

OFFICE OF THE CHIEF OF POLICE

ADMINISTRATIVE ORDER NO. 10

September 16, 2015

SUBJECT: INCIDENT COMMAND SYSTEM FORMS – ACTIVATED

PURPOSE: The Incident Command System (ICS) uses a series of standard forms, which have been developed by the National Incident Management System (NIMS), Federal Emergency Management Agency (FEMA). These forms convey directions for the accomplishment of objectives and for the distribution of information. This Order activates seven official Department ICS forms.

PROCEDURE: The following ICS Forms have been activated and assigned with Department form numbers:

- I. SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218), FORM 14.20.18.** This form is used and maintained by the Ground Support Unit to provide an inventory of all transportation and support vehicles and equipment assigned to an incident. The Resources Unit also utilizes this information to initiate and maintain status/resource information.
- II. AIR OPERATIONS SUMMARY (ICS 220), FORM 14.20.20.** This form is used to provide the Air Operations Branch with the number, type, location, and specific assignments of helicopters and air resources.
- III. INCIDENT OPEN ACTION TRACKER (ICS 233), FORM 14.20.33.** This form is used by the Incident Commander/Unified Command (IC/UC) to assign and track tasks/actions to Incident Management Team (IMT) personnel that do not rise to the level of being an Incident Objective.
- IV. FACILITY NEEDS ASSESSMENT WORKSHEET (ICS 235), FORM 14.20.35.** This form is used as a planning tool to develop the Incident Command Post (ICP) plan in a structured and disciplined manner.
- V. SAFETY MESSAGE/PLAN (ICS 208), FORM 14.20.58.** This form is used to expand on the Safety Message and Site Safety Plan by the Safety Officer for the Incident Action Plan (IAP).
- VI. GENERAL MESSAGE (ICS 213), FORM 14.20.63.** This form is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. This form is also used by the ICP and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues) to the Incident Communications Center for transmission via radio or telephone to the addressee. Additionally, this form is used to send any message or notification to incident personnel that requires hard-copy delivery.

- VII. INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A), FORM 14.20.65.** This form is used to aid the Safety Officer in completing an operational risk assessment to prioritize safety and health issues, and to develop appropriate controls. This form addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

For completion and distribution of these forms, please refer to Volume 2 of the Emergency Operations Guide.

FORM AVAILABILITY: The Support Vehicle/Equipment Inventory (ICS 218); Air Operations Summary (ICS 220); Incident Open Action Tracker (ICS 233); Facility Needs Assessment Worksheet (ICS 235); Safety Message/Plan (ICS 208); General Message (ICS 213); and, Incident Action Plan Safety Analysis (ICS 215A) are attached for immediate use and duplication and are available in E-Forms on the Department's Local Area Network. The "Form Use" link applicable to the activated ICS forms has been updated.

AUDIT RESPONSIBILITY: The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



CHARLIE BECK
Chief of Police

Attachments

DISTRIBUTION "D"

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

1. Incident Name:			2. Incident Number:		3. Date/Time Prepared: Date: _____ Time: _____			4. Vehicle/Equipment Category:			
5. Vehicle/Equipment Information:											
Order Request Number	Incident ID Number	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/ Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID Number	Incident Assignment	Incident Start Date and Time	Incident Release Date and Time
6. Prepared by: Name/Serial No.: _____						Position/Title: _____			Signature: _____		

