DAMAGE ASSESSMENT FORM	CERT	DATE
LOCATION		

SIZE UP

(check if applicable)

FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS		
BURNING	OUT	GAS LEAK	H20 LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING

OBSERVATIONS

CERT MEMBER	PAGE ____ OF _____

PERSONNEL RESOURCES CHECK-IN		CERT						DATE		
CHECK IN TIME	CHECK OUT TIME	NAME	ID # (CERT badge or other)	CONTACT (cell # or radio)	PREFFERRED ASSIGNMENT			SKILLS	TEAM ASSIGNMENT	TIME ASSIGNED
					FIRE	MEDICAL	SAR			
SCRIBE(S)								PAGE ____ OF _____		

CERT FORM #2

VICTIM TREATMENT AREA RECORD	CERT	DATE
TREATMENT AREA LOCATION		

TIME IN	NAME OR DESCRIPTION	TRIAGE TAG (circle)	CONDITION/TREATMENT (update as needed)	MOVED TO	TIME OUT
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

SCRIBE(S)	PAGE ___ OF ____

CERT FORM #5

COMMUNICATIONS LOG	CERT	DATE
	RADIO OPERATOR NAME	

LOG			
TIME	FROM	TO	MESSAGE

PAGE_____ OF_____

CERT FORM #6 (Based on ICS 309)

EQUIPMENT INVENTORY	CERT	DATE

ASSET #	ITEM DESCRIPTION	OWNER	ISSUED TO		QTY	TIME	INITIALS	COMMENTS
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
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				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				

SCRIBE(S)	PAGE ___ OF ___

CERT FORM #7 (Based on ICS 303)

GENERAL MESSAGE

TO	POSITION	
FROM	POSITION	
SUBJECT	DAT	TIME

MESSAGE

SIGNATURE	POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION

CERT FORM #8 (ICS 213)

GENERAL MESSAGE

TO	POSITION	
FROM	POSITION	
SUBJECT	DAT	TIME

MESSAGE

SIGNATURE	POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION

CERT FORM #8 (ICS 213)

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)**:**

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name: _____ Position/Title: _____Signature: _____

 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:

6. Prepared by: Name: _____ Position/Title: _____Signature: _____

Date/Time: _____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:	3. **Branch:** **Division:** **Group:** **Staging Area:**

4. Operations Personnel: Name Contact Number(s)

Operations Section Chief: _____

Branch Director: _____

Division/Group Supervisor: _____

5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			

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: _____

 Date/Time: _____

MEDICAL PLAN (ICS 206)

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

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground)**:**

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader)**:** Name: _____ Signature: _____

8. Approved by (Safety Officer)**:** Name: _____ Signature: _____

ICS 206	IAP Page _____	Date/Time: _____