

ICS 219 Resource Status Card (T-Card)

Purpose. Resource Status Cards (ICS 219) are also known as “T-Cards,” and are used by the Resources Unit to record status and location information on resources, transportation, and support vehicles and personnel. These cards provide a visual display of the status and location of resources assigned to the incident.

Preparation. Information to be placed on the cards may be obtained from several sources including, but not limited to:

- Incident Briefing (ICS 201).
- Incident Check-In List (ICS 211).
- General Message (ICS 213).
- Agency-supplied information or electronic resource management systems.

Distribution. ICS 219s are displayed in resource status or “T-Card” racks where they can be easily viewed, retrieved, updated, and rearranged. The Resources Unit typically maintains cards for resources assigned to an incident until demobilization. At demobilization, all cards should be turned in to the Documentation Unit.

Notes. There are eight different status cards (see list below) and a header card, to be printed front-to-back on cardstock. Each card is printed on a different color of cardstock and used for a different resource category/kind/type. The format and content of information on each card varies depending upon the intended use of the card.

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Acronyms. Abbreviations utilized on the cards are listed below:

- AOV: Agency-owned vehicle
- ETA: Estimated time of arrival
- ETD: Estimated time of departure
- ETR: Estimated time of return
- O/S Mech: Out-of-service for mechanical reasons
- O/S Pers: Out-of-service for personnel reasons
- O/S Rest: Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft
- POV: Privately owned vehicle

ICS 219-1: Header Card

Block Title	Instructions
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #
Front			
Date/Time Checked In:			
Leader Name:			
Primary Contact Information:			
Crew/Team ID #(s) or Name(s):			
Manifest:		Total Weight:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Travel to Incident:			
<input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other			
Home Base:			
Departure Point:			
ETD:		ETA:	
Transportation Needs at Incident:			
<input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other			
Date/Time Ordered:			
Remarks:			
Prepared by:			
Date/Time:			
ICS 219-2 CREW/TEAM (GREEN)			

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #
Back			
Incident Location:		Time:	
Status:			
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers			
<input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____			
Notes:			
Incident Location:		Time:	
Status:			
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers			
<input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____			
Notes:			
Incident Location:		Time:	
Status:			
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers			
<input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____			
Notes:			
Incident Location:		Time:	
Status:			
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers			
<input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____			
Notes:			
Prepared by:			
Date/Time:			
ICS 219-2 CREW/TEAM (GREEN)			

ICS 219-2: Crew/Team Card

Block Title	Instructions
ST/Unit	Enter the State and/or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work
# Pers	Enter total number of personnel associated with the crew/team. Include leaders.
Order #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Crew/Team ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for this crew/team (e.g., Air Monitoring Team 2, Entry Team 3).
Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Total Weight	Enter the total weight for the crew/team. This information is necessary when the crew/team are transported by charter air.
Method of Travel to Incident <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	Check the box(es) for the appropriate method(s) of travel the individual used to bring himself/herself to the incident. AOV is "agency-owned vehicle." POV is "privately owned vehicle."
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the crew/team's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the crew/team's estimated time of arrival (using the 24-hour clock) at the incident.

Block Title	Instructions
Transportation Needs at Incident <input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	Check the box(es) for the appropriate method(s) of transportation at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the crew/team was ordered to the incident.
Remarks	Enter any additional information pertaining to the crew/team.
BACK OF FORM	
Incident Location	Enter the location of the crew/team.
Time	Enter the time (24-hour clock) the crew/team reported to this location.
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the crew/team's current status: <ul style="list-style-type: none"> • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the crew/team's current location or status.
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ICS 219-3: Engine Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline since several incident numbers may be used for the same incident.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	<p>Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p>
Resource ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for the resource(s).
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the resource's current status: <ul style="list-style-type: none"> • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.

