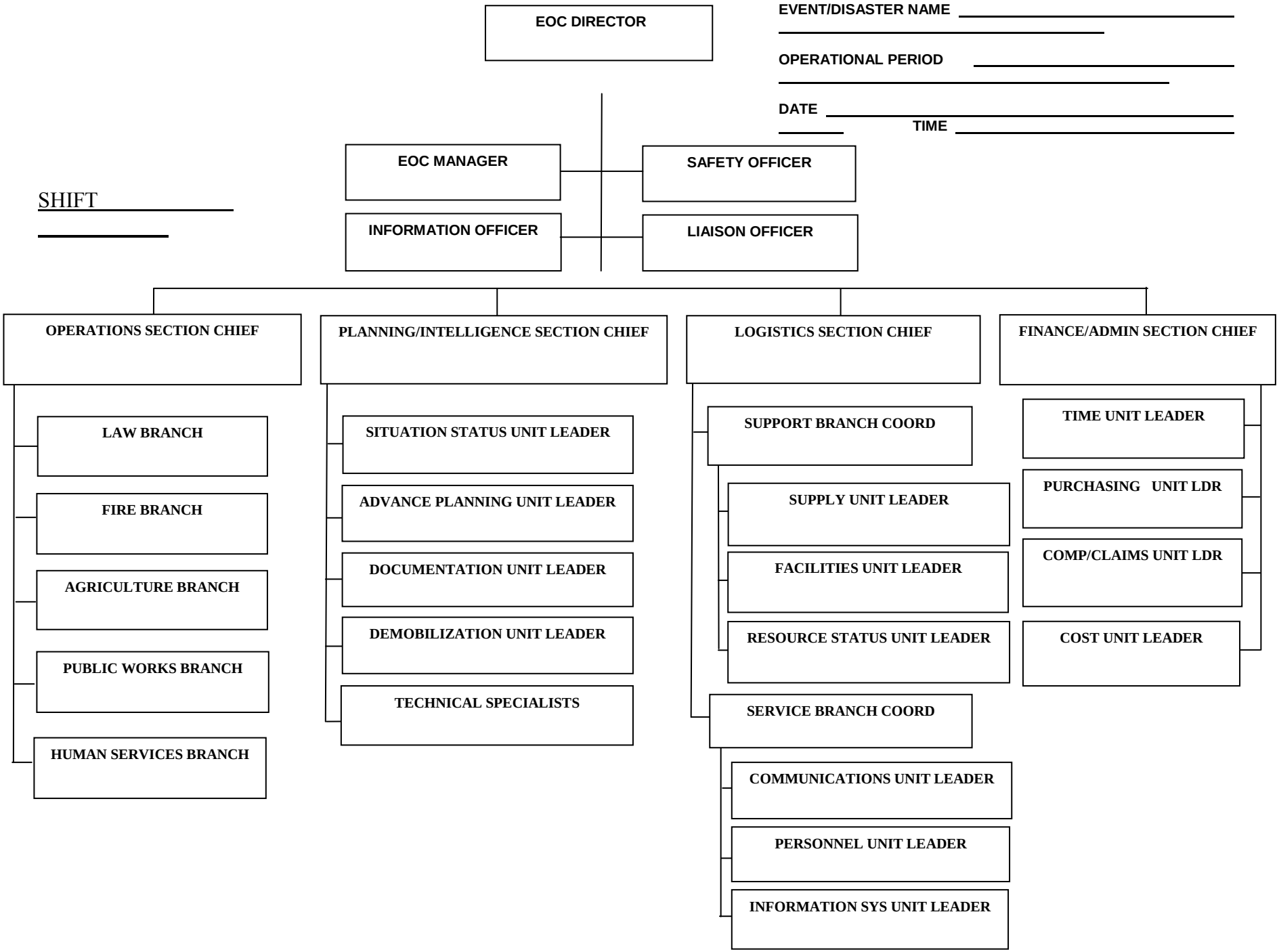
EMERGENCY OPERATIONS CENTER (EOC) ORGANIZATION CHART

EVENT/DISASTER NAME _____

OPERATIONAL PERIOD _____

DATE _____ TIME _____

SHIFT _____



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EOC MESSAGE FORM

▸ Use Ballpoint Pen–Press Hard; Print Clearly
(See back for instructions)

