

1. Incident Name	2. Operational Period to be covered by IAP (Date/Time) From: _____ To: _____	CG IAP COVER SHEET
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3. Approved by Incident Commander(s):

<u>ORG</u>	<u>NAME</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INCIDENT ACTION PLAN

The items checked below are included in this Incident Action Plan:

- ICS 202-CG (Response Objectives)

- ICS 203-CG (Organization List) – OR – ICS 207-CG (Organization Chart)

- ICS 204-CGs (Assignment Lists)
One Copy each of any ICS 204-CG attachments:

- ICS 205-CG (Communications Plan)

- ICS 206-CG (Medical Plan)
- ICS 208-CG (Site Safety Plan) or Note SSP Location _____
- Map/Chart
- Weather forecast / Tides/Currents

Other Attachments

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

4. Prepared by: _____	Date/Time _____
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1. Incident Name	2. Prepared by: (name) Date: _____ Time: _____	INCIDENT BRIEFING ICS 201-CG
3. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status)		
4. Current Situation: _____ _____ _____ _____ _____ _____ _____ _____ _____		

1. Incident Name	2. Prepared by: (name) Date: _____ Time: _____	INCIDENT BRIEFING ICS 201-CG
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6. Current Organization (fill in additional appropriate organization)

— Safety Officer _____

— Liaison Officer _____

— Public Information Officer _____

Operations Section	Planning Section	Logistics Section	Finance Section

1. Incident Name	2. Operational Period (Date/Time) From: To:	INCIDENT OBJECTIVES ICS 202-CG
3. Objective(s)		
4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions)		
<p>Approved Site Safety Plan Located at:</p> <p>5. Prepared by: (Planning Section Chief) Date/Time</p>		

INCIDENT OBJECTIVES (ICS 202-CG)

Purpose. The Incident Objectives form describes the basic incident strategy, control objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The Incident Objectives form is completed by the Planning Section following each Command and General Staff Meeting conducted in preparing the Incident Action Plan.

Distribution. The Incident Objectives form will be reproduced with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Objective(s)	Enter clear, concise statements of the objectives for managing the response. These objectives are for the incident response for this operational period and for the duration of the incident. Include alternatives.
4.	Operational Period Command Emphasis	Enter clear, concise statements for safety message, priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached. At the bottom of this box, enter the location where approved Site Safety Plan is available for review.
5.	Site Safety Plan Prepared By Date/Time	Note location of the approved Site Safety Plan. Enter the name of the Planning Section Chief completing the form. Enter date (month, day, year) and time prepared (24-hour clock).

NOTE: ICS 202-CG, Incident Objectives, serves as part of the Incident Action Plan (IAP)

1. Incident Name	2. Operational Period (Date/Time) From: _____ To: _____	ORGANIZATION ASSIGNMENT LIST ICS 203-CG																																																																															
3. Incident Commander(s) and Staff Agency IC Deputy <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;"></td><td style="width:35%;"></td><td style="width:35%;"></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> Safety Officer: _____ Information Officer: _____ Liaison Officer: _____																7. OPERATION SECTION <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:60%;">Chief</td><td style="width:40%;"></td></tr><tr><td>Deputy</td><td></td></tr><tr><td>Deputy</td><td></td></tr><tr><td>Staging Area Manager</td><td></td></tr><tr><td>Staging Area Manager</td><td></td></tr><tr><td>Staging Area Manager</td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> a. Branch – Division Groups <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:60%;">Branch Director</td><td style="width:40%;"></td></tr><tr><td>Deputy</td><td></td></tr><tr><td>Division Group</td><td></td></tr><tr><td>Division Group</td><td></td></tr><tr><td>Division Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr></table> b. Branch – Division/Groups <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:60%;">Branch Director</td><td style="width:40%;"></td></tr><tr><td>Deputy</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr></table> c. Branch – Division/Groups <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:60%;">Branch Director</td><td style="width:40%;"></td></tr><tr><td>Deputy</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr><tr><td>Division/Group</td><td></td></tr></table> d. Air Operations Branch <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:60%;">Air Operations Br. Dir</td><td style="width:40%;"></td></tr><tr><td>Helicopter Coordinator</td><td></td></tr></table>		Chief		Deputy		Deputy		Staging Area Manager		Staging Area Manager		Staging Area Manager								Branch Director		Deputy		Division Group		Division Group		Division Group		Division/Group		Division/Group		Branch Director		Deputy		Division/Group		Division/Group		Division/Group		Division/Group		Division/Group		Branch Director		Deputy		Division/Group		Division/Group		Division/Group		Division/Group		Division/Group		Air Operations Br. Dir		Helicopter Coordinator	
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9. Prepared By: (Resources Unit)	Date/Time																																																																																

ORGANIZATION ASSIGNMENT LIST (ICS 203-CG) Instructions for filling out the form

Purpose. The Organization Assignment List provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS form 207-CG) which is posted on the Incident Command Post display. An actual organization will be event-specific. **Not all positions need to be filled.** The size of the organization is dependent on the magnitude of the incident and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief.

Note: Depending on the incident, the Intelligence and Information function may be organized in several ways: 1) within the Command Staff as the Intelligence Officer; 2) As an Intelligence Unit in Planning Section; 3) As an Intelligence Branch or Group in the Operations Section; 4) as a separate General Staff Intelligence Section; and 5) as an Intelligence Technical Specialist. The incident will drive the need for the Intelligence and Information function and where it is located in the ICS organization structure. The Intelligence and information function is described in significant detail in NIMS and in the Coast Guard Incident Management Handbook (IMH).

Distribution. The Organization Assignment List is duplicated and attached to the Incident Objectives form (ICS 202-CG) and given to all recipients of the Incident Action Plan. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Incident Commander and Staff	Enter the names of the Incident Commander and Staff. Use at least the first initial and last name.
4.	Agency Representative	Enter the agency names and the names of their representatives. Use at least the first initial and last name.
5. thru 8.	Section	Enter the name of personnel staffing each of the listed positions. Use at least the first initial and last name. For Units, indicate Unit Leader and for Divisions/ Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated. If there is a shift change during the specified operational period, list both names, separated by a slash.
9.	Prepared By Date/Time	Enter the name and position of the person completing the form Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name		2. Operational Period (Date/Time) From: _____ To: _____		Assignment List ICS 204-CG	
3. Branch		4. Division/Group/Staging			
5. Operations Personnel					
	Name	Affiliation	Contact # (s)		
Operations Section Chief: _____					
Branch Director: _____					
Division/Group Supervisor/STAM: _____					
6. Resources Assigned "X" indicates 204a attachment with additional instructions					
Strike Team/Task Force/Resource Identifier	Leader	Contact Info. #	# Of Persons	Reporting Info/Notes/Remarks	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
7. Work Assignments					
8. Special Instructions					
9. Communications (radio and/or phone contact numbers needed for this assignment)					
<u>Name/Function</u>	<u>Radio: Freq./System/Channel</u>	<u>Phone</u>	<u>Cell/Pager</u>	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
Emergency Communications					
Medical	_____	Evacuation	_____	Other	_____
10. Prepared by:		11. Reviewed by (PSC):		12. Reviewed by (OSC):	
	Date/Time		Date/Time		Date/Time

ASSIGNMENT LIST (ICS 204-CG)

Purpose. The Assignment List(s) informs Division and Group supervisors of incident assignments. Once the Unified Command and General Staff agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The Assignment List is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202-CG), Operational Planning Worksheet (ICS 215-CG), and the Operations Section Chief. The Assignment List must be approved by the Planning Section Chief and Operations Section Chief. When approved, it is included as part of the Incident Action Plan (IAP). Specific instructions for specific resources may be entered on an ICS 204a-CG for dissemination to the field. A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.

Special Note. The Assignment List, ICS 204-CG submits assignments at the level of Divisions and Groups. The Assignment List Attachment, ICS 204a-CG shows more specific assignment information, if needed. The need for an ICS 204a-CG is determined by the Planning and Operations Section Chiefs during the Operational Planning Worksheet (ICS 215-CG) development.

Distribution. The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Branch	Enter the Branch designator.
4.	Division/Group/Staging	Enter the Division/Group/Staging designator.
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.
6.	Resources Assigned	Each line in this field may have a separate Assignment List Attachment (ICS 204a-CG). Enter the following information about the resources assigned to Division or Group for this period:
	Identifier	List identifier
	Leader	Leader name
	Contact Information	Primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number.
	# Of Persons	Total number of personnel for the strike team, task force, or single resource assigned.
	Reporting Info/Notes/ Remarks	Special notes or directions, specific to this strike team, task force, or single resource. Enter an "X" check if an Assignment List Attachment (ICS 204a-CG) will be prepared and attached. The Planning and Operations Section Chiefs determine the need for an ICS 204a-CG during the Operational Planning Worksheet (ICS 215-CG) development.
7.	Work Assignment	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
8.	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, or other important information.
9.	Communications	Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205-CG). Note: Phone numbers should include area code.
10.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
11.	Reviewed by (PSC)	Enter date (month, day, year) and time prepared (24-hour clock).
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
12.	Reviewed by (OSC)	Enter the name of the operations person reviewing the form, normally the Operations Section Chief.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From: _____ To: _____	COMMUNICATIONS LIST ICS 205A-CG
3. Basic Local Communications Information		
Assignment	Name	Method(s) of contact (radio frequency, phone, pager, cell #(s), etc.)
4. Prepared by: (Communications Unit)		Date / Time
COMMUNICATIONS LIST		ICS 205a-CG (Rev. 07/04)

COMMUNICATIONS LIST (ICS 205a-CG)

Special Note. This optional form is used in conjunction with the Incident Radio Communications Plan, ICS 205-CG. Whereas the ICS 205-CG is used to provide information on all radio frequencies down to the Division/Group level, the Communications List, ICS 205a-CG, lists methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Purpose. The Communications List records methods of contact for personnel on scene.

