1. Incident Name		2. Prepared by: (name)	INCIDENT BRIEFING
		Date: Time:	ICS 201
3. Map/Sketch	(include sketch, showing the total area of o shorelines, or other graphics depicting situa	perations, the incident site/area, overflight results, traje ational and response status)	ectories, impacted
4. Current Situa	tion:		
A commentation of the state of			

1. Incident Name		red by: (name)	INCIDENT BRIEFING			
5 Initial Paspansa Prioritias Obiostivas Current Astis		Date:	Time:	ICS 201		
5. Initial Response Priorities, Objectives, Current Actions, Planned Actions, and Incident Potential Priorities Objectives						
FIIORIES	Objectives					
Current Actions			Planned Actions			
Incident Potential						



1. Incident Name	2. Prepared by: (name)	INCIDENT BRIEFING
	Date: Time:	ICS 201
6. Current Organization (fill in additional appropriate orga	nization)	
I —		
		_
Safety Officer		
		_
Liaison Officer	<u> </u>	_
Public Information Offi	cer	_
Operations Section Planning Section	on Logistics Section	Finance Section
Deputy OSC		
⊢		
— —		



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



1. Incident N	lame:		2. Prep	ICS 201-5 Site Safety		
3. Operation	al Hazards		4.	Safety Controls / M	Vitigations	
						_
						u
5. Emergen	cy Medical Pro	cedures	•	7. PPE Req	uirements	
5a. Medical N	lonitoring Req	uirements		Hazard	PPE	
5b. Medical A	Aid Stations					
Location		Communica	ations			
5c. Special N	ledical Emerge	ency Procedu	ires	8. Safety / E	xclusion Zones	
	v					
6. Emergenc	y Signals: (Eva	cuation / She	elter)			
9. Remarks				•		10. Safety Officer
						Information
						<u>Name:</u>
						Phone:
						<u>Other:</u>