(Circle)[2]	EOC Message Number[3]	(Circle)[2]
Incoming		Outgoing

Date: (MM/DD/YY)[1]	Situation Severity (✓one)[4]	Msg. Handling Order (✓one)[5]	Message Requests You To:[6]
____/____/____	❒ EMERGENCY (e.g., Life Threat)	❒ IMMEDIATE (As Soon as Possible)	TAKE ACTION (✓one) ❒ Yes ❒ No
Time: (24 hour clock)	❒ URGENT (e.g., Property Threat)	❒ PRIORITY (Less Than One Hour)	REPLY (✓one) ❒ Yes, by_____ ❒ No
_____ 0001 to 2400 2:00 PM = (12+2) = 1400 Hrs	❒ OTHER (All others)	❒ ROUTINE (More Than One Hour)	FOR INFO ONLY ❒ (no action required)

To:	EOC Position: (required)[7]	From:	EOC Position: (required, if applicable)[8]
	Location: (required)[9]		Location: (required)[9]
	Name: (optional)		Name: (optional)
	Telephone #:(optional)		Telephone #: (optional)

SUBJECT:[10] _____

MESSAGE REFERENCE:[11] _____

MESSAGE:[12] (what, when, where needed; how long; contact name and phone number) ▸ KEEP MSG BRIEF

ACTION TAKEN:[13] (For use by Originator/Recipient) ▸ USE SEPARATE MESSAGE FORM IF SENDING REPLY!

CC: ❒ Management ❒ Operations ❒ Planning ❒ Logistics ❒ Finance

Operator Use Only:[14]

How Received ❒ or Sent ❒ (✓one)	Operator's Call Sign (Radio):
❒ Telephone ❒ Dispatch Center	Operator Name:
❒ EOC Radio ❒ FAX ❒ Courier	
❒ Amateur Radio ❒ Other _____	Date: Time:

(See reverse for instructions)

INSTRUCTIONS FOR USING THE EOC MESSAGE FORM

1. **Date and Time**: When receiving or sending any message, complete the date and time (in the format shown) in the top upper left of the form.

2. **When Receiving/Sending Message**: Indicate whether you are receiving the message (INCOMING) or sending the message (OUTGOING). Circle the appropriate terminology.

3. **Message Number**: Assign Message Number according to SEMS Location; e.g. *M-00001* would indicate it was initiated in the *Management Section*, *O-00001 Operations*, *P-00001 Planning/Intel*, *L-00001 Logistics*, and *F-00001 Finance/Admin*.

4. **Situation Severity**: Indicate the Severity of the message - For example, is it a life threat, a property threat, or just information?

5. **Message Handling Order:** Indicate the handling order of the message, (Immediate: As Soon As Possible; Priority: Less than an Hour; Routine: More Than an Hour).

6. **Message Requests You To**: State what the message type is - for example: is the sender expecting the county EOC to "Take Action", to "Reply", or "For Your Information".

7. **TO: EOC Position**: State the EOC position to which the message is to be delivered. This will generally be *Management*, or one of the Section Chiefs (e.g., *Operations*, *Planning*, *Logistics*, *or Finance/Admin*.). If unsure, address the message to *Planning*.

8. **From: EOC Position**: Indicate what EOC position is sending the message - you also can note a name, but an EOC position is needed since the person staffing the position may change. An ICS position may be identified if the message comes from a field Incident Command Post (ICP).

9. **Locations**: Enter the location of the addressee in the "**To**" box and the location of the sender in the "**From**" box (for example, To: Sutter County EOC, From: Yuba City EOC).

10. **Subject**: Note the subject of the message (e.g., Request for Type 5 Engine Strike Team).

11. **Message Reference**: If the message is a response to an earlier message, indicate the original message number if available.

12. **Message**: If the message is a request for support, supply detailed instructions about what, when, how long needed and where the support is to be delivered, contact person and phone number. Be as brief as possible.

13. **Action Taken**: This section is for use of the message originator or recipient to record pertinent information regarding action taken in response to the message. (e.g., "Request for Type 5 Engine Strike Team passed to Region on OASIS Net."). Space is also provided to indicate copy to other EOC positions that may need the information.