Preparation. The Communications List can be filled out during check-in and is maintained and distributed by Communications Unit personnel.

Distribution. The Communications List is distributed within the ICS and posted, as necessary. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Basic Local Comms Information	Enter the communications methods assigned and used for each assignment.
	Assignment Name	Enter the ICS Organizational assignment.
	Name	Enter the name of the contact person for the assignment.
	Method(s) of contact	Enter the radio frequency, telephone number(s), etc. for each assignment.
4.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From: _____ To: _____	INCIDENT RADIO COMMUNICATIONS PLAN ICS 205-CG
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3. BASIC RADIO CHANNEL USE

SYSTEM / CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS

4. Prepared by: (Communications Unit)	Date / Time
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1. Incident Name	2. Operational Period (Date / Time) From: _____ To: _____		MEDICAL PLAN ICS 206-CG			
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3. Medical Aid Stations			
Name	Location	Contact #	Paramedics On site (Y/N)

4. Transportation			
Ambulance Service	Address	Contact #	Paramedics On board (Y/N)

5. Hospitals						
Hospital Name	Address	Contact #	Travel Time		Burn Ctr?	Heli-Pad?
			Air	Ground		

6. Special Medical Emergency Procedures	

7. Prepared by: (Medical Unit Leader) _____ Date/Time _____	8. Reviewed by: (Safety Officer) _____ Date/Time _____
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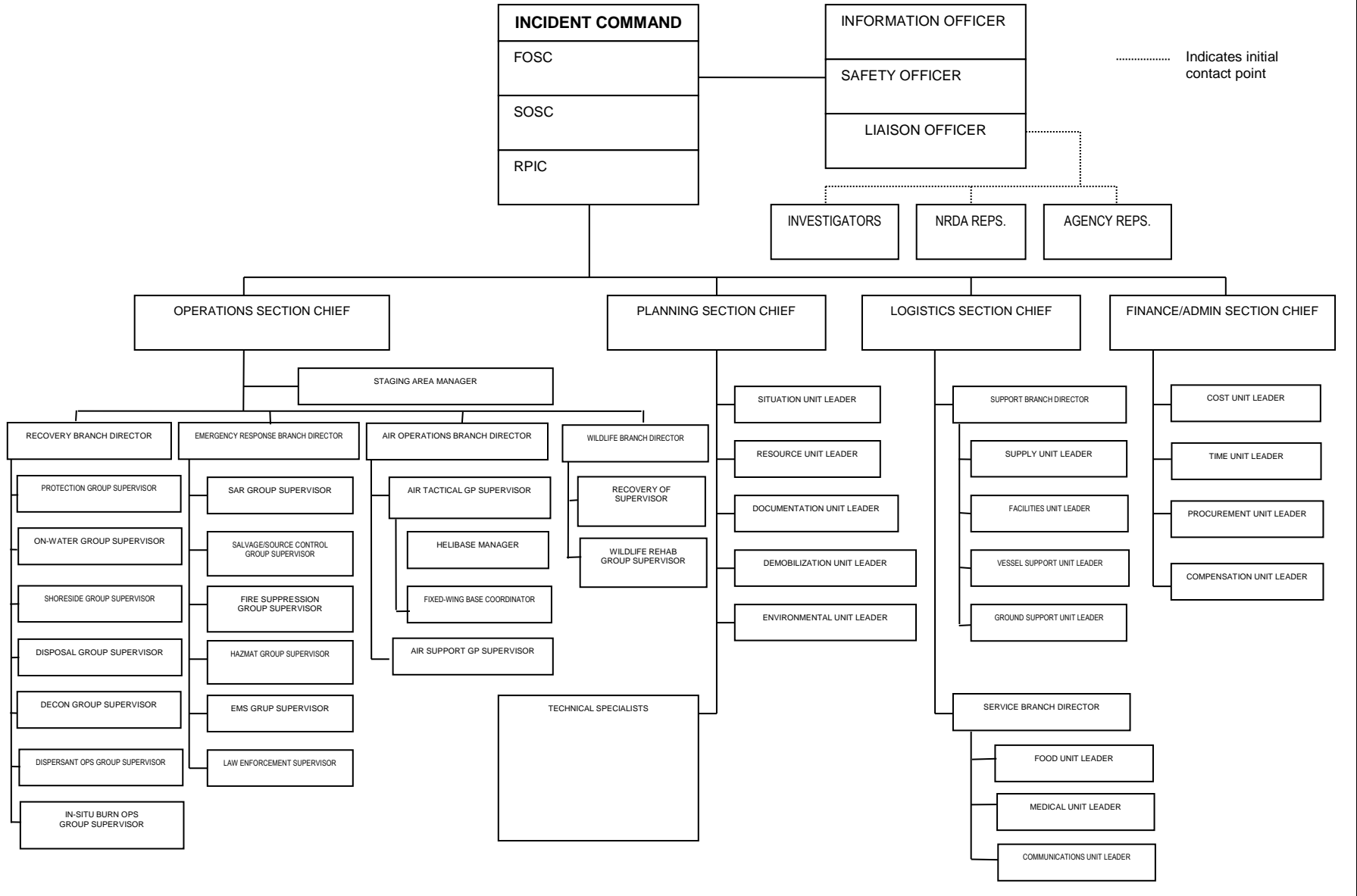
1. Incident Name

2. Operational Period (Date/Time)

From:

To:

INCIDENT ORGANIZATION
CHART ICS 207-CG



Site Safety and Health Plan ICS-208-CG (rev 9/06)

Incident Name: _____

Date/Time Prepared: _____ **Operational Period:** _____

Purpose. The ICS Compatible Site Safety and Health Plan is designed for safety and health personnel that use the Incident Command System (ICS). It is compatible with ICS and is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response regulation (Title 29, Code of Federal Regulations, Part 1910.120). The plan avoids the duplication found between many other site safety plans and certain ICS forms. It is also in a format familiar to users of ICS. Although primarily designed for oil and chemical spills, the plan can be used for all hazard situations.

Questions on the document should be addressed to the Coast Guard Office of Incident Management and Preparedness (G-RPP).

Table of Forms

FORM NAME	FORM #	USE	REQUIRED	OPTIONAL	ATTACHED
Emergency Safety and Response Plan	A	Emergency response phase (uncontrolled)	X		
Site Safety Plan	B	Post-emergency phase (stabilized, cleanup)	X		
Site Map	C	Post-emergency phase map of site and hazards	X		
Emergency Response Plan	D	Part of Form B, to address emergencies	X		
Exposure Monitoring Plan	E	Exposure monitoring Plan to monitor exposure	X		
Air Monitoring Log	E-1	To log air monitoring data	X*		
Personal Protective Equipment	F	To document PPE equipment and procedures	X*		
Decontamination	G	To document decon equipment and procedures	X*		
Site Safety Enforcement Log	H	To use in enforcing safety on site		X	
Worker Acknowledgement Form	I	To document workers receiving briefings		X	
Form A Compliance Checklist	J	To assist in ensuring HAZWOPER compliance		X	
Form B Compliance Checklist	K	To assist in ensuring HAZWOPER compliance		X	
Drum Compliance Checklist	L	To assist in ensuring HAZWOPER compliance		X	
Other:					

