

ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM		3. Branch: Division: Group: Staging Area:									
4. Operations Personnel: Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;"><u>Name</u></td> <td style="width: 50%; text-align: left;"><u>Contact Number(s)</u></td> </tr> <tr> <td style="text-align: right;">XXX-XXX-XXXX</td> <td style="text-align: left;">XXX-XXX-XXXX</td> </tr> <tr> <td style="text-align: right;">XXX-XXX-XXXX</td> <td style="text-align: left;">XXX-XXX-XXXX</td> </tr> <tr> <td style="text-align: right;">XXX-XXX-XXXX</td> <td style="text-align: left;">XXX-XXX-XXXX</td> </tr> </table>		<u>Name</u>	<u>Contact Number(s)</u>	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX		
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XXX-XXX-XXXX	XXX-XXX-XXXX												
XXX-XXX-XXXX	XXX-XXX-XXXX												
XXX-XXX-XXXX	XXX-XXX-XXXX												
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information									
Resource Identifier	Leader												
6. Work Assignments:													
7. Special Instructions:													
8. Communications (radio and/or phone contact numbers needed for this assignment): Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____/_____/_____													
_____/_____/_____													
_____/_____/_____													
_____/_____/_____													
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____													
ICS 204	IAP Page	Date/Time: Date											