ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:	3. **Branch:**
4. Operations Personnel: Name Contact Number(s) Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____		**Division:** **Group:** **Staging Area:**

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)

_____ / _____   _____

_____ / _____   _____

_____ / _____   _____

_____ / _____   _____

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

| **ICS 204** | **IAP Page** _____ | Date/Time: _____ |