* Required only if function or equipment is used during a response

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EMERGENCY SAFETY and RESPONSE PLAN	1. Incident Name		2. Date/Time Prepared		3. Operational Period		4. Attachments: Attach MSDS for each Chemical:												
5. <u>Organization</u> IC/UC:	Safety: Div/Group Supv:		Entry Team:		Backup Team:		Decon Team:												
6.a. <u>Physical Hazards and Protection</u>	6.b. Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify)																		
6.c. Tasks & Controls	6d Entry Permit	6.e. Ventilate	6f. Hearing Protection	6g. Shoes (type)	6.h. Hard Hats	6i. Clothing (cold wx)	6j. Life Jacket	6l. Work/ Rest (hrs)	6.m. Fluids (amt/time)	6.n. Signs & Barricade	6.p. Fall Protect	6.q. Post Guards	6.r. Flash Protect	6.s. Work Gloves	6.t. Other				
7.a. Agent	7.b. Hazards			7.c. Target Organs			7.d. Exposure Routes		7.f. PPE		7.g. Type of PPE								
	Explosive <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Eyes <input type="checkbox"/>	Nose <input type="checkbox"/>	Skin <input type="checkbox"/>	Ears <input type="checkbox"/>	Inhalation <input type="checkbox"/>	Absorption <input type="checkbox"/>	Face Shield <input type="checkbox"/>	Eyes <input type="checkbox"/>	Gloves <input type="checkbox"/>	Inner Suit <input type="checkbox"/>	Splash Suit <input type="checkbox"/>	Level A Suit <input type="checkbox"/>	SCBA <input type="checkbox"/>	APR <input type="checkbox"/>	SAR <input type="checkbox"/>	Cartridges <input type="checkbox"/>	Fire Resistance <input type="checkbox"/>
	Flammable <input type="checkbox"/>	Carcinogen <input type="checkbox"/>	Central Nervous System <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Throat <input type="checkbox"/>	Liver <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Injection <input type="checkbox"/>	Membrane <input type="checkbox"/>	Gloves <input type="checkbox"/>	Inner Suit <input type="checkbox"/>	Splash Suit <input type="checkbox"/>	Level A Suit <input type="checkbox"/>	SCBA <input type="checkbox"/>	APR <input type="checkbox"/>	SAR <input type="checkbox"/>	Cartridges <input type="checkbox"/>	Fire Resistance <input type="checkbox"/>	
	Reactive <input type="checkbox"/>	Oxidizer <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Throat <input type="checkbox"/>	Liver <input type="checkbox"/>	Liver <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Injection <input type="checkbox"/>	Membrane <input type="checkbox"/>	Gloves <input type="checkbox"/>	Inner Suit <input type="checkbox"/>	Splash Suit <input type="checkbox"/>	Level A Suit <input type="checkbox"/>	SCBA <input type="checkbox"/>	APR <input type="checkbox"/>	SAR <input type="checkbox"/>	Cartridges <input type="checkbox"/>	Fire Resistance <input type="checkbox"/>	
	Biomedical <input type="checkbox"/>	Corrosive <input type="checkbox"/>	Lungs <input type="checkbox"/>	Heart <input type="checkbox"/>	Liver <input type="checkbox"/>	Liver <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Injection <input type="checkbox"/>	Membrane <input type="checkbox"/>	Gloves <input type="checkbox"/>	Inner Suit <input type="checkbox"/>	Splash Suit <input type="checkbox"/>	Level A Suit <input type="checkbox"/>	SCBA <input type="checkbox"/>	APR <input type="checkbox"/>	SAR <input type="checkbox"/>	Cartridges <input type="checkbox"/>	Fire Resistance <input type="checkbox"/>	
	Toxic <input type="checkbox"/>	Specify Other: <input type="checkbox"/>	Kidney <input type="checkbox"/>	Blood <input type="checkbox"/>	Lungs <input type="checkbox"/>	Lungs <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Injection <input type="checkbox"/>	Membrane <input type="checkbox"/>	Gloves <input type="checkbox"/>	Inner Suit <input type="checkbox"/>	Splash Suit <input type="checkbox"/>	Level A Suit <input type="checkbox"/>	SCBA <input type="checkbox"/>	APR <input type="checkbox"/>	SAR <input type="checkbox"/>	Cartridges <input type="checkbox"/>	Fire Resistance <input type="checkbox"/>	
			Circulatory <input type="checkbox"/>	Gastrointestinal <input type="checkbox"/>	Bone <input type="checkbox"/>	Other Specify: <input type="checkbox"/>													
8. Instruments:	8.a. Action Levels	8.b. Chemical Name(s):	8.c. LEL/UEL %	8.d. Odor Thresh Ppm	8.e. Ceiling/IDLH	8.f. STEL/TLV	8.g. Flash Pt/ Ignition Pt (F or C)	8.h. Vapor Pressure (mm)	8.i. Vapor Density	8.j. Specific Gravity	8.l. Boiling Pt F or C								
O2 <input type="checkbox"/>																			
CGI <input type="checkbox"/>																			
Radiation <input type="checkbox"/>																			
Total HCs <input type="checkbox"/>																			
Colorimetric <input type="checkbox"/>																			
Thermal <input type="checkbox"/>																			
Other <input type="checkbox"/>																			

EMERGENCY SAFETY and RESPONSE PLAN (Cont)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments: Attach MSDS for each Chemical		
9. <u>Decontamination:</u> Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal <input type="checkbox"/> Suit/Gloves/Boot Disposal <input type="checkbox"/>		Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/> Specify:	Bottle Exchange <input type="checkbox"/> Outer Suit Removal <input type="checkbox"/> Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal <input type="checkbox"/>	SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal <input type="checkbox"/> Work Clothes Removal <input type="checkbox"/> Body Shower <input type="checkbox"/>	Intervening Steps <input type="checkbox"/> Specify:	
10. <u>Site Map.</u> Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North <input type="checkbox"/> Attached, <input type="checkbox"/> Drawn Below:						
11.a. <u>Potential Emergencies:</u> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Other <input type="checkbox"/>		11.b. Evacuation Alarms: Horn <input type="checkbox"/> # Blasts <input type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other:		11.c. Emergency Prevention and Evacuation Procedures: Safe Distance:		
12. a. <u>Communications:</u> Radio <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/>		12.b. Command #:		12.c. Tactical #:		
13.a. <u>Site Security:</u> Personnel Assigned		13.b. Procedures:			13.c. Equipment:	
14.a. <u>Emergency Medical:</u> Personnel Assigned		14.b. Procedures:			14.c. Equipment:	
15. <u>Prepared by:</u>		16. <u>Date/Time Briefed:</u>			ICS-208-CG SSP-A Page 2. (rev 9/06): Page ____ of ____	

EMERGENCY SAFETY AND RESPONSE PLAN (ICS-208-CG SSP-A)

Purpose: The Emergency Safety and Response Plan provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the initial emergency phase of the response. *It is only used during the emergency phase of the response, which is defined as a situation involving an uncontrolled release.* It is also intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer or his/her designated staff starts the Emergency Site Safety and Response Plan. They initially address the hazards common to all operations involved in the response (initial site characterization). Outside support organizations must be contacted to ensure the plan is consistent with other plans (local, state, other federal plans). Form ICS-208-CG SSP-G need not be completed if this form is used. When the operation proceeds into the post-emergency phase (site stabilized and cleanup operations begun) forms ICS-208-CG SSP-B and ICS-208-CG SSP-G should be used. For large incidents, the Emergency Site Safety and Response Plan complements the Incident Action Plan. For smaller incidents, the Emergency Site Safety and Response Plan complements ICS-201.

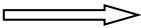
Distribution: The Emergency Safety and Response Plan completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the Assignment List(s) (ICS Form 204). The Operations Section Chief, Directors, Supervisors or Leaders get a copy of the plan. They must ensure it is available on site for all personnel to review. The Safety Officer is responsible for ensuring that the Emergency Site Safety and Response Plan properly addresses the hazards of the operation. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Attachments	Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached.
5	Organization	List the personnel responsible for these positions. IC and Safety Officer are mandatory.
6	Physical Hazards & Protection	Check off the physical hazards at the site. Identify the major tasks involved in the response (skimming, lightering, overpacking, etc.). Check off the controls that would be used to safeguard workers from the physical hazards for each major task.
7	Chemical/Agent	List the chemicals involved in the response. Chemicals may be listed numerically. Check off the hazards, potential health effects, pathway of dispersion, and exposure route of the chemical. Numbers corresponding to the chemical may be entered into the check blocks to differentiate. Check off the PPE to be used. Identify the type of PPE selected (for example: gloves: butyl rubber).
8	Instruments	Indicate the instruments being used for monitoring. List the action levels adjacent to the instruments being used. Identify the chemicals being monitored (2). List the physical parameters of the chemicals. Use a separate form for additional chemicals monitored.

EMERGENCY SAFETY AND RESPONSE PLAN (FORM ICS-208-CG SSP-A) (Instructions Continued)

9	Decontamination	Check off the decontamination steps to be used. Numbers may be entered to indicate the preferred sequence. Identify any intervening steps necessary on the form or in a separate attachment.
10	Site Map	Draw a rough site map. Ensure all the information listed is identified on the map.
11	Potential Emergencies	Identify any potential emergencies that may occur. If none, so state. Check off the appropriate alarms that may be used. Identify emergency prevention and evacuation procedures in the space provided or on a separate attached sheet.
12	Communications	Indicate type of site communications (phone, radio). Indicate phone numbers or frequencies for the command, tactical and entry functions.
13	Site Security	Identify the personnel assigned. Identify security procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
14.	Emergency Medical	Identify the personnel assigned. Identify emergency medical procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
15.	Prepared by:	Enter the name and position of the person completing the worksheet.
16.	Date/time briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility Land <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact:	9. Attachments: Attach MSDS for each Chemical
10.a. Job Task/Activity	10.b. Hazards* 	10.c. Potential Injury & Health Effects	10.d. Exposure Routes	10.e. <u>Controls:</u> Engineering, Administrative, PPE
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> <input type="checkbox"/>	
11. Prepared By:	12. Date/Time Briefed:	* HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		ICS-208-CG SSP-B (rev 9/06): Page _____ of _____

SITE SAFETY PLAN (FORM ICS-208-CG SSP-B)

Purpose: The Site Safety Plan provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the post-emergency phase of an incident. The post-emergency phase is when the situation is stabilized and cleanup operations have begun. ICS-208-CG SSP-B is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer or his/her designated staff starts the Site Safety Plan. They initially address the hazards common to all operations involved in the response (initial site characterization). The plan is then reproduced and as a minimum sent to ICS Group/Division Supervisors. They amend it according to unique job or on-scene hazards with support from the Safety Officer and/or his/her staff (detailed site characterization). The plan is continuously updated to address changing conditions. During the first hours of the response, where most response functions are in the emergency phase, the Safety Officer may choose to use the Emergency Safety and Response Plan (ICS-208-CG SSP-A) in place of the Site Safety Plan. For large incidents, ICS-208-CG SSP-B compliments the Incident Action Plan (IAP). For smaller incidents, ICS-208-CG SSP-B compliments ICS Form 201. The Safety Officer is encouraged to use the HAZWOPER Compliance Checklist (Form ICS-208-CG SSP-K) to ensure the IAP and the 201 address the requirements and all other pertinent ICS forms (203, 205, 206, etc.) are completed.

