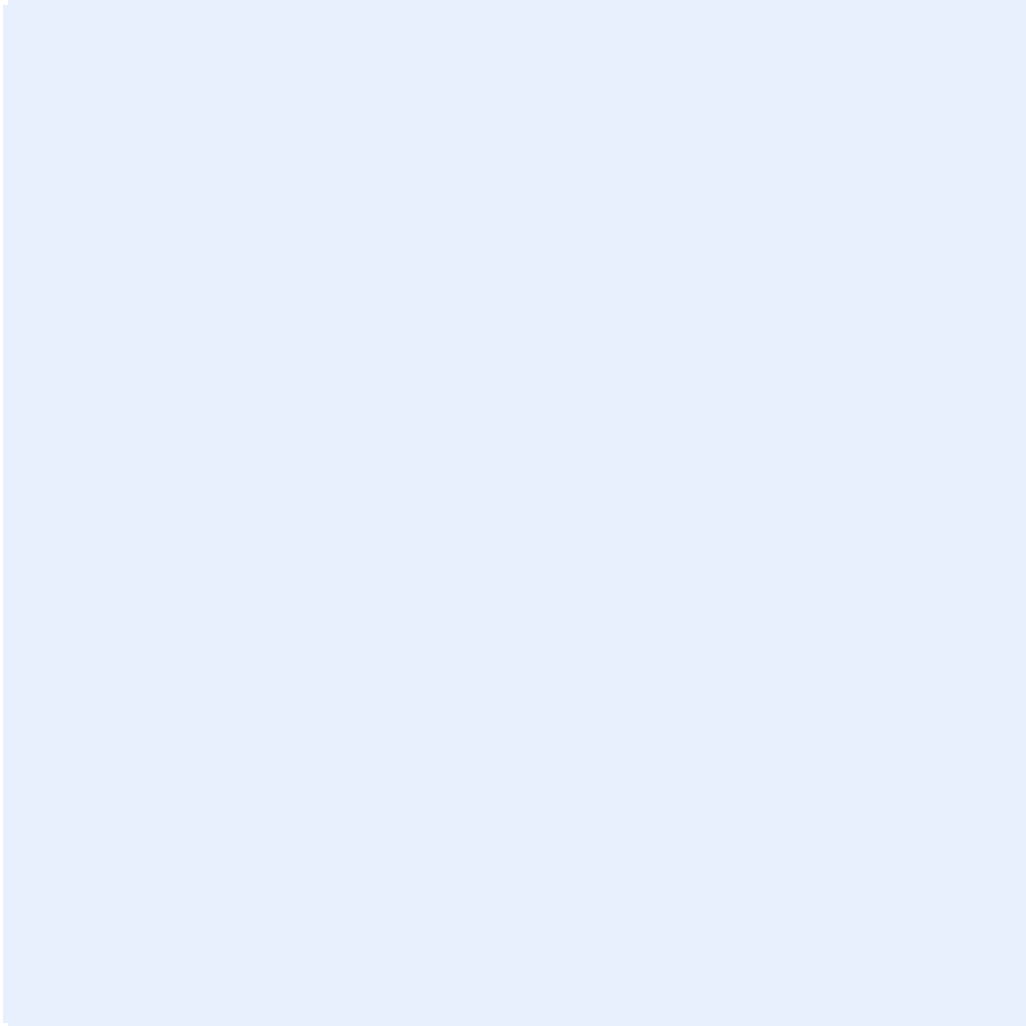


INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: HHMM
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4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):



5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

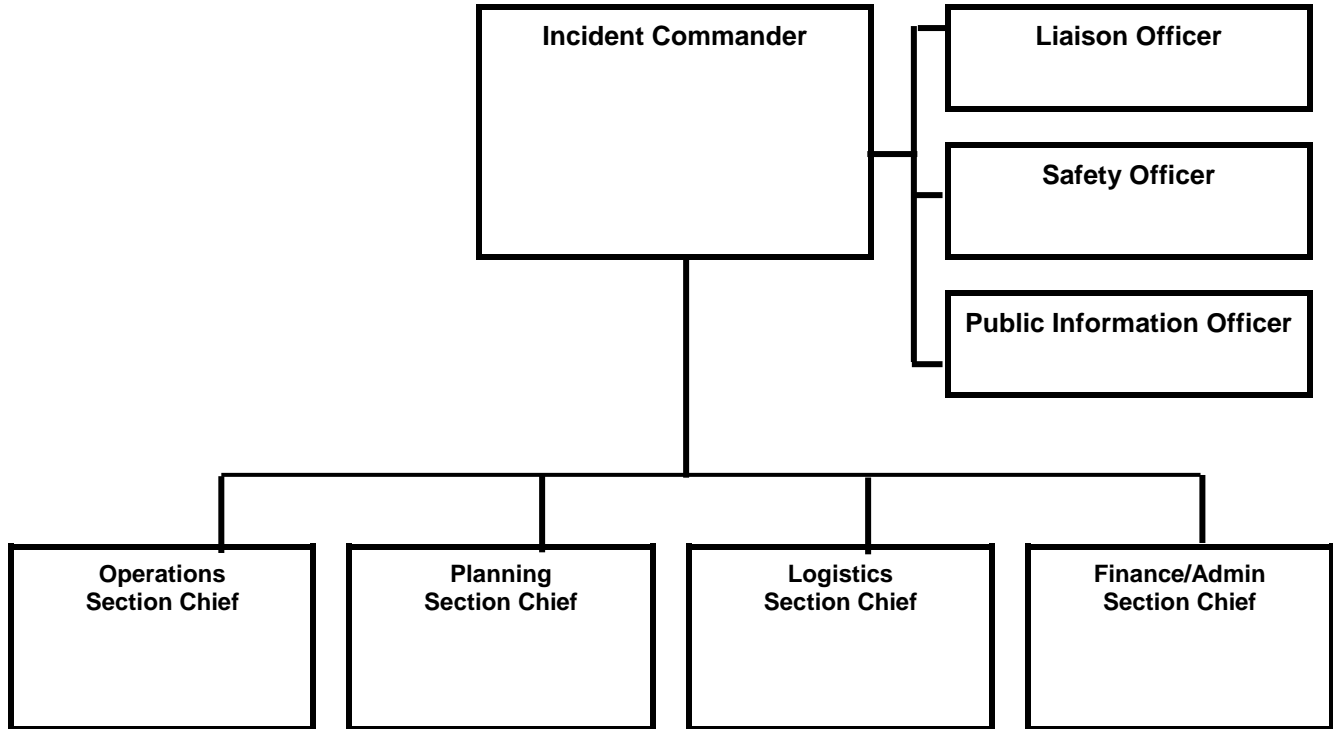
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: HHMM
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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: Date _____	