14. **Originator/Recipient Use**: The person who handled the message is to record the method used in the area at the bottom of the message form and record the name/call sign (if radio network) in the appropriate box. If the message is being sent, the date and time that the message actually was sent is to be noted in the relevant box.

15. **Forms Disposition**: If the message is an **EMERGENCY** message, it should be placed in the hands of the shift supervisor. For other messages, it is permissible to place the message in the appropriate message box slot.

EOC 214 – OPERATIONAL LOG

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
4. SECTION /BRANCH	5. POSITION	

6. ACTIVITY LOG

Time	Major Events, Decisions Made, and Notifications Given

7. PREPARED BY (sign and print)

8. FACILITY NAME

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EOC 251 – FACILITY SYSTEM STATUS REPORT

1. Operational Period Date/Time	2. Date Prepared	3. Time Prepared	4. Facility:

5. SYSTEM STATUS CHECKLIST

COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Fax	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Information Technology System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Paging - Public Address	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Radio Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Satellite System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Telephone System, Proprietary	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Telephone System, External	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Video-Television-Internet-Cable	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
INFRASTRUCTURE SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Parking Areas	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Fire Detection/Suppression System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Structural Components (building integrity)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
SECURITY SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Door Lockdown Systems (Pass-Point)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

UTILITIES, EXTERNAL SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Electrical Power-Primary Service	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Electrical Power, Backup Generator	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	(Fuel status)
Heating, Ventilation, and Air Conditioning (HVAC)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Water Heater	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
6. Certifying Individual/Title		
7. Facility Address		

EOC 252 - Section Personnel Time Sheet

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. TEAM LEADER

5. TIME RECORD

#	Employee (E)/Volunteer (V)* Name (*Please Print)*	E/V	Employee Number	Response Function/Job	Date/Time In	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

*** Ensure volunteers meet requirements outlined in the appropriate County Ordinances/Policies.**

6. Certifying Individual	7. Date/Time Submitted
8. Facility Name	

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EOC FORM 256 – PURCHASING SUMMARY REPORT

EVENT/DISASTER NAME:

1. PURCHASES

#	P.O./ Reference #	Date/Time	Item/Service	Vendor	$ Amount	Requestor Name/Dept (Please Print)	Approved By (Please Print)	Received Date/Time
1								
	Comments							
2								
	Comments							
3								
	Comments							
4								
	Comments							
5								
	Comments							
6								
	Comments							
7								
	Comments							
8								
	Comments							
9								
	Comments							
10								
	Comments							
11								
	Comments							
12								
	Comments							
13								
	Comments							

2. CERTIFYING INDIVIDUAL/TITLE	**3. DATE SUBMITTED**	**4. SECTION**
5. SIGNATURE	**6. FACILITY NAME**	**7. OPERATIONAL PERIOD (Date/Time)**

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EOC Form 257 – RESOURCE ACCOUNTING RECORD

EVENT/DISASTER NAME:

1. DATE	2. SECTION	3. OPERATIONAL PERIOD DATE/TIME

4. RESOURCE RECORD

Time	Item/Facility Tracking ID #	Condition	Received from	Dispensed to	Returned (Date/Time)	Condition (or indicate if non-recoverable)	Initials

5. CERTIFYING INDIVIDUAL/TITLE	6. DATE/TIME SUBMITTED

7. FACILITY NAME

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EOC 261 – EOC SAFETY ANALYSIS

1. EVENT/DISASTER NAME	2. DATE PREPARED	3. TIME PREPARED

4. HAZARD MITIGATION

Potential/Actual Hazards (biohazards, structural, utility, traffic, etc)	Section or Branch and Location	Mitigations (e.g., PPE, buddy system, escape routes)	Mitigation Completed (Sign Off)

5. SAFETY OFFICER/DOC DIRECTOR	6. FACILITY NAME

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EOC Management Team Briefing Agenda — EOC Form 401

