ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operation Date From:	nal P	eriod: Date To:	3.
Tir		Time From:		Time To:	Branch:
4. Operations Person	nel: Name	!		<u>Contact Number(s)</u>	Division:
Operations Section Chief:					Group:
Branch Direc	tor:				
Division/Group Supervisor:					Staging Area:
5. Resources Assigne					Reporting Location,
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments					
7. Special Instructions:					
			contact numbers needed for this assignment): <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>		
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9. Prepared by: Name:			Posi	tion/Title:Signa	ature:
ICS 204 IAP Page			7	e/Time:	