

<b>1. Incident Name</b>	<b>2. Prepared by:</b> (name) Date: _____ Time: _____	INCIDENT BRIEFING ICS 201
<b>3. Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status)		
<b>4. Current Situation:</b>		

1. Incident Name	2. Prepared by: (name) Date: _____ Time: _____	INCIDENT BRIEFING ICS 201
<b>5. Initial Response Priorities, Objectives, Current Actions, Planned Actions, and Incident Potential</b>		
<i>Priorities</i>	<i>Objectives</i>	
<i>Current Actions</i>		<i>Planned Actions</i>
<i>Incident Potential</i>		

**6. Current Organization** (fill in additional appropriate organization)

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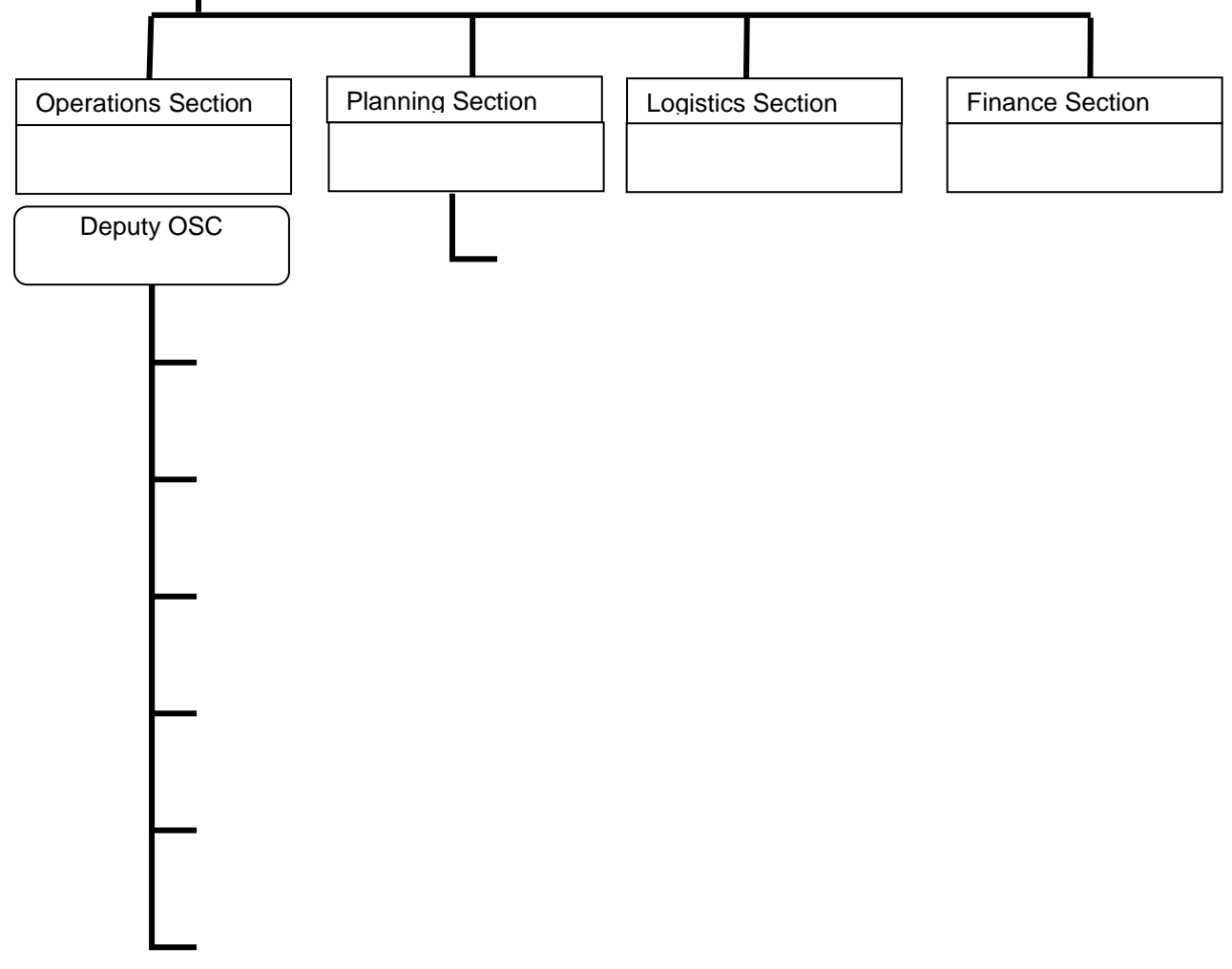
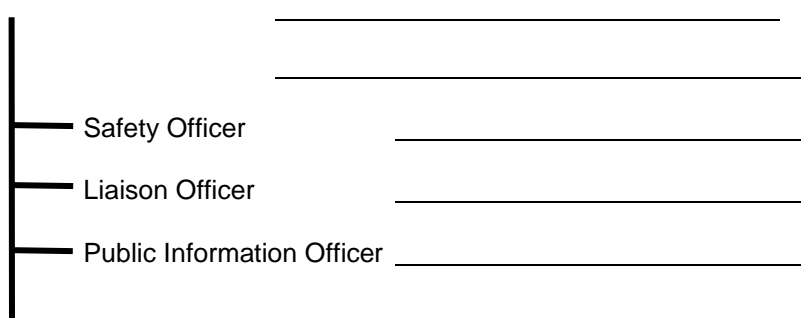
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1. Incident Name		2. Prepared by: (name)			INCIDENT BRIEFING ICS 201
		Date:	Time:		
7. Resources Summary					
Resource	Resource Identifier	Date Time Ordered	ETA	On-Scene (X)	NOTES: (Location/Assignment/Status)

1. Incident Name:		2. Prepared By (Date/Time):		<b>ICS 201-5 Site Safety</b>	
3. Operational Hazards			4. Safety Controls / Mitigations		
			<input type="checkbox"/>		
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			<input type="checkbox"/>		
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			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
5. Emergency Medical Procedures			7. PPE Requirements		
5a. Medical Monitoring Requirements			Hazard	PPE	
5b. Medical Aid Stations					
Location		Communications			
5c. Special Medical Emergency Procedures			8. Safety / Exclusion Zones		
6. Emergency Signals: (Evacuation / Shelter)					
9. Remarks				10. Safety Officer Information	
				Name:	
				Phone:	
				Other:	