TASK FORCE FIELD ASSIGNMENT LIST (TF 204)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:	3. Branch: Division: Group: Staging Area:

4. Operations Personnel: Name Contact Number(s)

Search Team Manager: _____

Rescue Team Manager: _____

Other: _____

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., 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)**:**

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
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/	
/	
/	

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

TF 204 Date/Time: _____