Event:	Date:	Time:
Operational Period: From: To:	**Event #:**	**Prepared By:**

	Agenda Items	Responsible Function
1.	Status Reports (Use DOC 401A)	All Functions
2.	Old Business (Follow-up from last Briefing)	EOC Director
3.	Resource Status	Planning Section Chief
4.	Probabilities and Predictions	Planning Section Chief
5.	Public Information and Media	Information Officer
6.	Priorities and Objectives	EOC Director
7.	Attachments	Planning Section Chief
8.	New/Other Business	All Functions

	Tasks / Assignments (Outcomes from briefing)	Responsible Function	Estimated Completion Time
a)			
b)			
c)			
d)			
e)			
f)			
g)			
h)			
i)			
j)			

Briefing Notes/Minutes:

Recorder (Notes taken by):	Approved By:

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EOC SECTION REPORT

EOC Form 401A

Section:	Time Due to P&I Section:
Section Chief:	Operational Period (Date/Time):
Incident/Event Number:	Date/Time Prepared:
Incident/Event Name:	

OVERALL INCIDENT/EVENT OBJECTIVES

OBJECTIVES FOR THIS OPERATIONAL PERIOD

SECTION SPECIFIC OBJECTIVES

Significant Changes During this Operational Period

Concerns/Needs

Additional Comments

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EOC FORM 499 – PUBLIC INFORMATION
INFORMATION RELEASE FORM
(Please attached to draft or original release)

☐ Release ☐ Media Advisory ☐ Flyer
☐ PSA ☐ Fact Sheet ☐ Backgrounder
☐ Alert ☐ Talking Points ☐ Other

Document Name: _____

EOC Director: _____ **Lead PIO:** _____

Summary of release: _____

_____

_____

Program Area

This document has been prepared for release to the media and/or to the public in the affected area. Please review this draft for technical accuracy; make any changes that you consider necessary. When finished, please sign and note date and time on appropriate line. Please return to CAO/EOC/JIC (circle as appropriate) as soon as possible.

☐ **Operations** _____
(Signature/Date/Time)
☐ OK to release as is ☐ Make changes and release ☐ Make Changes and reroute

☐ **Planning & Intel** _____
(Signature/Date/Time)
☐ OK to release as is ☐ Make changes and release ☐ Make Changes and reroute

☐ **Logistics** _____
(Signature/Date/Time)
☐ OK to release as is ☐ Make changes and release ☐ Make Changes and reroute

☐ **Finance** _____
(Signature/Date/Time)
☐ OK to release as is ☐ Make changes and release ☐ Make Changes and reroute

☐ **Management** _____
(Signature/Date/Time)
☐ OK to release as is ☐ Make changes and release ☐ Make Changes and reroute

Send to: ☐ All outlets ☐ Specific outlets _____

Release Number: _____ **Date/Time:** _____

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Section 3

Emergency Operations Center (EOC)

