

## Appendix I

### **FEMA ICS Forms, Approved in 2010:**

[http://www.fema.gov/pdf/emergency/nims/ics\\_forms\\_2010.pdf](http://www.fema.gov/pdf/emergency/nims/ics_forms_2010.pdf)

### **All Other ICS Forms:**

[http://training.fema.gov/EMIWeb/IS/ICSResource/ICSResCntr\\_Forms.htm](http://training.fema.gov/EMIWeb/IS/ICSResource/ICSResCntr_Forms.htm)

### **The following forms are used in this course:**

ICS 201: Incident Briefing  
ICS 205: Incident Communications Plan  
ICS 211: Incident Check In List  
ICS 213: General Message Form  
ICS 214: Unit Log  
ICS 217A: Radio Frequency Assignment Worksheet  
ICS 221: Demobilization Checkout  
ICS 225: Incident Personnel Performance Rating

The forms and instructions are on the following pages.

# INCIDENT BRIEFING (ICS 201)

<b>1. Incident Name:</b>	<b>2. Incident Number:</b>	<b>3. Date/Time Initiated:</b> Date: _____ Time: _____
<b>4. Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, over flight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):                    		
<b>5. Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.                    		
<b>6. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____		
ICS 201, Page 1		Date/Time: _____

## INCIDENT BRIEFING (ICS 201)

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**INCIDENT BRIEFING (ICS 201)**

<b>1. Incident Name:</b>	<b>2. Incident Number:</b>	<b>3. Date/Time Initiated:</b> Date: _____ Time: _____
<b>9. Current Organization</b> (fill in additional organization as appropriate):		
<pre> graph TD     IC[Incident Commander(s)] --- LO[Liaison Officer]     IC --- SO[Safety Officer]     IC --- PIO[Public Information Officer]     IC --- H[ ]     H --- PSC[Planning Section Chief]     H --- OSC[Operations Section Chief]     H --- FASC[Finance/Administration Section Chief]     H --- LSC[Logistics Section Chief]     style H width:0px,height:0px           </pre>		
<b>6. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 201, Page 3</b>		Date/Time: _____

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## ICS 201

### Incident Briefing

**Purpose.** The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

**Preparation.** The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

**Distribution.** Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

#### Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Date/Time Initiated</b> <ul style="list-style-type: none"> <li>• Date, Time</li> </ul>	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
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)	<p>Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology.</p> <p>If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209).</p> <p>North should be at the top of page unless noted otherwise.</p>
5	<b>Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.

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Block Number	Block Title	Instructions
6	<b>Prepared by</b> <ul style="list-style-type: none"> <li>Name</li> <li>Position/Title</li> <li>Signature</li> <li>Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	<b>Current and Planned Objectives</b>	Enter the objectives used on the incident and note any specific problem areas.
8	<b>Current and Planned Actions, Strategies, and Tactics</b> <ul style="list-style-type: none"> <li>Time</li> <li>Actions</li> </ul>	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	<b>Current Organization</b> (fill in additional organization as appropriate) <ul style="list-style-type: none"> <li>Incident Commander(s)</li> <li>Liaison Officer</li> <li>Safety Officer</li> <li>Public Information Officer</li> <li>Planning Section Chief</li> <li>Operations Section Chief</li> <li>Finance/Administration Section Chief</li> <li>Logistics Section Chief</li> </ul>	<ul style="list-style-type: none"> <li>Enter on the organization chart the names of the individuals assigned to each position.</li> <li>Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections.</li> <li>If Unified Command is being used, split the Incident Commander box.</li> <li>Indicate agency for each of the Incident Commanders listed if Unified Command is being used.</li> </ul>
10	<b>Resource Summary</b>	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	• Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	• Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	• Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	• Arrived	Enter an "X" or a checkmark upon arrival to the incident.
	• Notes (location/assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

**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: _____		
<b>4. Basic Radio Channel Use:</b>										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
<b>5. Special Instructions:</b>          										
<b>6. Prepared by</b> (Communications Unit Leader): Name: _____ Signature: _____										
<b>ICS 205</b>			<b>IAP Page</b> _____		Date/Time: _____					



**ICS 205****Incident Radio Communications Plan**

**Purpose.** The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

**Preparation.** The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

**Distribution.** The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

**Notes:**

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
<b>1</b>	<b>Incident Name</b>	Enter the name assigned to the incident.
<b>2</b>	<b>Date/Time Prepared</b>	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
<b>3</b>	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
<b>4</b>	<b>Basic Radio Channel Use</b>	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talkgroup such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.

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	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.  The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) sub-audible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
<b>4</b> (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) sub-audible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
<b>5</b>	<b>Special Instructions</b>	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
<b>6</b>	<b>Prepared by</b> (Communications Unit Leader) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

**INCIDENT CHECK-IN LIST (ICS 211)**

<b>1. Incident Name:</b>		<b>2. Incident Number:</b>		<b>3. Check-In Location</b> (complete all that apply): <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other					<b>4. Start Date/Time:</b> Date: _____ Time: _____									
<b>Check-In Information</b> (use reverse of form for remarks or comments)																		
<b>5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:</b>								<b>6. Order Request #</b>	<b>7. Date/Time Check-In</b>	<b>8. Leader's Name</b>	<b>9. Total Number of Personnel</b>	<b>10. Incident Contact Information</b>	<b>11. Home Unit or Agency</b>	<b>12. Departure Point, Date and Time</b>	<b>13. Method of Travel</b>	<b>14. Incident Assignment</b>	<b>15. Other Qualifications</b>	<b>16. Data Provided to Resources Unit</b>
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF												
<b>ICS 211</b>		<b>17. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____																

**ICS 211****Incident Check-In List**

**Purpose.** Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

**Preparation.** The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

**Distribution.** ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

**Notes:**

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.

