### INCIDENT BRIEFING (ICS 201)

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<tr>
<th>1. Incident Name:</th>
<th>2. Incident Number:</th>
<th>3. Date/Time Initiated:</th>
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<td>Date: Date Time: HHMM</td>
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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. |

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<tr>
<th>6. Prepared by: Name: Position/Title: Signature: ________________</th>
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ICS 201, Page 1 Date/Time: Date
1. Incident Name: 

2. Incident Number: 

3. Date/Time Initiated: 
   Date: Date   Time: HHMM

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

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<th>Time:</th>
<th>Actions:</th>
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6. Prepared by:  Name:  Position/Title:  Signature: __________________

ICS 201, Page 2  Date/Time: Date
INCIDENT BRIEFING (ICS 201)

9. Current Organization (fill in additional organization as appropriate):

- Incident Commander
- Liaison Officer
- Safety Officer
- Public Information Officer
- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance/Admin Section Chief

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## INCIDENT BRIEFING (ICS 201)

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

### 10. Resource Summary:

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<tr>
<th>Resource</th>
<th>Resource Identifier</th>
<th>Date/Time Ordered</th>
<th>ETA</th>
<th>Arrived</th>
<th>Notes (location/assignment/status)</th>
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6. Prepared by:  Name:  Position/Title:  Signature: _________________

ICS 201, Page 4  Date/Time:  Date