| ASSIGNMENT TRACKING LOG | CERT | | DATE | |

ASSIGNMENT	ASSIGNMENT	ASSIGNMENT	ASSIGNMENT
LOCATION	LOCATION	LOCATION	LOCATION
TEAM	TEAM	TEAM	TEAM
TEAM LEADER/CONTACT #	TEAM LEADER/CONTACT #	TEAM LEADER/CONTACT #	TEAM LEADER/CONTACT #

START TIME	END TIME	START TIME	END TIME	START TIME	END TIME	START TIME	END TIME
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	

OBJECTIVES	OBJECTIVES	OBJECTIVES	OBJECTIVES
RESULTS	RESULTS	RESULTS	RESULTS

CERT LEADER/ INCIDENT COMMANDER	PAGE ___ OF ___
SCRIBE(S)	

CERT FORM #3

BRIEFING ASSIGNMENT	CERT		DATE	
COMMAND POST CONTACT #			TIME OUT	TIME BACK

INSTRUCTIONS TO TEAM

TEAM NAME	LOCATION

OBJECTIVES

EQUIPMENT ALLOCATED

REPORT FROM RESPONSE TEAM

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

CERT FORM #4.a

TEAM ACTION LOG
(time stamp each action; draw map if needed)

SCRIBE

COMMUNICATIONS LOG	CERT		DATE
	RADIO OPERATOR NAME		

LOG			
TIME	FROM	TO	MESSAGE
			PAGE_____ OF_____

CERT FORM #6 (Based on ICS 309)

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 _____

CERT FORM #1

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				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				

SCRIBE(S)

PAGE ___ OF ___

CERT FORM #7 (Based on ICS 303)

INCIDENT BRIEFING (ICS 201)

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

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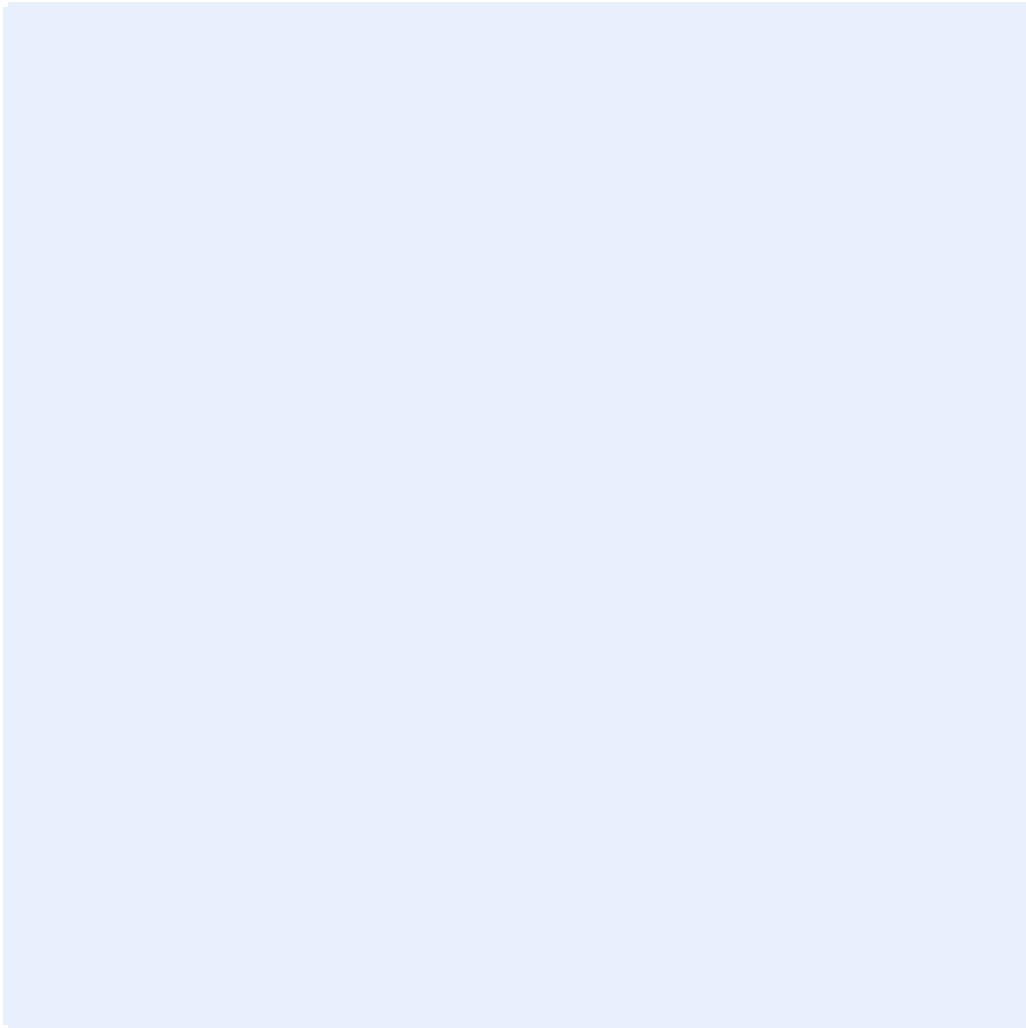
5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name:	Position/Title:	Signature: _____
ICS 201, Page 1		Date/Time: Date

