

INCIDENT BRIEFING

1. INCIDENT NAME

2. DATE
PREPARED

3. TIME
PREPARED

4. MAP SKETCH

- | | |
|---|--|
| <input type="checkbox"/> ICP established | <input type="checkbox"/> Wx report _____ |
| <input type="checkbox"/> Staging area(s) established | _____ |
| <input type="checkbox"/> Incident named | <input type="checkbox"/> Food/Rehab |
| <input type="checkbox"/> Incident action plan | <input type="checkbox"/> Updates to dispatch |
| <input type="checkbox"/> Communications plan | Times _____ |
| <input type="checkbox"/> Command | _____ |
| <input type="checkbox"/> Tactical(s) | _____ |
| <input type="checkbox"/> Staging | _____ |
| <input type="checkbox"/> Water supply | _____ |
| <input type="checkbox"/> Divisions/Groups established | <input type="checkbox"/> Demob plan |

Dispatch/Coordination freq.(s)

7. CURRENT ORGANIZATION

Phone Numbers

INCIDENT COMMANDER
Command freq.

SAFETY OFFICER

PIO

PLANNING
Check in freq.

OPERATIONS

LOGISTICS

STAGING
Staging freq.

STAGING
Staging freq.

DIV./GROUP _____
Tactical freq.

DIV./GROUP _____
Tactical freq.

DIV./GROUP _____
Tactical freq.

DIV./GROUP _____
Tactical freq.



