

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:		2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM				3. Sunrise: HHMM Sunset: HHMM	
4. Remarks (safety notes, hazards, air operations special equipment, etc.):			5. Ready Alert Aircraft: Medivac: New Incident:			6. Temporary Flight Restriction Number: Altitude: Center Point:	
			8. Frequencies:	AM	FM	9. Fixed-Wing (category/kind/type, make/model, N#, base):	
			Air/Air Fixed-Wing			Air Tactical Group Supervisor Aircraft:	
7. Personnel:	Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following				
Air Operations Branch Director		XXX-XXX-XXXX	Air/Ground				
Air Support Group Supervisor		XXX-XXX-XXXX	Command			Other Fixed-Wing Aircraft:	
Air Tactical Group Supervisor		XXX-XXX-XXXX	Deck Coordinator				
Helicopter Coordinator		XXX-XXX-XXXX	Take-Off & Landing Coordinator				
Helibase Manager		XXX-XXX-XXXX	Air Guard				
10. Helicopters (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
11. Prepared by: Name:			Position/Title:		Signature: _____		
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