

# Incident Action Plan

for

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## Operational Period

<b>Date From:</b>		<b>Date To:</b>	
<b>Time From:</b>		<b>Time To:</b>	

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# Incident Briefing (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
4. <b>Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):		
5. <b>Situation Summary</b> (for briefings or transfer of command):		
6. Prepared by: _____	Position Title: _____	Signature: _____
ICS 201, Page 3	Date/Time: _____	



# Incident Briefing (ICS 201)

1. Incident Name:

2. Incident Number:

3. Date/Time Initiated:

Date:

Time:

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

Incident Commander(s)

Liaison Officer

Safety Officer

Public Information Officer

Planning Section Chief

Operations Section Chief

Finance/Administration Section Chief

Logistics Section Chief

Division or Group

6. Prepared by:

Position Title:

Signature:

ICS 201, Page 3

Date/Time:



# INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:													
3. Objective(s):															
4. Operational Period Command Emphasis:															
General Situational Awareness:															
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:															
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table border="0"><tr><td><input type="checkbox"/> ICS 202</td><td><input type="checkbox"/> ICS 206</td><td rowspan="6"><u>Other Attachments:</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td></td><td></td></tr></table>			<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents		
<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207														
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208														
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart														
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents														
7. Prepared by: Name: _____ Position Title: _____ Signature: _____															
8. Approved by Incident Commander: Name: _____ Signature: _____															
ICS 202	IAP Page _____	Date/Time: _____													

## ORGANIZATION ASSIGNMENT LIST(ICS 203)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>	
IC/UC's		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		<b>Branch</b>	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
<b>4. Agency/Organization Representatives:</b>		Division/Group	
Agency/Organization	Name	Division/Group	
		<b>Branch</b>	
		Branch Director	
		Deputy	
<b>5. Planning Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Division/Group	
Demobilization Unit		Division/Group	
Technical Specialists:		<b>Branch</b>	
		Branch Director	
		Deputy	
		Division/Group	
<b>6. Logistics Section:</b>		Division/Group	
Chief		<b>Air Operations Branch</b>	
Deputy		Air Ops Branch Dir.	
<b>Support Branch</b>			
Director			
Supply Unit			
Facilities Unit		<b>8. Finance Administration Section:</b>	
Ground Support Unit		Chief	
<b>Service Branch</b>		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
<b>9. Prepared By: Name:</b> _____		<b>Position/Title</b> _____ <b>Signature:</b> _____	
ICS 203	IAP Page	Date/Time: _____	



## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> 	<b>2. Date/Time Prepared:</b> Date: _____ Time: _____	<b>3. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment (Div/Group/etc.)	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
	2	<i>Command</i>								
	6	<i>Support/Logs</i>								
		<i>Tactical</i>		<i>West Div</i>	<i>West</i>		<i>West</i>			<i>West</i>

**5. Special Instructions:**

<b>6. Prepared by</b> (Communications Unit Leader): _____	Name: _____	Signature: _____
ICS 205	IAP Page	Date/Time: _____



## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

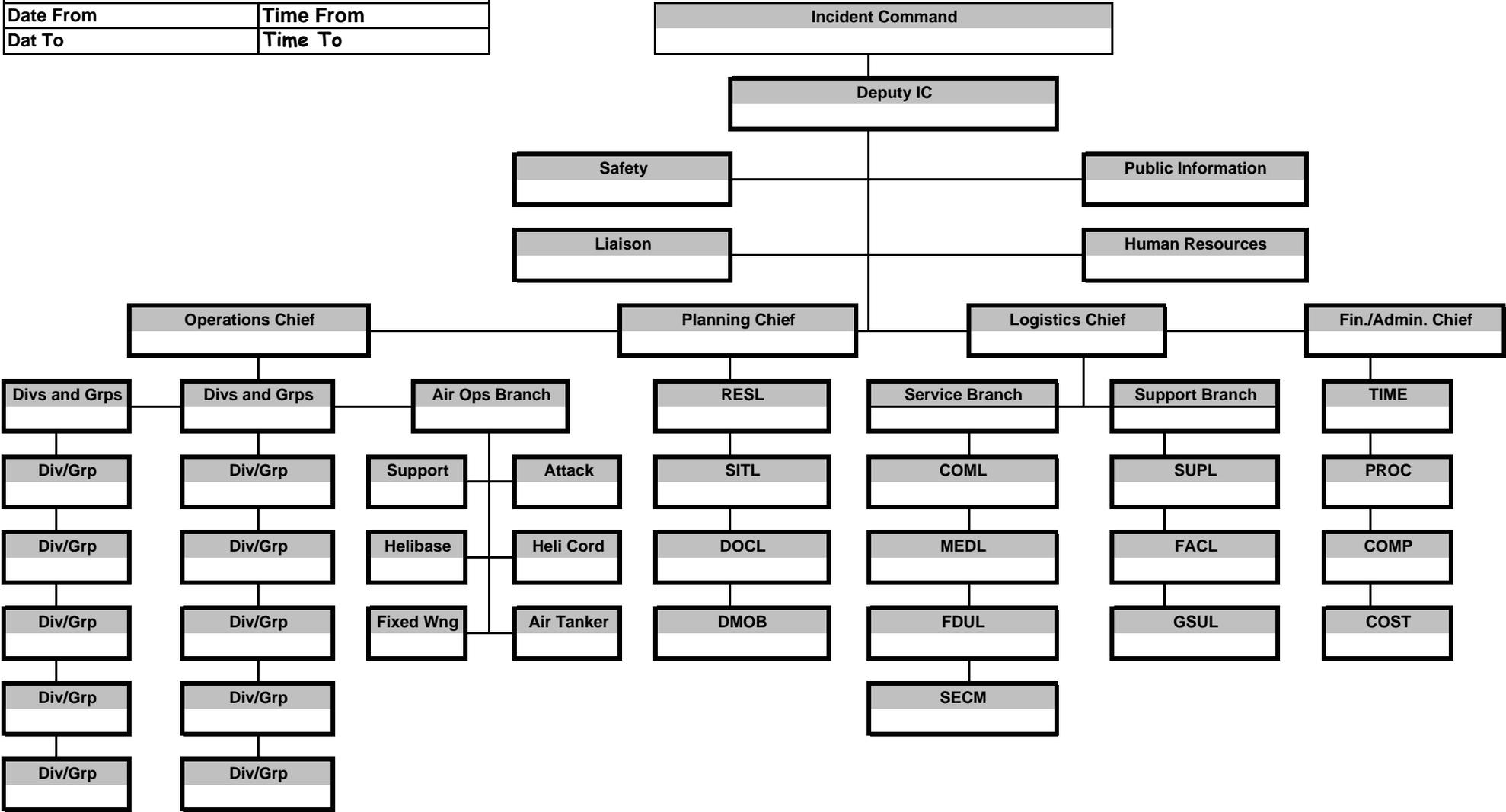
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:
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Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

<b>7. Prepared by</b> (Medical Unit Leader):	Name: _____	Signature: _____
<b>8. Approved by</b> (Safety Officer):	Name: _____	Signature: _____
<b>ICS 206</b>	<b>IAP Page</b>	Date/Time: _____

<b>Incident Name</b>	
<b>Date From</b>	<b>Time From</b>
<b>Dat To</b>	<b>Time To</b>



Agency Representatives	
Agency	Name

Technical Specialists
Name and Specailty

# SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b>	Date From:	Date To:
		Time From:	Time To:

**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: \_\_\_\_\_    Position/Title: \_\_\_\_\_    Signature: \_\_\_\_\_

ICS 208	IAP Page	Date/Time:
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# Incident Status Summary (ICS 209)

<b>*1. Incident Name:</b>		<b>2. Incident Number:</b>	
<b>*3. Report Version</b> (check one box on left):		<b>*4. Incident Commander(s) &amp; Agency or Organization:</b>	<b>5. Incident Management Organization:</b>
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final	<b>Rpt # (if used):</b>		
			Date: _____ Time: _____ Time Zone: _____
<b>7. Current Incident Size or Area Involved</b> (use unit label – e.g., “sq mi,” “city block”):	<b>8. Percent (%) Contained or Completed:</b>	<b>*9. Incident Definition:</b>	<b>10. Incident Complexity Level:</b>
			<b>*11. For Time Period:</b>
			From Date/Time: _____ To Date/Time: _____

### Approval & Routing Information

<b>*12. Prepared By:</b>		<b>*13. Date/Time Submitted:</b>
Print Name: _____	ICS Position: _____	Time Zone: _____
Date/Time Prepared: _____		
<b>*14. Approved By:</b>		<b>*15. Primary Location, Organization, or Agency Sent To:</b>
Print Name: _____	ICS Position: _____	
Signature: _____		

