## **OPERATIONAL PLANNING WORKSHEET (ICS 215)**

1. Incident Name:								2. Operational Period:					Date From: Date Time From: HHMM			Date To: Date Time To: HHMM			
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources													7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
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			Have Need																
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		11. Total Resources Required															14. Prepared by:		
ICS 215		12. Total Resources Have on Hand											/				Name: Position/Title:		
		13. Total Resources Need To Order															Signature: Date/Time: Date		