Wall Charts

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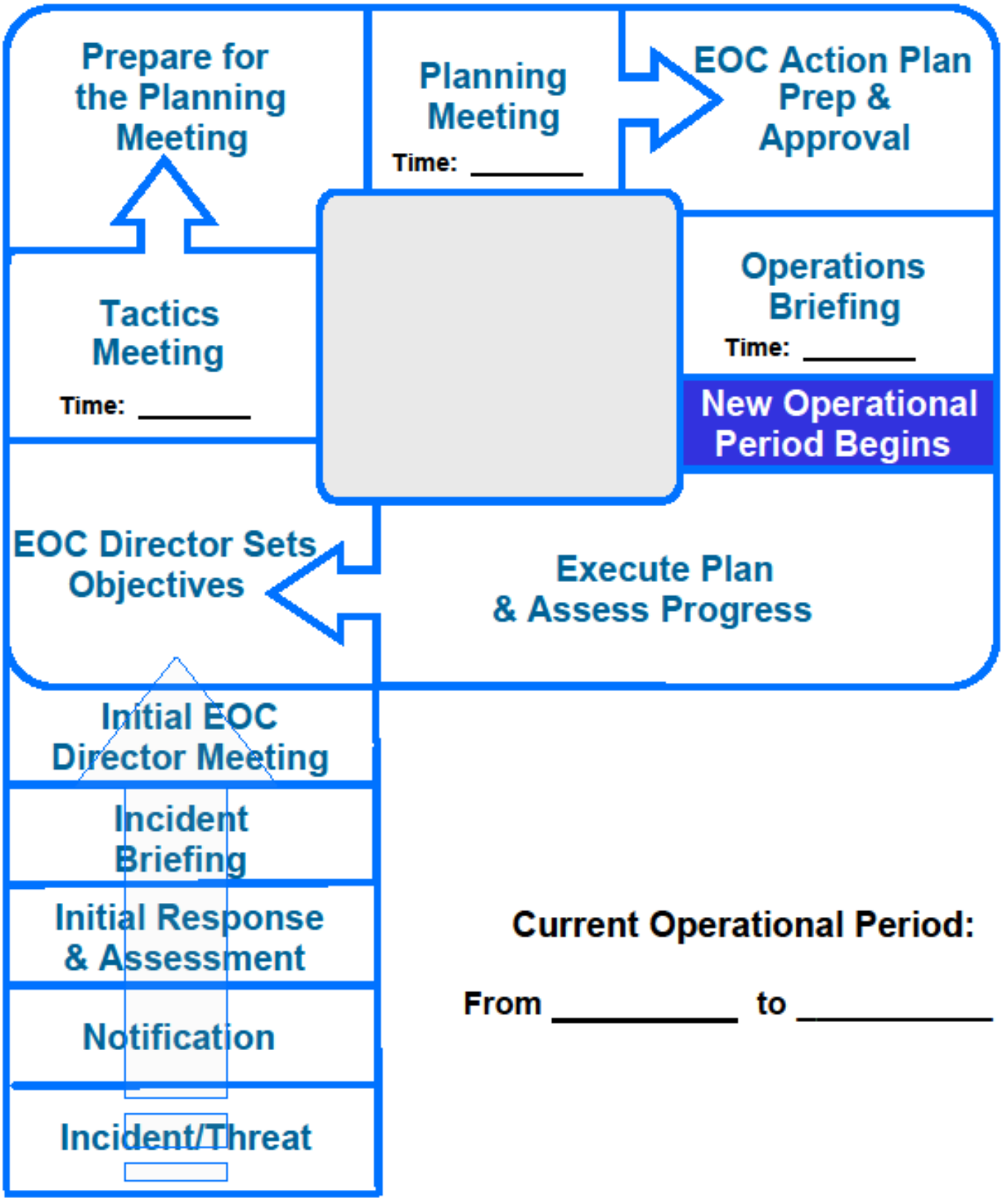
EOC Planning Cycle



Current Operational Period:

From _____ to _____

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EOC Staff Briefing

Next Briefing: _____

Facilitator: Planning Section Chief. *Phones off-hook or disconnected. Major issues and only as necessary.*

Planning & Intelligence Chief

- Situation Analysis
  - Weather
  - Roads
  - Utilities
  - Damages
- Advance Planning
- Action Plan
- Priorities
- EOCs Activated
- Recovery
- Forecasts

Operations Chief

- Law
- Fire
- Medical / Health
- Public Works
- Care and Shelter
- Agency Representatives

Logistics Chief

- Personnel
- Supply
- Communications
- Transportation
- Resource Status

Finance / Administration Chief

- Expenditures
- Claims

Management Section

- PIO
- EOC Coordinator
- EOC Director
  - Director's Emphasis
  - Staff Guidance
  - Next Briefing (Time)

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Plans & Intelligence Section Situation Summary

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____ Last Update: _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	1.
	2.
	3.

CURRENT SITUATION	NUMBER	DETAILS, LOCATIONS, COMMENTS
EOC(S) ACTIVATED		
DEATHS / INJURIES	/	
DAMAGED STRUCTURES		
UTILITIES		
COMMUNICATIONS		
ROADS		
EVACUATIONS		
WEATHER		

RESPONSE	MUTUAL AID LAST 24 HOURS	MUTUAL AID NEXT 24 HOURS	DETAILS, LOCATIONS, COMMENTS
LAW ENFORCEMENT	Y N	Y N	
FIRE & RESCUE	Y N	Y N	
MEDICAL / HEALTH	Y N	Y N	
PUBLIC WORKS	Y N	Y N	
CARE & SHELTER	Y N	Y N	
TRANSPORTATION	Y N	Y N	

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After Action Comments

Event Name/Type: _____

ISSUE / DETAILS	RECOMMENDATION	COMMENT MADE BY

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Agriculture Operations Branch Status

Agriculture Analysis/Animal Services

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____

Last Update: _____

CURRENT SITUATION			
PRIORITY OBJECTIVES	**1.**		
	2.		
	3.		
OPERATION	**LOCATIONS**	**MUTUAL AID**	**Comments**
ANIMAL CARE/SHELTER			
ANIMAL RESCUE			
ADDITIONAL COMMENTS			

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Fire Operations Branch Status

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____ **Last Update:** _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	**4.**
	5.
	6.