Distribution: The initial Site Safety Plan completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the Assignment List(s) (ICS Form 204). The Operations Section Chief, Directors, Supervisors or Leaders get a copy and make on site amendments specific to their operation. They must also ensure it is available on site for all personnel to review. The Safety Officer provides personnel from his/her staff to assist in the detailed site characterization. The Safety Officer is responsible for ensuring that the Site Safety Plan for each assignment properly addresses the hazards of the assignment. The Safety Officer must ensure that the safety plans on site are consistent. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Group/Division Supv Strike Team/TF Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	Site Accessibility	Check the block(s) if the site is accessible by land, water, air, etc.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Attachments	Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached.
10	Job/Task Activity	Enter Job/Task & Activities, list hazards, list potential injury and health effects, check exposure routes and identify controls. If more detail is needed for controls, provided attachments.
11	Prepared by	Enter the name and position of the person completing the worksheet.
12	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: SITE MAP	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility Land <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact:	9. <u>Include</u> : - Work Zones - Locations of Hazards - Security Perimeter - Places of Refuge - Decontamination Line - Evacuation Routes
10. Sketch of Site: <input type="checkbox"/> Attached. <input type="checkbox"/> Drawn Here				
11. Prepared By:	12. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		ICS-208-CG SSP-C (rev 9/06): Page _____ of _____

SITE MAP FOR SITE SAFETY PLAN (ICS-208-CG SSP-C)

Purpose: The Site Map for the Site Safety Plan is required by Title 29 Code of Federal Regulations Part 1910.120. It provides in 1 place a visual description of the site which can help ICS personnel locate hazards, identify evacuation routes and places of refuge.

Preparation: The Site Map for the Site Safety Plan can be completed by the Safety Officer, his/her staff or by ICS field personnel (Group Supervisors, Task Force/Strike Team Leaders) working at a site with unique and specific hazards. One or several maps may be developed, depending on the size of the incident and the uniqueness of the hazards. The key is to ensure that the workers using the map(s) can clearly identify the work zones, locations of hazards, evacuation routes and places of refuge.

Distribution: This form must be located with the Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	Site Accessibility	Check the block(s) if the site is accessible by land, water, air, etc.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Include	Ensure the map includes the listed items provided in this block.
10	Sketch of Site	Sketch of site for work. May attach map or chart.
10	Prepared by	Enter the name and position of the person completing the worksheet.
11	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: EMERGENCY RESPONSE PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:		8. Attachments: INCLUDE ICS FORM 206 and EMT Medical Response Procedures
9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals	12. Emergency Personal Protective Equipment Required:	
13. Emergency Notification Procedures		14. Places of Refuge (also see site map form 208B)	15. Emergency Decon and Evacuation Steps	16. Site Security Measures
17. Prepared By:	18. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		ICS-208-CG SSP-D (rev 9/06) Page ____ of ____

EMERGENCY RESPONSE PLAN (ICS-208-CG SSP-D)

Purpose: The Emergency Response Plan provides information on measures to be taken in the event of an emergency. It is used in conjunction with the Site Safety Plan (Form ICS-208-CG SSP-B). It is also required by Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer, his/her staff member or the Site Supervisor/Leader prepares the Emergency Response Plan. A copy of the Medical Plan (ICS Form 206) must always be attached to this form.

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Attachments	Enter attachments. ICS Form 206 must be included.
9	Emergency Alarm	Enter a description of the sound of the emergency alarm and it's location.
10	Backup Alarm	Enter a description of the sound of the emergency alarm and it's location.
11	Emergency Hand Signals	Enter the emergency hand signals to be used.
12	Emergency Personal Protective Equipment Required	Enter the emergency personal protective equipment that may be needed in the event of an emergency.
13	Emergency Notification Procedures	Enter the procedures for notifying the appropriate personnel and organizations in the event of an emergency.
14	Places of Refuge	Enter by name the place of refuge personnel can go to in the event of an emergency.
15	Emergency Decon & Evacuation Steps	Enter emergency decontamination steps and evacuation procedures.
16	Site Security Measures	Enter site security measures needed for emergencies.
17	Prepared by	Enter the name and position of the person completing the worksheet.
18	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: Exposure Monitoring Plan		1. Incident Name		2. Date/Time Prepared:	3. Operational Period:		4. Safety Officer (Method of Contact):		
5. Specific Task/Operation	6. Survey Location	7. Survey Date/Time	8. Monitoring Methodology	9. Direct-Reading Instrument	10. Air Sampling	11. Hazard(s) to Monitor	12. Monitoring Duration	13. Reasons to Monitor	14. Laboratory Support for Analysis
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure Monitoring <input type="checkbox"/> Biological Monitoring: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other:	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Sampling/Analysis Method:</u> <u>Collecting Media:</u> <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure Monitoring <input type="checkbox"/> Biological Monitoring: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other:	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Sampling/Analysis Method:</u> <u>Collecting Media:</u> <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure Monitoring <input type="checkbox"/> Biological Monitoring: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other:	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Sampling/Analysis Method:</u> <u>Collecting Media:</u> <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure Monitoring <input type="checkbox"/> Biological Monitoring: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other:	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Sampling/Analysis Method:</u> <u>Collecting Media:</u> <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: _____	
15. Prepared By:			16. Date/Time Briefed:		HAZARD LIST: <u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning				
18. Safety Officer Review:			<u>Reporting:</u> Monitoring results shall be logged in the ICS-208-CG SSP-E-1 form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate correction.					ICS-208-CG SSP-E (rev 9/06) Page ____ of ____	

EXPOSURE MONITORING PLAN (FORM ICS-208-CG SSP-E)

Purpose: The Exposure Monitoring Plan provides plan of monitoring conducted during an incident. The plan is a supplement to the Site Safety Plan (ICS-208-CG SSP-B). It is only required when performing monitoring operations.

Preparation: The Safety Officer, his/her staff member or the Site Supervisor/Leader prepares the Exposure Monitoring Plan. If there is a decision not to monitor during a response, the reasons must be stated clearly in the Site Safety Plan (ICS-208-CG SSP-B).

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Specific Task / Operation	Enter specific task or operation.
6	Survey Location	Enter the location to be monitored.
7	Survey Date/Time	Enter the date/time for the monitoring teams to survey.
8	Monitoring Methodology	Enter/Check the monitoring method to be used.
9	Direct-Reading Instrument	Enter the instrument model, manufacturer, last calibration date.
10	Air Sampling	Enter Air Sampling analysis method
11	Hazards to Monitor	Enter the hazards to monitor
12	Monitoring Duration	Enter duration of monitoring
13	Reasons to Monitor	Enter Reasons to Monitor
14	Laboratory Support for Analysis	Enter Laboratory Support needed for analysis of samples
15	Prepared by	Enter the name and position of the person completing the worksheet.
16	Date/Time Briefed	Enter the date/time the document was briefed to the appropriate workers and by whom.
17	Safety Officer Review	The Safety Officer must review and sign the form.

CG ICS SSP: AIR MONITORING LOG	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Site Location	6. Hazards of Concern	7. Action Levels (include references):		8. <u>Weather</u> : Temperature: Precipitation: Wind: Relative Humidity: Cloud Cover:	
9.a. Instrument, ID Number Calibrated? Indicate below.	9.b. Monitoring Person Name(s)	9.c. Results (units)	9.d. Location	9.f. Time	9.g. Interferences and Comments
10. Safety Officer Review:		<u>Potential Health Effects</u> : Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning			ICS-208-CG SSP-E-1 (rev 9/06): Page ____ of ____

DAILY AIR MONITORING LOG (FORM ICS-208-CG SSP-E-1)

Purpose: The Exposure Monitoring Log provides documentation of air monitoring conducted during a spill. The log is a supplement to the Site Safety Plan (ICS-208-CG SSP-B). It is only required when performing air monitoring operations. The information used from the log can help update the Site Safety Plan.

Preparation: Persons conducting monitoring complete the Daily Air Monitoring Log. Normally these are air monitoring units under the Site Safety Officer. If there is a decision not to monitor during a spill, the reasons must be stated clearly in the Site Safety Plan (ICS-208-CG SSP-B).