### Incident Location Information

<b>*16. State:</b>	<b>*17. County/Parish/Borough:</b>	<b>*18. City:</b>
<b>19. Unit or Other:</b>	<b>*20. Incident Jurisdiction:</b>	<b>21. Incident Location Ownership</b> (if different than jurisdiction):
<b>22. Longitude</b> (indicate format):	<b>23. US National Grid Reference:</b>	<b>24. Legal Description</b> (township, section, range):
<b>Latitude</b> (indicate format):		
<b>*25. Short Location or Area Description</b> (list all affected areas or a reference point):		<b>26. UTM Coordinates:</b>
<b>27. Note any electronic geospatial data included or attached</b> (indicate data format, content, and collection time information and labels):		

### Incident Summary

<b>*28. Significant Events for the Time Period Reported</b> (summarize significant progress made, evacuations, incident growth, etc.):				
<b>29. Primary Materials or Hazards Involved</b> (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
<b>30. Damage Assessment Information</b> (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	G. Other Minor Structures			

# Incident Status Summary (ICS 209)

<b>*1. Incident Name:</b>	<b>2. Incident Number:</b>
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**Additional Incident Decision Support**

	A. # This Reporting Period	B. Total # to Date		A. # This Reporting Period	B. Total # to Date
<b>*31. Public Status Summary:</b>			<b>*32. Responder Status Summary:</b>		
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing (note if estimated)			G. Missing		
H. Evacuated (note if estimated)			H. Sheltering in Place		
I. Sheltering in Place (note if est.)			I. Have Received Immunizations		
J. In Temporary Shelters (note if est.)			J. Require Immunizations		
K. Have Received Mass Immunization			K. In Quarantine		
L. Require Immunizations (note if est.)					
M. In Quarantine					
N. Total # Civilians (Public) Affected:			N. Total # Responders Affected:		

<b>33. Life, Safety, and Health Status/Threat Remarks:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%;">A. Check if Active</th> </tr> </thead> <tbody> <tr> <td><b>*34. Life, Safety, and Health Threat Management:</b></td> <td></td> </tr> <tr> <td>A. No Likely Threat</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. Potential Future Threat</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>C. Mass Notifications in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>D. Mass Notifications Completed</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>E. No Evacuation(s) Imminent</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>F. Planning for Evacuation</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>G. Planning for Shelter-in-Place</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>H. Evacuation(s) in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I. Shelter-in-Place in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>J. Repopulation in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>K. Mass Immunization in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>L. Mass Immunization Complete</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>M. Quarantine in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>N. Area Restriction in Effect</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		A. Check if Active	<b>*34. Life, Safety, and Health Threat Management:</b>		A. No Likely Threat	<input type="checkbox"/>	B. Potential Future Threat	<input type="checkbox"/>	C. Mass Notifications in Progress	<input type="checkbox"/>	D. Mass Notifications Completed	<input type="checkbox"/>	E. No Evacuation(s) Imminent	<input type="checkbox"/>	F. Planning for Evacuation	<input type="checkbox"/>	G. Planning for Shelter-in-Place	<input type="checkbox"/>	H. Evacuation(s) in Progress	<input type="checkbox"/>	I. Shelter-in-Place in Progress	<input type="checkbox"/>	J. Repopulation in Progress	<input type="checkbox"/>	K. Mass Immunization in Progress	<input type="checkbox"/>	L. Mass Immunization Complete	<input type="checkbox"/>	M. Quarantine in Progress	<input type="checkbox"/>	N. Area Restriction in Effect	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	A. Check if Active																																						
<b>*34. Life, Safety, and Health Threat Management:</b>																																							
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I. Shelter-in-Place in Progress	<input type="checkbox"/>																																						
J. Repopulation in Progress	<input type="checkbox"/>																																						
K. Mass Immunization in Progress	<input type="checkbox"/>																																						
L. Mass Immunization Complete	<input type="checkbox"/>																																						
M. Quarantine in Progress	<input type="checkbox"/>																																						
N. Area Restriction in Effect	<input type="checkbox"/>																																						
	<input type="checkbox"/>																																						
	<input type="checkbox"/>																																						
	<input type="checkbox"/>																																						
<b>35. Weather Concerns</b> (synopsis of current and predicted weather; discuss related factors that may cause concern):																																							

