

Appendix A

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		2. Incident Number:	
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final	*4. Incident Commander(s) & Agency or Organization:		5. Incident Management Organization: *6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., “sq mi,” “city block”):	8. Percent (%) Contained _____ Completed _____	*9. Incident Definition:	10. Incident Complexity Level: *11. For Time Period: From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	*13. Date/Time Submitted: Time Zone: _____
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____	*15. Primary Location, Organization, or Agency Sent To:

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			
ICS 209, Page 1 of ____		* Required when applicable.		

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
---------------------------	----------------------------

Additional Incident Decision Support Information

*31. Public Status Summary:	A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary:	A. # This Reporting Period	B. Total # to Date
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing (note if estimated)			G. Missing		
H. Evacuated (note if estimated)			H. Sheltering in Place		
I. Sheltering in Place (note if estimated)			I. Have Received Immunizations		
J. In Temporary Shelters (note if est.)			J. Require Immunizations		
K. Have Received Mass Immunizations			K. In Quarantine		
L. Require Immunizations (note if est.)					
M. In Quarantine					
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		
33. Life, Safety, and Health Status/Threat Remarks:			*34. Life, Safety, and Health Threat Management: <div style="text-align: right; padding-right: 20px;">A. Check if Active</div>		
35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):			A. No Likely Threat	<input type="checkbox"/>	
			B. Potential Future Threat	<input type="checkbox"/>	
			C. Mass Notifications in Progress	<input type="checkbox"/>	
			D. Mass Notifications Completed	<input type="checkbox"/>	
			E. No Evacuation(s) Imminent	<input type="checkbox"/>	
			F. Planning for Evacuation	<input type="checkbox"/>	
			G. Planning for Shelter-in-Place	<input type="checkbox"/>	
			H. Evacuation(s) in Progress	<input type="checkbox"/>	
			I. Shelter-in-Place in Progress	<input type="checkbox"/>	
			J. Repopulation in Progress	<input type="checkbox"/>	
			K. Mass Immunization in Progress	<input type="checkbox"/>	
			L. Mass Immunization Complete	<input type="checkbox"/>	
			M. Quarantine in Progress	<input type="checkbox"/>	
			N. Area Restriction in Effect	<input type="checkbox"/>	
36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:					
12 hours:					
24 hours:					
48 hours:					
72 hours:					
Anticipated after 72 hours:					
37. Strategic Objectives (define planned end-state for incident):					

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
---------------------------	----------------------------

Additional Incident Decision Support Information (continued)

<p>38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p>39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p>40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:</p> <ul style="list-style-type: none"> 1) critical resource needs identified above, 2) the Incident Action Plan and management objectives and targets, 3) anticipated results. <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	
<p>41. Planned Actions for Next Operational Period:</p>	
<p>42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”):</p>	
<p>43. Anticipated Incident Management Completion Date:</p>	
<p>44. Projected Significant Resource Demobilization Start Date:</p>	
<p>45. Estimated Incident Costs to Date:</p>	
<p>46. Projected Final Incident Cost Estimate:</p>	
<p>47. Remarks (or continuation of any blocks above – list block number in notation):</p>	
<p>ICS 209, Page 3 of ____</p>	<p><i>* Required when applicable.</i></p>

INCIDENT STATUS SUMMARY (ICS 209)

1. Incident Name:	2. Incident Number:
-------------------	---------------------

Incident Resource Commitment Summary

[illegible]

53. Additional Cooperating and Assisting Organizations Not Listed Above:

Appendix B

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:				2. Date/Time		3. Resource Request Number:	
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):						
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost
					Requested	Estimated	
	5. Requested Delivery/Reporting Location:						
6. Suitable Substitutes and/or Suggested Sources:							
7. Requested by Name/Position:			8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:		
Logistics	10. Logistics Order Number:				11. Supplier Phone/Fax/Email:		
	12. Name of Supplier/POC:						
	13. Notes:						
	14. Approval Signature of Auth Logistics Rep:				15. Date/Time:		
	16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC						
Finance	17. Reply/Comments from Finance:						
	18. Finance Section Signature:				19. Date/Time:		
ICS 213 RR, Page 1							