Distribution: The Daily Air Monitoring Log when completed is copied and forwarded to the Site Safety Officer who must review and sign the form. The original form must be available on site, readily available and briefed to all impacted ICS personnel.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Location & size of site	Enter the geographical location of the site and the approximate square area.
6	Hazards of Concern	Enter the hazards being monitored.
7	Action Levels	Enter the action levels/readings for the monitoring teams.
8	Weather	Enter weather information. Ensure units of measure are listed.
9	Air Monitoring Data	Enter the instrument type and number, persons monitoring, results with appropriate units, location of reading, time of reading and interferences and comments.
10	Safety Officer Review	The Safety Officer must review and sign the form.

CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
	5. Supervisor/Leader	6. Location and Size of Site	7. Hazards Addressed:	8. For Emergencies Contact:
9. Equipment:				10. References Consulted:
11. Inspection Procedures:	12. Donning Procedures:	13. Doffing Procedures:	14. Limitations and Precautions (include maximum stay time in PPE):	
15. Prepared By:	16. Date/Time Briefed:	<u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		ICS-208-CG SSP-F: (Rev 9/06) Page _____ of _____

PERSONAL PROTECTIVE EQUIPMENT (ICS-208-CG SSP-F)

Purpose: The Personal Protective Equipment form is a list of personal protective equipment to be used in operations. The listing of personal protective equipment is required by Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Personal Protective Equipment form is completed by the Site Safety Officer, or his/her staff. Personal protective equipment common to all ICS Operations personnel is addressed first. Jobs with unique personal protective equipment requirements (fall protection) are addressed next. When the form is delivered on site, the ICS Director, Supervisor, or Leader may amend the list to ensure personnel are adequately protected from job hazards. It must be completed prior to the onset of any operations, unless addressed elsewhere by Standard Operating Procedures.

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	Hazard(s) Addressed:	Enter the hazards that need to be safeguarded.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Equipment	List the equipment needed to address the hazards. If pre-designed Safe Work Practices are used, indicate here and attach to form.
10	References consulted	List the references used in making the selection for PPE.
11	Inspection Procedures	Enter the procedures for inspecting the Personal Protective Equipment prior to donning. If pre-designed Safe Work Practices are used, indicate here and attach to form.
12	Donning Procedures	Enter the procedures for putting on the PPE. If pre-designed Safe Work Practices are used, indicate here and attach to form.
13	Doffing Procedures	Enter the information for removing the PPE. If pre-designed Safe Work Practices are used, indicate here and attach to form.
14	Limitations and Precautions	List the limitations and precautions when using PPE. Include the maximum time to be inside the PPE, Heat Stress concerns, psychomotor skill detracting and other factors.
15	Prepared by	Enter the name and position of the person completing the worksheet.
16	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: DECONTAMINATION	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:		8. Hazard(s) Addressed:
9. Equipment:				10. References Consulted:
11. Contamination Avoidance Practices:	12. Decon Diagram: <input type="checkbox"/> Attached, <input type="checkbox"/> Drawn below			13. Decon Steps
14. Prepared By:	15. Date/Time Briefed:	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		ICS-208-CG SSP-G (rev 9/06): Page _____ of _____

DECONTAMINATION (ICS-208-CG SSP-G)

Purpose: The Decontamination form provides information on how workers can avoid contamination and how to get decontaminated. It is a supplemental form to the Site Safety Plan.

Preparation: The Decontamination Form can be completed by the Site Safety Officer, a member of his/her staff or by the Group/Division Supervisor, Task Force/Strike Team Leader on the site

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Hazard(s) Addressed:	Enter the hazards that need to be safeguarded.
9	Equipment	Enter the decontamination equipment needed for the site. If pre-designed Safe Work Practices are used, indicate here and attach to this form.
10	References consulted	List the references used in making the selection for PPE.
11	Contamination Avoidance Practices	Enter procedures for personnel to avoid contamination. If pre-designed Safe Work Practices are used, indicate here and attach to form.
12	Decon Diagram	Draw a diagram for the decontamination operation. If pre-designed Safe Work Practices are used, indicate here and attach to form.
13	Decon Steps	List the decontamination steps.
14	Prepared by	Enter the name and position of the person completing the worksheet.
15	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: ENFORCEMENT LOG	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Supervisor/Leader	6. For Emergencies Contact:			7. Attachments:	
8.a. Job Task/Activity	8.b. Hazards	8.c. Deficiency	8.d. Action Taken	8.e. Safety Plan Amended?	8.f. Signature of Supervisor/Leader
9. Prepared By:	10. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			ICS-208-CG SSP-H (rev 9/06): Page ____ of ____

SITE SAFETY ENFORCEMENT LOG (ICS-208-CG SSP-H)

Purpose: The Site Safety Plan Enforcement Log is used to help enforce safety during an incident.

Preparation: The Safety Officer and/or his/her staff complete the Site Safety Plan Enforcement Log. The log is completed as Safety personnel are on scene reviewing the site. It should be completed at a minimum once per day. The number of enforcement logs to be completed depends on the size of the incident. Enough should be completed to ensure that site safety is being adequately enforced.

Distribution: The Site Safety Plan enforcement log when completed is delivered to the Safety Officer. The Safety Officer can use the form to amend the Site Safety Plan (ICS-208-CG SSP-A or B).

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
7	Attachments	List any attached supporting documentation.
8 a	Job/Task Activity	Enter only those Job Task/activities for which a deficiency is noted.
8 b	Hazards	Enter the hazard not being sufficiently addressed.
8 c	Deficiency	Enter the deficiency.
8 d	Action Taken	Enter the corrective action taken to address the deficiency.
8 e	Safety Plan Amended?	Enter whether the on site safety plan was amended.
8 f	Signature of Supervisor/Leader	Ensure the Supervisor/Leader signs the form to acknowledge the deficiency.
9	Prepared by	Enter the name and position of the person completing the worksheet.
10	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP WORKER ACKNOWLEDGEMENT FORM	1. Incident Name	2. Site Location:	3. Attachments:	
4. Type of Briefing	5. Presented By:		6. Date Presented	7. Time Presented
Safety Plan/Emergency Response Plan <input type="checkbox"/> Start Shift <input type="checkbox"/> Pre-Entry <input type="checkbox"/> Exit <input type="checkbox"/> End of Shift <input type="checkbox"/> Specify Other:				
8.a. Worker Name (Print)	8.b. Signature*		8.c. Date	8.d. Time
* By signing this document, I am stating that I have read and fully understand the plan and/or information provided to me.	ICS-208-CG SSP-I (rev 9/06): Worker Acknowledgement Page ____ of ____			

WORKER ACKNOWLEDGEMENT FORM (ICS-208-CG SSP-I)

Purpose: The Worker Acknowledgement form is used to document workers who have received safety briefings.

Preparation: Those personnel responsible for conducting safety briefings complete this form initially. Once the briefings are completed, workers who were briefed print their name, sign, date and indicate the time of the briefing.

Distribution: This form is returned to the Safety Officer or designated representative at the end of each operational period.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Site Location	Indicate the location where the briefings are held.
3	Attachments	Indicate any attachments used as part of the briefings.
4	Type of briefing	Check the block next to the type of briefing.
5	Presented by	Enter the name of the person conducting the briefing.
6	Date Presented	Enter the date of the briefing.
7	Time Presented	Enter the time of the briefing.
8	Worker Name, Signature, Date and Time	Workers receiving the briefing print their name, sign, date and enter the time they acknowledge the briefing.

CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site
6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)		6.c. ICS Form	6.d. Check	6.e. Comments
(q)(1)	Is the plan in writing?		SSP-A	<input type="checkbox"/>	
(1)	Is the plan available for inspection by employees?		N/A	<input type="checkbox"/>	Performance based
(q)(2)(i)	Does the plan address pre-emergency planning and coordination?		SSP-A	<input type="checkbox"/>	
(ii)	Does it address personnel roles?		SSP-A	<input type="checkbox"/>	
(ii)	Does it address lines of authority?		SSP-A	<input type="checkbox"/>	
(ii)	Does it address communications?		SSP-A	<input type="checkbox"/>	
(iii)	Does it address emergency recognition?		SSP-A	<input type="checkbox"/>	
(iii)	Does it address emergency prevention?		SSP-A	<input type="checkbox"/>	
(iv)	Does it identify safe distances?		SSP-A	<input type="checkbox"/>	
(iv)	Does it address places of refuge?		SSP-A	<input type="checkbox"/>	
(v)	Does it address site security and control?		SSP-A	<input type="checkbox"/>	
(vi)	Does it identify evacuation routes?		SSP-A	<input type="checkbox"/>	
(vi)	Does it identify evacuation procedures?		SSP-A	<input type="checkbox"/>	
(vii)	Does it address decontamination?		SSP-A	<input type="checkbox"/>	
(viii)	Does it address medical treatment and first aid?		SSP-A	<input type="checkbox"/>	
(ix)	Does it address emergency alerting procedures?		SSP-A	<input type="checkbox"/>	
(ix)	Does it address emergency response procedures		SSP-A	<input type="checkbox"/>	
(x)	Was the response critiqued?		N/A	<input type="checkbox"/>	Performance based
(xi)	Does it identify Personal Protection Equipment?		SSP-A	<input type="checkbox"/>	
(xi)	Does it identify emergency equipment?		SSP-A	<input type="checkbox"/>	
(q)(3)(ii)	All the hazardous substances identified to the extent possible?		N/A	<input type="checkbox"/>	Performance based
(ii)	All the hazardous conditions identified to the extent possible?		N/A	<input type="checkbox"/>	Performance based
(ii)	Was site analysis addressed?		N/A	<input type="checkbox"/>	Performance based
(ii)	Were engineering controls addressed?		N/A	<input type="checkbox"/>	Performance based
(ii)	Were exposure limits addressed?		N/A	<input type="checkbox"/>	Performance based
(ii)	Were hazardous substance handling procedures addressed?		N/A	<input type="checkbox"/>	Performance based
(iii)	Is the PPE appropriate for the hazards identified?		N/A	<input type="checkbox"/>	Performance based
(iv)	Is respiratory protection worn when inhalation hazards present?		N/A	<input type="checkbox"/>	Performance based
(v)	Is the buddy system used in the hazard zone?		N/A	<input type="checkbox"/>	Performance based
(vi)	Are backup personnel on standby?		N/A	<input type="checkbox"/>	Performance based
(vi)	Are advanced first aid support personnel standing by?		N/A	<input type="checkbox"/>	Performance based
(vii)	Has the ICS designated safety official been identified?		SSP-A	<input type="checkbox"/>	
(vii)	Has the Safety Official evaluated the hazards?		N/A	<input type="checkbox"/>	Performance based
(viii)	Can the Safety Official communicate with IC immediately?		N/A	<input type="checkbox"/>	Performance based
(ix)	Are appropriate decontamination procedures implemented?		N/A	<input type="checkbox"/>	Performance based