**36. Projected Incident Activity, Potential, Movement, Escalation, or Spread** and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

**12 hours:**

**24 hours:**

**48 hours:**

**72 hours:**

**Anticipated after 72 hours:**

**37. Strategic Objectives** (define)

# Incident Status Summary (ICS 209)

<b>*1. Incident Name:</b>	<b>2. Incident Number:</b>
---------------------------	----------------------------

*Additional Incident Decision Support Information (continued)*

**38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.** Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

**12 hours:**

**24 hours:**

**48 hours:**

**72 hours:**

**Anticipated after 72 hours:**

**39. Critical Resource Needs** in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

**12 hours:**

**24 hours:**

**48 hours:**

**72 hours:**

**Anticipated after 72 hours:**

**40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:**

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

**Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.**

**41. Planned Actions for Next Operational Period:**

**42. Projected Final Incident Size/Area** (use unit label – e.g., “sq mi”):

**43. Anticipated Incident Management Completion Date:**

**44. Projected Significant Resource Demobilization Start Date:**

**45. Estimated Incident Costs to Date:**

**46. Projected Final Incident Cost Estimate:**

**47. Remarks** (or continuation of any blocks above – list block number in notation):











## OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name: <p style="text-align: center;"><i>CC Rail Car Exercise</i></p>											2. Operational Period: Date From: _____ Time From: _____ Date To: _____ Time To: _____						
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources											7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.														
			Have														
			Need														
			Req.														
			Have														
			Need														
			Req.														
			Have														
			Need														
			Req.														
			Have														
			Need														
			Req.														
			Have														
			Need														
<b>11. Total Resources Required</b>														<b>14. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____  Date/Time: _____			
<b>12. Total Resources Have on Hand</b>																	
<b>13. Total Resources Need To Order</b>																	
ICS 215																	





## Air Operations Summary (ICS 220)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____				<b>3. Sunrise:</b> _____ <b>Sunset:</b> _____	
<b>4. Remarks</b> (safety notes, hazards, air operations special equipment, etc.):			<b>5. Ready Alert Aircraft:</b> Medivac: _____ New Incident: _____			<b>6. Temporary Flight Restriction Number:</b> Altitude: _____ Center Point: _____	
			<b>8. Frequencies:</b>		AM	FM	<b>9. Fixed-Wing</b> (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft: _____
			Air/Air Fixed-Wing				
<b>7. Personnel:</b>		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			
<b>10. Helicopters</b> (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
<b>11. Prepared by:</b>		Name: _____	Position/Title: _____	Signature: _____			
<b>ICS 220, Page 1</b>			Date/Time: _____				



## Demobilization Check-Out (ICS 221)

<b>1. Incident Name:</b>	<b>2. Incident Number:</b>
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<b>3. Planned Release Date/Time:</b> Date: _____ Time: _____	<b>4. Resource or Personnel Released:</b>	<b>5. Order Request Number:</b>
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**6. Resource or Personnel:**  
 You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).

**Logistics Section**

	Unit/Manager	Remarks	Name	Signature
<input type="checkbox"/>	Supply Unit			
<input type="checkbox"/>	Communications Unit			
<input type="checkbox"/>	Facilities Unit			
<input type="checkbox"/>	Ground Support Unit			
<input type="checkbox"/>	Security Manager			
<input type="checkbox"/>				

**Finance/Administration Section**

	Unit/Leader	Remarks	Name	Signature
<input type="checkbox"/>	Time Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				

**Other Section/STAFF**

	Unit/Other	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>				

**Planning Section**

	Unit/Leader	Remarks	Name	Signature
	Documentation Leader			
	Demobilization Leader			

**7. Remarks:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Travel Information:**

Estimated Time of Departure: _____	Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No
Destination: _____	Actual Release Date/Time: _____
Travel Method: _____	Estimated Time of Arrival: _____
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information While Traveling: _____
Number: _____	Area/Agency/Region Notified: _____

**9. Reassignment Information:**  Yes  No

Incident Name: _____	Incident Number: _____
Location: _____	Order Request Number: _____

**10. Prepared by:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

ICS 221 \_\_\_\_\_ Date / Time \_\_\_\_\_

# INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

**THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT**

<b>1. Name:</b>	<b>2. Incident Name:</b>	<b>3. Incident Number:</b>
<b>4. Home Unit Name and Address:</b>		<b>5. Incident Agency and Address:</b>
<b>6. Position Held on Incident:</b>	<b>7. Date(s) of Assignment:</b> From:                      To:	<b>8. Incident Complexity</b> <b>9. Incident Definition:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