INCIDENT BRIEFING (ICS 201)

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

7. Current and Planned Objectives:

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

Time:	Actions:
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	

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

ICS 201, Page 2	Date/Time: Date

INCIDENT BRIEFING (ICS 201)

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

9. Current Organization (fill in additional organization as appropriate)**:**

Incident Commander

Liaison Officer

Safety Officer

Public Information Officer

Operations Section Chief

Planning Section Chief

Logistics Section Chief

Finance/Admin Section Chief
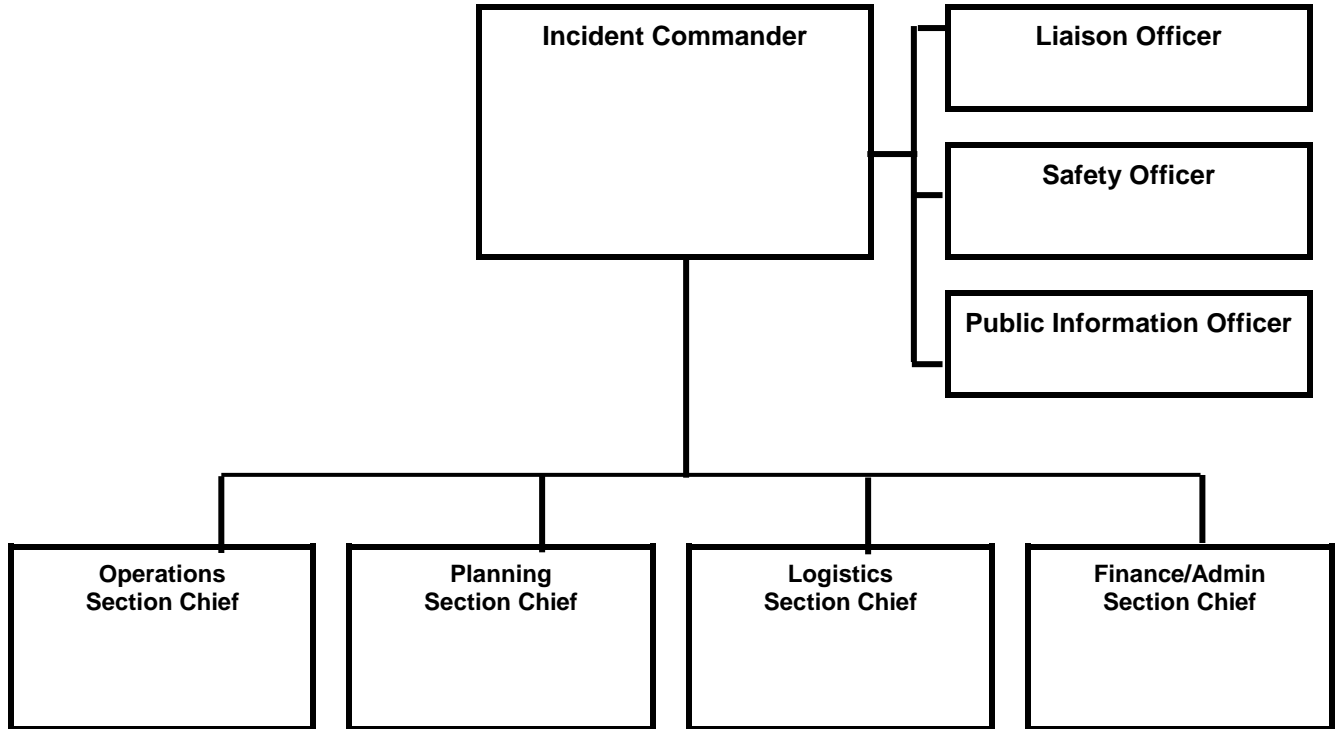
6. Prepared by: Name:	Position/Title:	Signature: _____
ICS 201, Page 3	Date/Time: Date	

INCIDENT BRIEFING (ICS 201)