Emergency Safety & Response Plan Compliance Checklist Form A (ICS-208-CG SSP-J)

Purpose: The Emergency Safety and Response Plan 1910.120 Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response. It also identifies how form ICS-208-CG SSP-J can be used to satisfy the HAZWOPER requirements. This checklist is an optional form.

Preparation: The Emergency Safety and Response Plan 1910.120 Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). Many of the requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The Safety Officer should maintain The Emergency Safety and Response Plan (ERP) 1910.120 Compliance Checklist.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
5	Location of Site	Enter the site location.
6 a	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
6 b	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
6 c	ICS Form	Lists those requirements covered by ICS-208-CG SSP-A.
6 d	Check Block	Enter the check if the site satisfies the requirement.
6 f	Comments	This provides additional information on the requirement. The user may also enter comments.
7	Prepared by	Enter the name and position of the person completing the worksheet.

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site
6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments	
1910.120 (b)(1)(ii)(A)	Organizational structure?	203	<input type="checkbox"/>		
(B)	Comprehensive workplan?	IAP	<input type="checkbox"/>	Incident Action Plan	
(C)	Site Safety Plan?	SSP-B	<input type="checkbox"/>		
(D)	Safety and health training program?	N/A	<input type="checkbox"/>	Responsibility of each employer	
(E)	Medical surveillance program?	N/A	<input type="checkbox"/>	Responsibility of each employer	
(F)	Employer SOPs?	N/A	<input type="checkbox"/>	Responsibility of each employer	
(G)	Written program related to site activities?	N/A	<input type="checkbox"/>		
(b)(1)(iii)	Site excavation meets shored or slope requirements in 1926?	N/A	<input type="checkbox"/>		
(b)(2)(i)(D)	Lines of communication?	201 203 205	<input type="checkbox"/>		
(b)3(iv)	Training addressed?	N/A	<input type="checkbox"/>	Responsibility of each employer	
(v)-(vi)	Information and medical monitoring addressed?	N/A	<input type="checkbox"/>	Responsibility of each employer	
(b)4(i)	Site Safety Plan kept on site?	N/A	<input type="checkbox"/>		
(ii)(A)	Safety and health hazard analysis conducted?	N/A	<input type="checkbox"/>		
(B)	Properly trained employees assigned to right jobs?	N/A	<input type="checkbox"/>		
(C)	Personnel Protective Equipment issues addressed?	SSP-F	<input type="checkbox"/>		
(E)	Frequency and types of air monitoring addressed?	SSP-E	<input type="checkbox"/>		
(F)	Site control measures in place?	SSP-B	<input type="checkbox"/>		
(G)	Decontamination procedures in place?	SSP-G	<input type="checkbox"/>		
(H)	Emergency Response Plan in place?	SSP-D	<input type="checkbox"/>		
(I)	Confined space entry procedures?	SSP-B	<input type="checkbox"/>		
(J)	Spill containment program	SSP-B	<input type="checkbox"/>		
(iii)	Pre-entry briefings conducted?	SSP-I	<input type="checkbox"/>		
(iv)	Site Safety Plan effectiveness evaluated?	SSP-H	<input type="checkbox"/>		
(c)(1)	Site characterization done?	N/A	<input type="checkbox"/>		
(c)(2)	Preliminary evaluation done by qualified person?	N/A	<input type="checkbox"/>		
(c)(3)	Hazard identification performed?	SSP-B	<input type="checkbox"/>		
(c)(4)(i)	Location and size of site identified?	SSP-B	<input type="checkbox"/>		
(ii)	Response activities, job tasks identified?	SSP-B	<input type="checkbox"/>		
(iii)	Duration of tasks identified?	SSP-B	<input type="checkbox"/>	Operational period	
(iv)	Site topography and accessibility addressed?	SSP-C	<input type="checkbox"/>		
(v)	Health and safety hazards addressed?	SSP-B	<input type="checkbox"/>		
(vi)	Dispersion pathways addressed?	SSP-B	<input type="checkbox"/>		
(vii)	Status and capabilities of medical emergency response teams?	206	<input type="checkbox"/>		
(c)(5)(i)(iv)	Chemical protective clothing addressed and properly selected?	SSP-F	<input type="checkbox"/>		
(ii)	Respiratory protection addressed?	SSP-B and F	<input type="checkbox"/>		
(iii)	Level B used for unknowns?	N/A	<input type="checkbox"/>		

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST Form B (cont)	1. Incident Name	2. Date/Time Prepared	3. Operational Period		
6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments	
1910.120 (c)(6)(i)	Monitoring for ionization conducted?	SSP-E	<input type="checkbox"/>		
(ii)	Monitoring conducted for IDLH conditions?	SSP-E	<input type="checkbox"/>		
(iii)	Personnel looking out for dangers of IDLH environments?	N/A	<input type="checkbox"/>		
(iv)	Ongoing air monitoring program in place?	SSP-E	<input type="checkbox"/>		
(c)(7)	Employees informed of potential hazard occurrence?	SSP-B	<input type="checkbox"/>		
(c)(8)	Properties of each chemical made aware to employees?	SSP-B	<input type="checkbox"/>		
(d)(1)	Appropriate site control procedures in place?	IAP, SSP-B	<input type="checkbox"/>		
(d)(2)	Site control program developed during planning stages?	IAP, SSP-B	<input type="checkbox"/>		
(d)(3)	Site map, work zones, alarms, communications addressed?	IAP, SSP-B	<input type="checkbox"/>		
(g)(1)(i)	Engineering, admin controls considered?	SSP-B	<input type="checkbox"/>		
(iii)	Personnel not rotated to reduce exposures?	N/A	<input type="checkbox"/>		
(g)(5)(i)	PPE selection criteria part of employer's program?	N/A	<input type="checkbox"/>	Responsibility of employer	
(ii)	PPE use and limitations identified?	SSP-F	<input type="checkbox"/>		
(iii)	Work mission duration identified?	SSP-F	<input type="checkbox"/>		
(iv)	PPE properly maintained and stored?	N/A	<input type="checkbox"/>	Responsibility of employer	
(vi)	Are employees properly trained and fitted with PPE?	N/A	<input type="checkbox"/>	Responsibility of employer	
(vii)	Are donning and doffing procedures identified?	SSP-F	<input type="checkbox"/>		
(viii)	Are inspection procedures properly identified?	SSP-F	<input type="checkbox"/>		
(ix)	Is a PPE evaluation program in place?	SSP-F	<input type="checkbox"/>		
(h) (3)	Periodic monitoring conducted?	SSP-E	<input type="checkbox"/>		
(k)(2)(i)	Have decontamination procedures been established?	SSP-G	<input type="checkbox"/>		
(ii)	Are procedures in place for contamination avoidance?	SSP-G	<input type="checkbox"/>		
(iii)	Is personal clothing properly deconned prior to leaving the site?	SSP-G	<input type="checkbox"/>		
(iv)	Are decontamination deficiencies identified and corrected?	SSP-H	<input type="checkbox"/>		
(k)(3)	Are decontamination lines in the proper location?	SSP-C	<input type="checkbox"/>		
(k)(4)	Are solutions/equipment used in decon properly disposed of?	N/A	<input type="checkbox"/>		
(k)(6)	Is protective clothing and equipment properly secured?	N/A	<input type="checkbox"/>		
(k)(7)	If cleaning facilities are used, are they aware of the hazards?	N/A	<input type="checkbox"/>		
(k)(8)	Have showers and change rooms provided, if necessary?	N/A	<input type="checkbox"/>		
(l)(1)(iii)	Are provisions for reporting emergencies identified?	SSP-D	<input type="checkbox"/>		
(iv)	Are safe distances and places of refuge identified?	SSP-B and C	<input type="checkbox"/>		
(v)	Site security and control addressed in emergencies?	SSP-D	<input type="checkbox"/>		
(vi)	Evacuation routes and procedures identified?	SSP-D	<input type="checkbox"/>		
(vii)	Emergency decontamination procedures developed?	SSP-D	<input type="checkbox"/>		
(ix)	Emergency alerting and response procedures identified?	SSP-D	<input type="checkbox"/>		
(x)	Response teams critiqued and followup performed?	SSP-H	<input type="checkbox"/>		
(xi)	Emergency PPE and equipment available?	SSP-D	<input type="checkbox"/>		

