## **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																
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			Have																
			Need																
ICS 215		11. Total Resources Required															14. Prepared by:    Name:		
		12. Total Resources Have on Hand															Position/Title:		
		13. Total Resources Need To Order															Signature: Date/Time:		