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

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

6. Prepared by: Name:	Position/Title:	Signature: _____
ICS 201, Page 4	Date/Time: Date	

ICS 201
Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

Notes:
- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Date/Time Initiated** • Date, Time	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
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)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
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.	Self-explanatory.
6	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	**Current and Planned Objectives**	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	**Current and Planned Actions, Strategies, and Tactics** • Time • Actions	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	**Current Organization** (fill in additional organization as appropriate) • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief	• Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	**Resource Summary**	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	• Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	• Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	• Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	• Arrived	Enter an "X" or a checkmark upon arrival to the incident.
	• Notes (location/ assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

GENERAL MESSAGE

TO		POSITION	
FROM		POSITION	
SUBJECT		DAT	TIME

MESSAGE

SIGNATURE		POSITION	

REPLY

DATE	TIME	SIGNATURE/POSITION

CERT FORM #8 (ICS 213)

ACTIVITY LOG (ICS 214)

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

3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by:	Name:	Position/Title:	Signature: _____
ICS 214, Page 1	Date/Time: Date		

ACTIVITY LOG (ICS 214)

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

7. Activity Log (continuation)**:**

Date/Time	Notable Activities

8. Prepared by: Name:	Position/Title:	Signature: _____
ICS 214, Page 2	Date/Time: Date	

**ICS 214
Activity Log**

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:
- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Name**	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	**ICS Position**	Enter the name and ICS position of the individual in charge of the Unit.
5	**Home Agency** (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	**Resources Assigned**	Enter the following information for resources assigned:
	• Name	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	• ICS Position	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	• Home Agency (and Unit)	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	**Activity Log** • Date/Time • Notable Activities	• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

PERSONNEL RESOURCES CHECK-IN	CERT						DATE		
CHECK IN TIME	CHECK OUT TIME	NAME	ID # (CERT badge or other)	CONTACT (cell # or radio)	PREFERRED ASSIGNMENT			SKILLS	TEAM ASSIGNMENT	TIME ASSIGNED
					FIRE	MEDICAL	SAR			

SCRIBE(S)

PAGE _____ OF _____

CERT FORM #2

POST-INCIDENT STATUS

DATE:	PERSON REPORTING:			PAGE:
ADDRESS / LOCATION	**TASK / ASSIGNMENT**	**START TIME**	**END TIME**	

FOR INCIDENT COMMAND   LamorindaCERT.org   11/21/11

Record incident assignments from Damage Assessment sheets. When incident is complete, enter end time and make a backslash for that incident on the Damage Assessment.

RAPID NEEDS ASSESSMENT

DATE:	PERSON REPORTING:	CONTACT #:	☐ LAW ☐ CERT ☐ HOA ☐ FIRE ☐ RADIO ☐ VOL
TIME REPORTED:	PERSON RECEIVING:	CONTACT #:	PAGE # OF

REPORTING AREA

In COMMENTS add any special notes.
Medical needs like Oxygen, bedridden.
Any building 3 stories or greater.
Animal concerns, dog, snake, etc.
Suspicious behavior.
Any RESOURCES available.

	TIME	LOCATION / ADDRESS	S # M	FIRE ✔		HAZARDS S / O / L					STRUCTURES ✔						# OF PEOPLE				C B D	COMMENTS / SPECIAL NEEDS / RESOURCES
			DWELLING UNITS SF / MF # / MH	BURNING	OUT	GAS	WATER	ELECTRIC	CHEMICAL	HABITABLE	AFFECTED	MINOR DAMAGE	MAJOR DAMAGE	DESTROYED	INACCESSIBLE	YELLOW	RED	BLACK	TRAPPED	NEED SHELTER	ROAD ACCESS	
1	:																					
2	:																					
3	:																					
4	:																					
5	:																					
6	:																					
7	:																					
8	:																					
9	:																					
10	:																					

Summary of all hazards in area - fill out this form on your way to Command Post and give it to Incident Command *OR* call it into the ICP or EOC.

For **structure** damage: **Habitable** can include some damage; **Affected** = books off shelves; **Minor** = <30 days to repair; **Major** = >30 days to repair; **Destroyed** if off foundation, pancaked

Hazards – **S**ervice; **O**ff; **L**eak, spill or wire down   **Road Access** – **C**lear; **B**locked (tree or rubble); **D**amaged (washout or cave-in)

Rev. 02/07/2014

VICTIM TREATMENT AREA RECORD

DATE:	PERSON REPORTING:				PAGE #:	
TIME IN	**NAME OR DESCRIPTION**	**TRIAGE TAG**	**CONDITION**		**MOVED TO:**	**TIME OUT**

FOR MEDICAL TREATMENT AREA   LamorindaCERT.org   10/01/11

Document each person brought to the treatment area. If victim cannot give name, write a brief description, e.g., sex, approximate age, hair color, race, etc.
Tag color: R=Red=Immediate, Y=Yellow=Delayed, G=Green=Minor, D=Black=DECEASED.

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