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST Form B (cont)	1. Incident Name	2. Date/Time Prepared	3. Operational Period		
6.a. Cite:	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments	
1910.120 (1)(3)(i)	Emergency notification procedures identified?	SSP-D	<input type="checkbox"/>		
(ii)	Emergency response plan separate from Site Safety Plan?	SSP-D	<input type="checkbox"/>		
(iii)	Emergency response plan compatible with other plans?	SSP-D	<input type="checkbox"/>		
(iv)	Emergency response plan rehearsed regularly?	SSP-D	<input type="checkbox"/>		
(v)	Emergency response plan maintained and kept current?	SSP-H	<input type="checkbox"/>		
1910.165 (b)(2)	Can alarms be seen/heard above ambient light and noise levels?	N/A	<input type="checkbox"/>		
(b)(3)	Are alarms distinct and recognizable?	N/A	<input type="checkbox"/>		
(b)(4)	Are employees aware of the alarms and are they accessible?	SSP-D	<input type="checkbox"/>		
(b)(5)	Are emergency phone numbers, radio frequencies clearly posted?	206	<input type="checkbox"/>		
(b)(6)	Signaling devices in place where there are 10 or more workers?	IAP	<input type="checkbox"/>		
(c)(1)	Are alarms like steam whistles, air horns being used?	IAP	<input type="checkbox"/>		
(d)(3)	Are backup alarms available?	IAP	<input type="checkbox"/>		
(m)	Are areas adequately illuminated?	IAP	<input type="checkbox"/>		
(n)(1)(i)	Is an adequate supply of potable water available?	IAP	<input type="checkbox"/>		
(ii)	Are drinking water containers equipped with a tap?	IAP	<input type="checkbox"/>		
(iii)	Are drinking water containers clearly marked?	IAP	<input type="checkbox"/>		
(iv)	Is a drinking cup receptacle available and clearly marked?	IAP	<input type="checkbox"/>		
(n)(2)(i)	Are non-potable water containers clearly marked?	IAP	<input type="checkbox"/>		
(n)(3)(i)	Are their sufficient toilets available?	IAP	<input type="checkbox"/>		
(n)(4)	Have food handling issues been addressed?	IAP	<input type="checkbox"/>		
(n)(6)	Have adequate wash facilities been provided outside hazard zone?	IAP	<input type="checkbox"/>		
(n)(7)	If response is greater than 6 months, have showers been provided?	IAP	<input type="checkbox"/>		
7. Prepared By:		ICS-208-CG SSP-K (rev 9/06): Page 3. Page ____ of ____			

HAZWOPER 1910.120 COMPLIANCE CHECKLIST FORM B (ICS-208-CG SSP-K)

Purpose: The HAZWOPER 1910.120 Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response. It also identifies how other ICS forms can be used to satisfy the HAZWOPER requirements. This is an optional form.

Preparation: The HAZWOPER 1910.120 Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). The Site Safety Plan Forms (A-G) best meet some of the requirements. The Incident Action Plan is suited to address other requirements, and the Safety Officer should ensure the IAP addresses them. Other requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The HAZWOPER 1910.120 Compliance Checklist should be maintained by the Safety Officer.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
5	Location of Site	Enter the site location.
6.a.	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
6.b.	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
6.c.	ICS Form	Lists those ICS Forms that cover the requirement. IAP designations means it should be covered in IAP, it does not guarantee it is covered. The Safety Officer must ensure this.
6.d.	Check Block	Enter the check if the site satisfies the requirement.
6.e.	Comments	This provides information on where else the requirement may be met. The user may also enter comments.
7	Prepared by	Enter the name and position of the person completing the worksheet.

CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:		8. Note: <u>tanks and vaults</u> should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards.	
9.a. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted)	9.b. Requirement		9.c. Check	9.d. Comments	
(j)(1)(ii)	Drums meet DOT, OSHA, EPA regs for waste they contain, including shipment?		<input type="checkbox"/>		
(ii)	Drums inspected and integrity ensured prior to movement?		<input type="checkbox"/>		
(iii)	Or drums moved to an accessible location (staging area) prior to movement?		<input type="checkbox"/>		
(iv)	Unlabelled drums treated as unknown until properly identified and labeled?		<input type="checkbox"/>		
(v)	Site activities organized to minimize drum handling?		<input type="checkbox"/>		
(vi)	Employers properly warned about the hazards of moving and handling drums?		<input type="checkbox"/>		
(vii)	Suitable overpack drums are available for addressing leaking and ruptured drums?		<input type="checkbox"/>		
(viii)	Leaking materials from drums properly contained?		<input type="checkbox"/>		
(ix)	Are drums that cannot be moved, emptied of contents with transfer equipment?		<input type="checkbox"/>		
(x)	Are suspect buried drums surveyed with underground detection system?		<input type="checkbox"/>		
(xi)	Are soil and covering material above buried drums removed with caution?		<input type="checkbox"/>		
(xii)	Is the proper extinguishing equipment on scene to control incipient fires?		<input type="checkbox"/>		
(j)(2)(i)	Are airlines on supplied air systems protected from leaking drums?		<input type="checkbox"/>		
(ii)	Are employees at a safe distance, using remote equipment, when handling explosive drums?		<input type="checkbox"/>		
(iii)	Are explosive shields in place to protect workers opening explosive drums?		<input type="checkbox"/>		
(iv)	Is response equipment positioned behind shields when shields are used?		<input type="checkbox"/>		
(v)	Are non-sparking tools used in flammable or potentially flammable atmospheres?		<input type="checkbox"/>		
(vi)	Are drums under extreme pressure opened slowly & workers protected by shields/distance?		<input type="checkbox"/>		
(vii)	Are workers prohibited from standing and working on drums?		<input type="checkbox"/>		
(j)(3)	Is the drum handling equipment positioned and operated to minimize sources of ignition?		<input type="checkbox"/>		
(j)(5)(i)	For shock sensitive drums, have all non-essential employees been evacuated?		<input type="checkbox"/>		
(ii)	For shock sensitive drums: is handling equipment provided with shields to protect workers?		<input type="checkbox"/>		
(iii)	Are alarms that announce start/finish of explosive drum handling actions in place?		<input type="checkbox"/>		
(iv)	Are continuous communications in place between the drum handling site & command post?		<input type="checkbox"/>		
(v)	Are drums under pressure properly controlled for prior to handling?		<input type="checkbox"/>		
(vi)	Are drums containing packaged laboratory wastes treated as shock sensitive?		<input type="checkbox"/>		
(j)(6)(i)	Are lab packs opened by trained and experienced personnel?		<input type="checkbox"/>		
(ii)	Are lab packs showing crystallization treated as shock sensitive?		<input type="checkbox"/>		
(j)(8)(ii-iii)	Are drum staging areas manageable with marked access and egress?		<input type="checkbox"/>		
(iv)	Is bulking of drums conducted only after drum contents have been properly identified?		<input type="checkbox"/>		
10. Prepared By:			Form SSP-L (rev 9/06) Page ____ of ____		

HAZWOPER 1910.120 DRUM COMPLIANCE CHECKLIST (ICS-208-CG SSP-L)

Purpose: The HAZWOPER 1910.120 Drum Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response whenever drums are encountered during an incident. This is an optional form.

Preparation: The HAZWOPER 1910.120 Drum Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). The Site Safety Plan Forms (A-G) best meet some of the requirements. Other requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The HAZWOPER 1910.120 Drum Compliance Checklist should be maintained by the Safety Officer.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Note	<u>Tanks and vaults</u> should also be treated in the same manner as described in the checklist (1910.120((j)(9)).
9.a.	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
9.b.	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
9.c.	Check Block	Enter the check if the site satisfies the requirement.
9.d.	Comments	This provides information on where else the requirement may be met. The user may also enter comments.
10	Prepared by	Enter the name and position of the person completing the worksheet.

