

1. Incident Name	2. Operational Period (Date / Time) From: _____	ASSIGNMENT LIST ICS 204-OS
3. Branch	4. Division/Group	
5. Operations Personnel		
Name	Affiliation	Contact # (s)
Operations Section Chief: _____		
Branch Director: _____		
Division/Group Supervisor: _____		
6. Resources Assigned This Period		
"X" indicates 204a attachment with special instructions		
Strike Team / Task Force / Resource Identifier	Leader	Contact Info. #
		# of Persons
		Notes / Remarks
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
7. Assignments		
8. Special Instructions for Division / Group		
9. Communications (radio and / or phone contact numbers needed for this assignment)		
Name / Function	Radio: Freq. / System / Channel	Phone
Pager		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Emergency Communications		
Medical _____	Evacuation _____	Other _____
10. Prepared By (Resources Unit Leader)	Date / Time	11. Approved By (Planning Section Chief)
		Date / Time
ASSIGNMENT LIST		June 2000
		ICS 204-OS