

ASSIGNMENT LIST (ICS 204)

1. Incident Name: _____		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3. Branch: _____ Division: _____ Group: _____ Staging Area: _____	
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____					
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): <u>Name/Function</u> _____ <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____					
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 204	IAP Page _____	Date/Time: _____			