CURRENT SITUATION	NUMBER	DETAILS, LOCATIONS, COMMENTS
FIRES		
FIREFIGHTERS ON DUTY		
ACRES BURNED		
HOMES DESTROYED		
HOMES THREATENED		
OUTBUILDINGS DESTROYED		
OUTBUILDINGS THREATENED		
COMMERCIAL STUCTURES DESTROYED		
COMMERCIAL STRUCTURES THEATENED		
HAZMAT INCIDENTS		

MUTUAL AID	LAST 24 HOURS	NEXT 24 HOURS	DETAILS, LOCATIONS, COMMENTS
FIRE	Y N	Y N	
HAZMAT	Y N	Y N	

Sutter Op Area Fire Mutual Aid Coordinator: _____ **Phone:** _____

Inland Region Fire Mutual Aid Coordinator: _____ **Phone:** _____

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Human Services Operations Branch Status

Care & Shelter Unit Status

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____ **Last Update:** _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	**7.**
	8.
	9.

CURRENT SITUATION	NUMBER	DETAILS, LOCATIONS, COMMENTS
PEOPLE DISPLACED		
SHELTERS OPEN		
FIXED FEEDING SITES		
MOBILE FEEDING SITES		
POINTS OF DISTRIBUTION		
PEOPLE FED IN PAST 24 HRS / NEXT 24 HRS	/	

	NUMBER PEOPLE SHELTERED			DETAILS, COMMENTS
SHELTERED POPULATIONS	GENERAL	SP. NEEDS	MED. NEEDS	

SHELTER NAME/LOCATION	NUMBER SHELTERED	POC NUMBER	DETAILS, COMMENTS

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Human Services Operations Branch Status

Public/Environmental/Mental Health

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____

Last Update: _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	

CURRENT SITUATION	NUMBER	DETAILS, LOCATIONS, COMMENTS
WATER SYSTEMS DAMAGED		
WATER SYSTEMS CONTAMINATED		
SEWAGE / SOLID WASTE SPILLS		
FOOD CONTAMINATION		
VECTOR / DISEASE CONTROL		
- QUARANTINE		
- ISOLATION		
- SURVEILLANCE		
- OUTBREAKS		
- ANIMAL CONTROL CONCERNS		

MENTAL HEALTH CONCERNS	

ADDITIONAL COMMENTS	

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Human Services Operations Branch Status

EMS & Hospitals

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____

Last Update: _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	**10.**
	11.
	12.

HOSPITAL	STATUS	NUMBER OF INJURIES				COMMENTS
		IMMEDIATE	DELAYED	MINOR	DEATHS	
RIDEOUT MEMORIAL						
FREMONT MEDICAL						
SUTTER SURGICAL						
CONVALESCENT FACILITES						
CLINICS						
FIELD TREATMENT SITES						
TOTAL						

MUTUAL AID	LAST 24 HOURS	NEXT 24 HOURS	DETAILS, LOCATIONS, COMMENTS
MEDICAL PERSONNEL	Y N	Y N	
MEDICAL TRANSPORTATION	Y N	Y N	
MEDICAL SUPPLIES	Y N	Y N	
OTHER	Y N	Y N	

ADDITIONAL COMMENTS	

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Law Operations Branch Status

Personnel/Situation

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____

Last Update: _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	**13.**
	14.
	15.

