

1. Incident Name		2. Operational Period (Date / Time) From:										OPERATIONAL PLANNING WORKSHEET ICS 215-OS				
3. Division / Group or Location	4. Work Assignments	5. Resource / Equipment										9. "X" here if 204a Needed				
		Resource											6. Notes / Remarks	7. Reporting Location	8. Requested Arrival Time	
		Req.														<input type="checkbox"/>
		Have														<input type="checkbox"/>
		Need														<input type="checkbox"/>
		Req.														<input type="checkbox"/>
		Have														<input type="checkbox"/>
		Need														<input type="checkbox"/>
		Req.														<input type="checkbox"/>
		Have														<input type="checkbox"/>
		Need														<input type="checkbox"/>
		Req.														<input type="checkbox"/>
		Have														<input type="checkbox"/>
		Need														<input type="checkbox"/>
10. Total Resources Required														13. Prepared by: Date Time		
11. Total Resources On Hand																
12. Total Resources Needed																
OPERATIONAL PLANNING WORKSHEET										June 2000			ICS 215-OS			