## 10. Evaluation

Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
<b>11. Knowledge of the Job/ Professional Competence:</b> Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)	<input type="checkbox"/>	Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs.	<input type="checkbox"/>	Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs.	<input type="checkbox"/>	Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work.
<b>12. Ability To Obtain Performance/Results:</b> Quality, quantity, timeliness, and impact of work.	<input type="checkbox"/>	Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve.	<input type="checkbox"/>	Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness.	<input type="checkbox"/>	Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement.
<b>13. Planning/ Preparedness:</b> Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).	<input type="checkbox"/>	Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information.	<input type="checkbox"/>	Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed.	<input type="checkbox"/>	Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact.
<b>14. Using Resources:</b> Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).	<input type="checkbox"/>	Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods.	<input type="checkbox"/>	Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste.	<input type="checkbox"/>	Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency.
<b>15. Adaptability/Attitude:</b> Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.	<input type="checkbox"/>	Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations.	<input type="checkbox"/>	Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities.	<input type="checkbox"/>	Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change.
<b>16. Communication Skills:</b> Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.	<input type="checkbox"/>	Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread.	<input type="checkbox"/>	Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously.	<input type="checkbox"/>	Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives.

**1. Name:** \_\_\_\_\_ **2. Incident Name:** \_\_\_\_\_ **3. Incident Number:** \_\_\_\_\_

**10. Evaluation**

Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
17. Ability To Work on a Team: Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.	<input type="checkbox"/>	Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness. Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals.	<input type="checkbox"/>	Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals.	<input type="checkbox"/>	Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult situations. Major contributor to team effort. Established relationships and networks across a broad range of people and groups, raising accomplishments of mutual goals to a remarkable level.
18. Consideration for Personnel/Team Welfare: Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.	<input type="checkbox"/>	Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>	Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate. Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>	Always accessible. Enhanced overall quality of life. Actively contributed to achieving balance among IMT requirements and professional and personal responsibilities. Strong advocate for subordinates; ensured appropriate and timely recognition, both formal and informal.
19. Directing Others: Ability to influence or direct others in accomplishing tasks or missions.	<input type="checkbox"/>	Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment.	<input type="checkbox"/>	A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task.	<input type="checkbox"/>	An inspirational leader who motivated others to achieve results not normally attainable. Won people over rather than imposing will. Clearly articulated vision; empowered subordinates to set goals and objectives to accomplish tasks. Modified leadership style to best meet challenging situations.
20. Judgment/Decisions Under Stress: Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.	<input type="checkbox"/>	Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization.	<input type="checkbox"/>	Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information.	<input type="checkbox"/>	Combined keen analytical thought, an understanding of political processes, and insight to make appropriate decisions. Focused on the key issues and the most relevant information. Did the right thing at the right time. Actions indicated awareness of impact of decisions on others. Not afraid to take reasonable risks to achieve positive results.
21. Initiative: Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.	<input type="checkbox"/>	Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements in methods, services, or products went unexplored.	<input type="checkbox"/>	Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods.	<input type="checkbox"/>	Aggressively sought out additional responsibility. A self-learner. Made worthwhile ideas and practices work when others might have given up. Extremely innovative. Optimized use of new ideas and methods to improve work processes and decisionmaking.
22. Physical Ability for the Job: Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.	<input type="checkbox"/>	Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need.	<input type="checkbox"/>	Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional well-being. Recognized and managed stress effectively.	<input type="checkbox"/>	Remarkable vitality, enthusiasm, alertness, and energy. Consistently contributed at high levels of activity. Optimized personal performance through involvement in activities that supported physical and emotional well-being. Monitored and helped others deal with stress and enhance health and well-being.
23. Adherence to Safety: Ability to invest in the IMT's future by caring for the safety of self and others.	<input type="checkbox"/>	Failed to adequately identify and protect personnel from safety hazards.	<input type="checkbox"/>	Ensured that safe operating procedures were followed.	<input type="checkbox"/>	Demonstrated a significant commitment toward safety of personnel.

**24. Remarks:** \_\_\_\_\_

**25. Rated Individual** (This rating has been discussed with me):

Signature: _____	Date/Time: _____
<b>26. Rated by:</b> Name: _____	Signature: _____
Home Unit: _____	Position Held on This Incident: _____
ICS 225	Date/Time: _____