

Assignment List (ICS-204)

1) Incident Name:		2) Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____			3)
4) Operations Personnel: Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____		<u>Name</u> _____ <u>Contact Number</u> _____		Branch: Division: Group: Staging Area:	
5) Resources Assigned:					
Resource Identifier	Leader	# of Persons	Contact (i.e. phone, pager, radio, frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
6) Work Assignments:					
7) Special Instructions:					
8) Communications (radio and/or phone contact numbers needed for this assignment): <u>Name:</u> _____ / / <u>Function:</u> _____ <u>Primary Contact: indicate cell, pager, or radio (frequency, system, channel)</u> / / /					
9) Prepared By: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____					
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