

ASSIGNMENT LIST (ICS 204)

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