

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD  
**FACILITY NEEDS ASSESSMENT (ICS 235-CG)**

**PRIVACY NOTICE**

**AUTHORITY:** USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant, general powers.

**PURPOSE:** USCG collects the information to develop the Incident Command Post (ICP) Plan in a structured and disciplined manner and used when planning an expansion or move of an ICP during an incident response.

**ROUTINE USES:** USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally pursuant to DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE).

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. In order to assist with maintaining confidentiality respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

**GENERAL INSTRUCTIONS**

**Purpose.** The Facility Needs Assessment (ICS 235-CG) is a planning tool used to develop the Incident Command Post (ICP) Plan in a structured and disciplined manner. It may also be used when planning an expansion or move of an ICP during an incident response.

**Preparation.** The ICS 235-CG is completed by the Logistics Section Chief but may also be completed by Command and General Staff to help them determine their ICP or other space needs.

**Distribution.** All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Operational Period	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4.	Location	Enter location.
5.	ICS Element	Enter name of the specific entity being supported. May include additional facilities beyond ICP such as reception center, etc.
6.	Requirements	Several requirements are self-explanatory. The information provided below is to help with calculations based on staffing size.
	• Internal Workspace	Enter workspace square feet requirement. Multiply expected number of personnel by 50 to 80 to get this number.
	• Parking spaces	Enter Parking Space square feet requirement. This would be multiplication of number of parking spaces needed times 120 sq ft per vehicle times 1.4 circulation factor.
	• Climate control	Enter Yes or No if Climate Control is needed in the building.
	• Rest rooms	Enter number of Rest Rooms/Water Closets required. This is based on the OSHA requirement for the number of personnel expected to be supported at that facility (see 29CFR1910.141) – 1 to 15 personnel = 1 fixture, 16 to 35 = 2, 36 to 55 = 3, 56 to 80 = 4, 81 to 110 = 5, 111 to 150 = 6, and over 140 personnel one fixture for each additional 40 personnel. See CFR for more specific information.
	• Work tables	Enter the number of work tables required. Note dimensions in work table name block or note dimensions in comments.
	• Conference tables	Enter the number of conference tables, if needed. Note dimensions in work table name block or note dimensions in comments.
	• Blank space	Add additional items that may be identified by Command or members of the ICP staff
	• Totals	Enter the total required for each support item.
7.	Comments	Enter any comments or clarifying information to assist in the Facility Needs Assessment.
8.	Prepared By	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
	• Name	
	• Position/Title	
	• Signature	
	• Date/Time	

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1. Incident Name:				2. Incident Location:										3. Operational Period (Date/Time): From: _____ To: _____															
4. Location	5. ICS Element	6. Requirements	# Expected Personnel	Internal Workspace Sq ft	Linear Wall Space	Multi-purpose Meeting Rm	External Sq ft	Climate Control (HVAC)	# Parking Spaces	Rest Rooms	Work Tables	Conference Tables	Chairs	Speaker Phones	Printer (B&W)	Printer (color)	High-speed Copier	Poster Printer	Landline Telephones	Facsimile	Video Projector	Paper Shredder	Charging Stations	File Cabinets					
ICP	Unified Command	Req																											
ICP	Liaison Officer & Agency Reps	Req																											
ICP	Safety Officer	Req																											
ICP	Public Information Officer	Req																											
ICP	Planning Section	Req																											
ICP	Operations Section	Req																											
ICP	Logistics Section	Req																											
ICP	Finance and Admin Section	Req																											
ICP	Intel/Investigation Section	Req																											
JIC	Joint Information Center	Req																											
		Req																											
		Req																											
Total Needed:		Req																											
7. Comments:																													
8. Prepared By:		Name:					Position Title:					Signature:					Date/Time:												