Block Title	Instructions
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked In:

Pilot Name:

Home Base:

Departure Point:

ETD:

ETA:

Destination Point:

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-4 HELICOPTER (BLUE)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location:

Time:

Status:

Assigned O/S Rest O/S Pers

Available O/S Mech ETR: ____

Notes:

Incident Location:

Time:

Status:

Assigned O/S Rest O/S Pers

Available O/S Mech ETR: ____

Notes:

Incident Location:

Time:

Status:

Assigned O/S Rest O/S Pers

Available O/S Mech ETR: ____

Notes:

Incident Location:

Time:

Status:

Assigned O/S Rest O/S Pers

Available O/S Mech ETR: ____

Notes:

Prepared by:

Date/Time:

ICS 219-4 HELICOPTER (BLUE)

ICS 219-4: Helicopter Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include the pilot.
Order #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline since several incident numbers may be used for the same incident.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Pilot Name:	Enter pilot's name (use at least the first initial and last name).
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the destination point.
Destination Point	Use this section to enter the location at the incident where the resource has been requested to report.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the resource's current status: <ul style="list-style-type: none"> • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	Name:	Position/Title:
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Front

Date/Time Checked In:	
Name:	
Primary Contact Information:	
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Weight:
Method of Travel to Incident: <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	
Home Base:	
Departure Point:	
ETD:	ETA:
Transportation Needs at Incident: <input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	
Date/Time Ordered:	
Remarks:	

Prepared by:
Date/Time:

ICS 219-5 PERSONNEL (WHITE CARD)

ST/Unit:	Name:	Position/Title:
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Back

Incident Location:	Time:
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	
Notes:	
Incident Location:	Time:
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	
Notes:	
Incident Location:	Time:
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	
Notes:	

Prepared by:
Date/Time:

ICS 219-5 PERSONNEL (WHITE CARD)

ICS 219-5: Personnel Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
Name	Enter the individual's first initial and last name.
Position/Title	Enter the individual's ICS position/title.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Name	Enter the individual's full name.
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Total Weight	Enter the total weight for the crew. This information is necessary when the crew are transported by charter air.
Method of Travel to Incident <input type="checkbox"/> AOV <input type="checkbox"/> POV <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	Check the box(es) for the appropriate method(s) of travel the individual used to bring himself/herself to the incident. AOV is "agency-owned vehicle." POV is "privately owned vehicle."
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the crew's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the crew's estimated time of arrival (using the 24-hour clock) at the incident.
Transportation Needs at Incident <input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Other	Check the box(es) for the appropriate method(s) of transportation at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the crew was ordered to the incident.
Remarks	Enter any additional information pertaining to the crew.
BACK OF FORM	
Incident Location	Enter the location of the crew.
Time	Enter the time (24-hour clock) the crew reported to this location.

Block Title	Instructions
<p>Status</p> <p><input type="checkbox"/> Assigned</p> <p><input type="checkbox"/> O/S Rest</p> <p><input type="checkbox"/> O/S Pers</p> <p><input type="checkbox"/> Available</p> <p><input type="checkbox"/> O/S Mech</p> <p><input type="checkbox"/> ETR: _____</p>	<p>Enter the crew's current status:</p> <ul style="list-style-type: none"> • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
<p>Notes</p>	<p>Enter any additional information pertaining to the crew's current location or status.</p>
<p>Prepared by Date/Time</p>	<p>Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).</p>

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked-In:

Pilot Name:

Home Base:

Departure Point:

ETD:

ETA:

Destination Point:

Date/Time Ordered:

Manufacturer:

Remarks:

Prepared by:

Date/Time:

ICS 219-6 FIXED-WING (ORANGE)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location:

Time:

Status:

Assigned O/S Rest O/S Pers

Available O/S Mech ETR: _____

Notes:

Incident Location:

Time:

Status:

Assigned O/S Rest O/S Pers

Available O/S Mech ETR: _____

Notes:

Incident Location:

Time:

Status:

Assigned O/S Rest O/S Pers

Available O/S Mech ETR: _____

Notes:

Incident Location:

Time:

Status:

Assigned O/S Rest O/S Pers

Available O/S Mech ETR: _____

Notes:

Prepared by:

Date/Time:

ICS 219-6 FIXED-WING (ORANGE)

ICS 219-6: Fixed-Wing Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include the pilot.
Order #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline since several incident numbers may be used for the same incident.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Pilot Name:	Enter pilot's name (use at least the first initial and last name).
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the destination point.
Destination Point	Use this section to enter the location at the incident where the resource has been requested to report.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Manufacturer	Enter the manufacturer of the aircraft.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the resource's current status: <ul style="list-style-type: none"> • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Front

Date/Time Checked In:	
Leader Name:	
Primary Contact Information:	
Resource ID #(s) or Name(s):	
Home Base:	
Departure Point:	
ETD:	ETA:
Date/Time Ordered:	
Remarks:	