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:		2. Operational Period: Start Date: _____ End Date: _____ Start Time: _____ End Time: _____			3. Sunrise: _____ Sunset: _____	
4. Remarks (Safety notes, hazards, air operations special equipment, etc.):			5. Ready Alert Aircraft: Medivac: _____ New Incident: _____		6. Temporary Flight Restriction Number: Altitude: _____ Center Point: _____	
			8. Frequencies:		9. Fixed-Wing (category/kind/type, make/model, N#, base):	
				AM		
			Air/Air Fixed-Wing		Air Tactical Group Supervisor Aircraft:	
7. Personnel:		Name:	Phone Number:	Air/Air Rotary-Wing - Flight Following		
Air Operations Branch Director				Air/Ground		
Air Support Group Supervisor				Command		Other Fixed-Wing Aircraft:
Air Tactical Group Supervisor				Deck Coordinator		
Helicopter Coordinator				Take-Off & Landing Coordinator		
Helibase Manager				Air Guard		
10. Helicopters (use additional sheets as necessary):						
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks
11. Prepared by: Name/Serial No.: _____			Position/Title: _____		Signature: _____	
			Date/Time: _____			

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:	2. Operational Period: Start Date: _____ End Date: _____ Start Time: _____ End Time: _____	3. Sunrise: _____ Sunset: _____
--------------------------	---	---

12. Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.):				
Category/Kind/Type and Function	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	Mission Start	Fly From	Fly To

11. Prepared by: Name/Serial No.: _____	Position/Title: _____	Signature: _____
Date/Time: _____		

INCIDENT OPEN ACTION TRACKER (ICS 233)

1. Incident Name:							
2. No.	3. Item:	4. For/POC:	5. Briefed POC (X):	6. Start Date:	7. Status:	8. Target Date:	9. Actual Date:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

FACILITY NEEDS ASSESSMENT WORKSHEET (ICS 235)

1. Incident Name:		3. Facilities		4. Requirements																					
2. Location	ICP	Unified Command	REQ	# Expected Personnel	Internal/Building Workspace Sq Ft (80 sq ft/pers)	Wall Space Linear Sq Ft	Multi-Purpose Mgt Rm Sq Ft (20 sq ft/pers + display space)	External/Outside Laydown Sq Ft	Parking Space Sq Ft (120 sq ft/vehicle X 1.4 circulation factor)	Climate Control (HVAC) Needed - yes/no	Toilet Rooms	Work Tables	Conference Table	Chairs	Telephones	Speaker Phone	Fax Machines	Power Outlets	Comp Workstations	Printers	Chart Printer/ChartPro	Video Projectors	Copy Machines	Paper Shredders	
		Liaison Officer & Agency Reps	REQ																						
		Safety Officer	REQ																						
		Public Information Officer	REQ																						
		Planning Section	REQ																						
		Operations Section	REQ																						
		Logistics Section	REQ																						
		Finance/Admin Section	REQ																						
		Common Areas	REQ																						
		Base	REQ																						
		JIC	REQ																						
		JIC	REQ																						
		Staging	REQ																						
			REQ																						
			REQ																						
			REQ																						
			REQ																						

5. Prepared By: _____ Name/Serial No.: _____ Position/Title: _____ Signature: _____

6. Date/Time Prepared: _____

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: _____	2. Operational Period: Start Date: _____ Start Time: _____	End Date: _____ End Time: _____
-------------------------	---	------------------------------------

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

4. Site Safety Plan Required? Yes No
Approved Site Safety Plan(s) Located at: _____

5. Prepared by:
 Name/Serial No.: _____ Position/Title: _____ Signature: _____
 Date/Time: _____

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional) :		
2. To (Name and Position) :		
3. From (Name and Position) :		
4. Subject:	5. Date:	6. Time:
7. Message:		
8. Approved by: Name/Serial No.: _____ Position/Title: _____ Signature: _____		
9. Reply:		
10. Replied by: Name/Serial No.: _____ Position/Title: _____ Signature: _____ Date/Time: _____		

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:		2. Incident Number:	
3. Date/Time Prepared: Date: _____ Time: _____		4. Operational Period: Start Date: _____ End Date: _____ Start Time: _____ End Time: _____	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
8. Prepared by:			
(Safety Officer): Name/Serial No.: _____		Signature: _____	
(Operations Section Chief): Name/Serial No.: _____		Signature: _____	
Date/Time: _____			