1. Incident Name	2. Operational Period (Date / Time) From: To: Time of Report	INCIDENT STATUS SUMMARY ICS 209-CG	
3. Type of Incident			
<input type="checkbox"/> Oil Spill	<input type="checkbox"/> HAZMAT	<input type="checkbox"/> AMIO	
<input type="checkbox"/> SAR/Major SART	<input type="checkbox"/> SI/Terrorism	<input type="checkbox"/> Natural Disaster	
<input type="checkbox"/> Marine Disaster	<input type="checkbox"/> Civil Disturbance	<input type="checkbox"/> Military Outload	
<input type="checkbox"/> Planned Event	<input type="checkbox"/> Maritime HLS/Prevention	<input type="checkbox"/>	
4. Situation Summary as of Time of Report:			
5. Future Outlook/Goals/Needs/Issues:			
6. Safety Status/Personnel Casualty Summary			
	Since Last Report	Adjustments To Previous Op Period	Total
Responder Injury			
Responder Death			
Public Missing (Active Search)			
Public Missing (Presumed Lost)			
Public Uninjured			
Public Injured			
Public Dead			
Total Public Involved			
7. Property Damage Summary			
Vessel			\$
Cargo			\$
Facility			\$
Other			\$
8. Attachments with clarifying information			
<input type="checkbox"/> Oil/HAZMAT	<input type="checkbox"/> SAR/LE	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Marine Disaster	<input type="checkbox"/> Civil Disturbance	<input type="checkbox"/>	Military Outload

9. Equipment Resources

Kind	Notes	# Ordered	# Available	# Assigned	# Out of Service
<u>USCG Assets</u>					
Aircraft – Helo					
Aircraft – Fixed Wing					
Vessels – USCG Cutter					
Vessels – Boat					
Vehicles – Car					
Vehicles – Truck					
Pollution Equip – VOSS/SORS					
Pollution Equip – Portable Storage					
Pollution Equip – Boom					
<u>Non-CG/Other Assets</u>					
Aircraft – Helo					
Aircraft – Fixed Wing					
Vessels – SAR/LE Boat					
Vessels – Work/Crew Boat					
Vessels – Tug/Tow Boat					
Vessels – Pilot Boat					
Vessels – Deck Barge					
Vessels –					
Vehicles – Car					
Vehicles – Ambulance					
Vehicles – Truck					
Vehicles – Fire/Rescue/HAZMAT					
Vehicles – Vac/Tank Truck					
Vehicles –					
Pollution Equip – Skimmers					
Pollution Equip – Tank Vsl/ Barge					
Pollution Equip – Portable Storage					
Pollution Equip – OSRV					
Pollution Equip – Boom					
Pollution Equip –					

10. Personnel Resources

Agency	Total # of People
USCG	
DHS (other than USCG)	
NOAA	
FBI	
DOD (USN Supsalv, CST, etc.)	
DOI (US Fish & Wildlife, Nat Parks, BLM, etc.)	
RP	
State	
Local	
Total Personnel Resources Used From all Organizations:	

11. Prepared by:	Date/Time Prepared:
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1. Incident Name	2. Operational Period (Date / Time) From: To: Time of Report	ICS 209-CG OIL/HAZMAT ATTACHMENT
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3. HAZMAT/Oil Spill Status (Estimated, in gallons)

Common Name(s):

UN Number:	<input type="checkbox"/> Secured	<input type="checkbox"/> Unsecured	
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CAS Number:	Remaining Potential (bb):
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	Rate of Spillage (bb/hr):
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	Adjustments To Previous Operational Period	Since Last Report	Total
Volume Spilled/Released			

Mass Balance - HAZMAT/Oil Budget

Recovered HAZMAT/Oil			
Evaporation/Airborne			
Natural Dispersion			
Chemical Dispersion			
Burned			
Floating, Contained			
Floating, Uncontained			
Onshore			
<u>Total HAZMAT/Oil accounted for:</u>	N/A	N/A	

Comments:

4. HAZMAT/Oil Waste Management (Estimated, Since Last Report)

	Recovered	Disposed	Stored
HAZMAT/Oil (bb)			
Oily Liquids (bb)			
Liquids (bb)			
Oily Solids (tons)			
Solids (tons)			

Comments:

5. HAZMAT/Oil Shoreline Impacts (Estimated in miles)

Degree of Impact	Affected	Cleaned	To Be Cleaned
Light			
Medium			
Heavy			
Total			

Comments:

6. HAZMAT/Oil Wildlife Impacts (Since Last Report)

Type of Wildlife	Captured	Cleaned	Released	DOA	Died in Facility	
					Euthanized	Other
Birds						
Mammals						
Reptiles						
Fish						
Total						

Comments:

7. Prepared by:	Date/Time Prepared:
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1. Incident Name		2. Operational Period (Date / Time) From: To: Time of Report		ICS 209-CG SAR/LE ATTACHMENT	
3. Evacuation Status					
	Since Last Report	Adjustments To Previous Operational Period	Total		
Total to be Evacuated					
Number Evacuated					
4. Migrant Interdiction Status					
	Since Last Report	Adjustments To Previous Op Period	Total		
Vessels Interdicted					
Migrants Interdicted at Sea					
Migrants Interdicted Ashore					
Injured					
MEDEVAC'd					
Deaths					
Migrants Repatriated					
5. Sorties/Patrols Summary (List of Sorties Since Last Report)					
<u>Air</u>		Since Last Report	Total		
Number of Sorties/Patrols					
Area Covered (square miles)					
Total Time On-Scene (In Hours)					
<u>Surface</u>		Since Last Report	Total		
Number of Sorties/Patrols					
Area Covered (square miles)					
Total Time On-Scene (In Hours)					
6. Use of Force Summary					
<u>Category</u>		Since Last Report	Total		
III - Soft Empty Hand Control					
IV - Hard Empty Hand Control					
V - Intermediate Weapons					
VI - Deadly Force					
VSL - Force to Stop Vessel from Cutter/Boat					
A/C - Force to Stop Vessel From Aircraft					
Arrests					
Seizures					
Deaths					
7. Operational Controls Summary					
<u>Currently In Force</u>					
Type	Initiating Unit	Initiated Date	Activity #		
<u>Removed Since Last Report</u>					
Type	Initiating Unit	Initiated Date	Date Removed	Activity #	
18. Prepared by:				Date/Time Prepared:	

UNIT LOG (ICS FORM 214-CG)

Purpose. The Unit Log records details of unit activity, including strike team activity or individual activity. These logs provide the basic reference from which to extract information for inclusion in any after-action report.

Preparation. A Unit Log is initiated and maintained by Command Staff members, Division/Group Supervisors, Air Operations Groups, Strike Team/Task Force Leaders, and Unit Leaders. Completed logs are submitted to supervisors who forward them to the Documentation Unit.

Distribution. The Documentation Unit maintains a file of all Unit Logs. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Check-In Location	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Unit Name/Designators	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4.	Unit Leader	Enter the name and ICS Position of the individual in charge of the Unit.
5.	Personnel Assigned	List the name, position, and home base of each member assigned to the unit during the operational period.
6.	Activity Log	Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.)
7.	Prepared By	Enter name and title of the person completing the log. Provide log to immediate supervisor, at the end of each operational period.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name		2. Operational Period (Date / Time) From: _____ To: _____				AIR OPERATIONS SUMMARY ICS 220-CG							
3. Distribution <input type="checkbox"/> Fixed-Wing Bases _____ <input type="checkbox"/> Helibase _____													
4. Personnel and Communications						5. Remarks (Spec. Instructions, Safety Notes, Hazards, Priorities)							
		Air Operations Director	Air / Air Frequency	Air / Ground Frequency									
Air Operations Director		_____	_____	_____									
Air Tactical Supervisor		_____	_____	_____									
Air Support Supervisor		_____	_____	_____									
Helicopter Coordinator		_____	_____	_____									
Fixed-Wing Coordinator		_____	_____	_____									
<hr/>													
6. Location / Function	7. Assignment	8. Fixed-Wing		9. Helicopter		10. Time		11. Aircraft Assigned	12. Operating Base				
		NO.	TYPE	NO.	TYPE	Available	Commence						
13. TOTALS													
14. Air Operation Support Equipment					15. Prepared by _____ Date / Time _____								
AIR OPERATIONS SUMMARY								ICS 220-CG (Rev.07/04)					

1. Incident Name	2. Operational Period (Date / Time) From: _____ To: _____	DEMOB. CHECK-OUT ICS 221-CG
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3. Unit / Personnel Released	4. Release Date / Time
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5. Unit / Personnel

You and your resources have been released, subject to signoff from the following:
(Demob. Unit Leader "X" appropriate box(es))

Logistics Section

Supply Unit _____

Communications Unit _____

Facilities Unit _____

Ground Unit _____

Planning Section

Documentation Unit _____

Finance / Admin. Section

Time Unit _____

Other

6. Remarks

7. Prepared by: _____	Date / Time _____
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DEMOB. CHECK-OUT (ICS 221-CG)

Purpose. This form provides the Planning Section information on resource releases from the incident.

Preparation. The Demobilization Unit Leader or the Planning Section initiates this form. The Demobilization Unit Leader completes the top portion of the form after the resource supervisor has given written notification that the resource is no longer needed.

Distribution. The individual resource will have the unit leader initial the appropriate box(es) in item 5 prior to release from the incident. After completion, the form is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Strike Team / Unit / Personnel Released	Enter name of Strike Team, Unit or personnel being released.
4.	Release Date/Time	Enter date (month, day, year) and time (24-hour clock) of anticipated release.
5.	Strike Team / Unit / Personnel	Demobilization Unit Leader will enter an "X" in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. NOTE: Blank boxes are provided for any additional unit requirements as needed, (e.g., Safety Officer, Agency Rep., etc.)
6.	Remarks	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.).
7.	Prepared By	Enter name and title of the person preparing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).