OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:	2. Operational Period: Date From: Time From: Date To: Time To:

3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources													7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.																
			Have																
			Need																
			Req.																
			Have																
			Need																
			Req.																
			Have																
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			Have																
			Need																
			Req.																
			Have																
			Need																
		11. Total Resources Required																	
		12. Total Resources Have on Hand																	
		13. Total Resources Need To Order																	

14. Prepared by:

Name: _____

Position/Title: _____

Signature: _____

Date/Time: _____