Prepared by:
Date/Time:

ICS 219-7 EQUIPMENT (YELLOW)

ST/Unit:	LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #

Back

Incident Location:	Time:
Status:	
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____	
Notes:	
Incident Location:	Time:
Status:	
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____	
Notes:	
Incident Location:	Time:
Status:	
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____	
Notes:	
Incident Location:	Time:
Status:	
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____	
Notes:	

Prepared by:
Date/Time:

ICS 219-7 EQUIPMENT (YELLOW)

ICS 219-7: Equipment Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline since several incident numbers may be used for the same incident.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Resource ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for this resource.
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the resource's current status: <ul style="list-style-type: none">• Assigned – Assigned to the incident• O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft• O/S Pers – Out-of-service for personnel reasons• Available – Available to be assigned to the incident• O/S Mech – Out-of-service for mechanical reasons• ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.

Block Title	Instructions
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
Front				
Date/Time Checked In:				
Leader Name:				
Primary Contact Information:				
Resource ID #(s) or Name(s):				
Home Base:				
Departure Point:				
ETD:		ETA:		
Date/Time Ordered:				
Remarks:				
Prepared by:				
Date/Time:				
ICS 219-8 MISCELLANEOUS EQUIPMENT/TASK FORCE (TAN)				

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
Back				
Incident Location:		Time:		
Status:				
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:		Time:		
Status:				
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:		Time:		
Status:				
<input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Prepared by:				
Date/Time:				
ICS 219-8 MISCELLANEOUS EQUIPMENT/TASK FORCE (TAN)				

ICS 219-8: Miscellaneous Equipment/Task Force Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available work day that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline since several incident numbers may be used for the same incident.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics.
Resource ID #(s) or Name(s)	Provide the identifier number or name for this resource.
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the resource's current status: <ul style="list-style-type: none">• Assigned – Assigned to the incident• O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft• O/S Pers – Out-of-service for personnel reasons• Available – Available to be assigned to the incident• O/S Mech – Out-of-service for mechanical reasons• ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.

Block Title	Instructions
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
<i>Front</i>				
Date/Time Checked In:				
Leader Name:				
Primary Contact Information:				
Resource ID #(s) or Name(s):				
Home Base:				
Departure Point:				
ETD:		ETA:		
Date/Time Ordered:				
Remarks:				
Prepared by:				
Date/Time:				
ICS 219-10 GENERIC (LIGHT PURPLE)				

ST/Unit:		LDW:	# Pers:	Order #:
Agency	Cat/Kind/Type		Name/ID #	
<i>Back</i>				
Incident Location:		Time:		
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:		Time:		
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:		Time:		
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Incident Location:		Time:		
Status: <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: ____				
Notes:				
Prepared by:				
Date/Time:				
ICS 219-10 GENERIC (LIGHT PURPLE)				

ICS 219-10: Generic Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
LDW (Last Day Worked)	Indicate the last available workday that the resource is allowed to work.
# Pers	Enter total number of personnel associated with the resource. Include leaders.
Order #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline since several incident numbers may be used for the same incident.
Agency	Use this section to list agency name or designator (e.g., ORC, ARL, NYPD).
Cat/Kind/Type	Enter the category/kind/type based on NIMS, discipline, or jurisdiction guidance.
Name/ID #	Use this section to enter the resource name or unique identifier (e.g., 13, Bluewater, Utility 32).
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Leader Name	Enter resource leader's name (use at least the first initial and last name).
Primary Contact Information	<p>Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p>
Resource ID #(s) or Name(s)	Provide the identifier number(s) or name(s) for this resource.
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the resource's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the resource's estimated time of arrival (using the 24-hour clock) at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the resource was ordered to the incident.
Remarks	Enter any additional information pertaining to the resource.
BACK OF FORM	
Incident Location	Enter the location of the resource.
Time	Enter the time (24-hour clock) the resource reported to this location.
Status <input type="checkbox"/> Assigned <input type="checkbox"/> O/S Rest <input type="checkbox"/> O/S Pers <input type="checkbox"/> Available <input type="checkbox"/> O/S Mech <input type="checkbox"/> ETR: _____	Enter the resource's current status: <ul style="list-style-type: none"> • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the resource's current location or status.

Block Title	Instructions
Prepared by Date/Time	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).