CURRENT SITUATION	**#**	**DETAILS, LOCATIONS, COMMENTS**
OFFICERS ON DUTY		
MUTUAL AID OFFICERS ON DUTY		
ARRESTED		
IN CUSTODY		
MISSING		
EVACUATIONS		

MUTUAL AID	**LAST 24 HOURS**	**NEXT 24 HOURS**	**DETAILS, LOCATIONS, COMMENTS**
LAW ENFORCEMENT	**Y N**	**Y N**	
CORONER	**Y N**	**Y N**	
	Y N	**Y N**	
	Y N	**Y N**	
	Y N	**Y N**	

ADDITIONAL COMMENTS	

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Law Operations Branch Status

Evacuation

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____

Last Update: _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	**16.**
	17.
	18.

LOCATION	AREA BOUNDRIES (STREET NAMES, DIRECTIONS, ETC)	EVACUATION ROUTE(S)	LEAD AGENCY
			AGENCY: **POC:**
NOTES:			

			AGENCY: **POC:**
NOTES:			

			AGENCY: **POC:**
NOTES:			

			AGENCY: **POC:**
NOTES:			

			AGENCY: **POC:**
NOTES:			

			AGENCY: **POC:**
NOTES:			

			AGENCY: **POC:**
NOTES:			

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Public Works Operations Branch Status

Levees

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____

Last Update: _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	

AGENCY	LOCATIONS/AREAS THREATENED	EVAC NEEDED	ESTIMATE EVACUATED	REPAIRS IN PROGRESS
LEVEE DISTRICT 1 (FEATHER RIVER)				
LEVEE DISTRICT 9 (FEATHER RIVER)				
RECLAMATION DISTRICT 1001 (FEATHER RIVER)				
RECLAMATION DISTRICT 1500 (SAC RIVER)				
RECLAMATION DISTRICT 1660 (SAC RIVER)				
RECLAMATION DISTRICT 70 (SAC RIVER)				
DWR MAINT AREA (FEATHER, SAC, AND BYPASS)				

ADDITIONAL COMMENTS	

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Public Works Operations Branch Status

Road Conditions

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____

Last Update: _____

LOCATION	STATUS			REMARKS	AS OF
	CLEAR	RESTRICTED	CLOSED		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
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	☐	☐	☐		
	☐	☐	☐		

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Public Works Operations Branch Status

Utilities

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____ **Last Update:** _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	**19.**
	20.
	21.

CURRENT SITUATION	AREAS AFFECTED	NUMBER AFFECTED	EST. TIME RESTORED	REPAIRS IN PROGRESS
ELECTRICITY				
NATURAL GAS				
WATER				
SEWER				
TELEPHONE				

ADDITIONAL COMMENTS	

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Public Works Operations Branch Status

Wastewater System

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____

Last Update: _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	**22.**
	23.
	24.

CURRENT SITUATION	AREAS AFFECTED	NUMBER AFFECTED	EST. TIME RESTORED	REPAIRS IN PROGRESS
AREAS AFFECTED				
DAMAGE				
REPAIRS IN PROGRESS				
RESOURCES NEEDED				
EST. TIME OF RESTORED MOVEMENT				

ADDITIONAL COMMENTS	

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Logistics Section Resource Status

Status ☐ Normal ☐ Under Control ☐ Help Needed

Prognosis ☐ Improving ☐ Stable ☐ Worsening

Event Name/Type: _____ **Last Update:** _____

RESOURCE	Ordered By	Date/Time Ordered	Estimate Arrival	Responsible Party	Assigned Location	Expedite (Yes/No)

ADDITIONAL COMMENTS	

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Logistics Section Transportation Status

Status Normal | Under Control | Help Needed

Prognosis Improving | Stable | Worsening

Event Name/Type: _____ **Last Update:** _____

CURRENT SITUATION	

PRIORITY OBJECTIVES	

CURRENT SITUATION	**ROADS**	**RAIL**	**BRIDGES**	**AIR**	**BUSES**
AREAS AFFECTED					
DAMAGE					
REPAIRS IN PROGRESS					
RESOURCES NEEDED					
EST. TIME OF RESTORED MOVEMENT					

ADDITIONAL COMMENTS	

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Logistics Section
Staff Contacts

H = Home
P = Pager
C = Cell phone
F = Fax

Event Name/Type: ______________________________

NAME / AGENCY / FUNCTION	CONTACT #	NAME / AGENCY / FUNCTION	CONTACT #

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