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Block Number	Block Title	Instructions
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Check-In Location</b> <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other	Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post. Other may include...
4	<b>Start Date/Time</b> <ul style="list-style-type: none"><li>• Date</li><li>• Time</li></ul>	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.

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Block Number	Block Title	Instructions
	<b>Check-In Information</b>	Self explanatory.
<b>5</b>	<b>List single resource personnel (overhead) by agency and name, OR list resources by the following format</b>	Enter the following information for resources: OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.
	• State	Use this section to list the home State for the resource.
	• Agency	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	• Category	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	• Kind	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	• Type	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	• Resource Name or Identifier	Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team.
	• ST or TF	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.
<b>6</b>	<b>Order Request #</b>	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.
<b>7</b>	<b>Date/Time Check-In</b>	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
<b>8</b>	<b>Leader's Name</b>	<ul style="list-style-type: none"> <li>• For equipment, enter the operator's name.</li> <li>• Enter the Strike Team or Task Force leader's name.</li> <li>• Leave blank for single resource personnel (overhead).</li> </ul>
<b>9</b>	<b>Total Number of Personnel</b>	Enter total number of personnel associated with the resource. Include leaders.
<b>10</b>	<b>Incident Contact Information</b>	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
<b>11</b>	<b>Home Unit or Agency</b>	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).

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Block Number	Block Title	Instructions
12	<b>Departure Point, Date and Time</b>	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
13	<b>Method of Travel</b>	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).
14	<b>Incident Assignment</b>	Enter the incident assignment at time of dispatch.
15	<b>Other Qualifications</b>	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.
16	<b>Data Provided to Resources Unit</b>	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.
17	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

**GENERAL MESSAGE (ICS 213)**

<b>1. Incident Name</b> (Optional):		
<b>2. To</b> (Name and Position):		
<b>3. From</b> (Name and Position):		
<b>4. Subject:</b>	<b>5. Date:</b>	<b>6. Time</b>
<b>7. Message:</b>		
<b>8. Approved by:</b> Name: _____ Signature: _____ Position/Title: _____		
<b>9. Reply:</b>		
<b>10. Replied by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 213</b>	Date/Time: _____	



**ICS 213****General Message**

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

**Distribution.** Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

**Notes:**

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b> (Optional)	Enter the name assigned to the incident. This block is optional.
2	<b>To</b> (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	<b>From</b> (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (month/day/year) of the message.
6	<b>Time</b>	Enter the time (using the 24-hour clock) of the message.
7	<b>Message</b>	Enter the content of the message. Try to be as concise as possible.
8	<b>Approved by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Position/Title</li> </ul>	Enter the name, signature, and ICS position/title of the person approving the message.
9	<b>Reply</b>	The intended recipient will enter a reply to the message and return it to the originator.
10	<b>Replied by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

## ACTIVITY LOG (ICS 214)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Name:</b>	<b>4. ICS Position:</b>	<b>5. Home Agency (and Unit):</b>	
<b>6. Resources Assigned:</b>			
Name	ICS Position	Home Agency (and Unit)	
<b>7. Activity Log:</b>			
Date/Time	Notable Activities		
<b>8. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
ICS 214, Page 1		Date/Time: _____	

## ACTIVITY LOG (ICS 214)

[illegible]

**ICS 214****Activity Log**

**Purpose.** The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

**Preparation.** An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

**Distribution.** Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

**Notes:**

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name</b>	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	<b>ICS Position</b>	Enter the name and ICS position of the individual in charge of the Unit.
5	<b>Home Agency (and Unit)</b>	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	<b>Resources Assigned</b>	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> <li>• Name</li> </ul>	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> <li>• ICS Position</li> </ul>	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> <li>• Home Agency (and Unit)</li> </ul>	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	<b>Activity Log</b> <ul style="list-style-type: none"> <li>• Date/Time</li> <li>• Notable Activities</li> </ul>	<ul style="list-style-type: none"> <li>• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day.</li> </ul>

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Block Number	Block Title	Instructions
		<ul style="list-style-type: none"> <li>Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</li> <li>This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.</li> </ul>
8	<b>Prepared by</b> <ul style="list-style-type: none"> <li>Name</li> <li>Position/Title</li> <li>Signature</li> <li>Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

**ICS 217A**  
**Communications Resource Availability Worksheet**

COMMUNICATIONS RESOURCE AVAILABILITY WORKSHEET ICS 217A					Frequency Band			Description		
Channel Configuration	Channel Name / Trunked Radio System Talk Group	Eligible Users	Mobile RX Freq	N / W	RX Tone / NAC	Mobile TX Freq	N / W	TX Tone / NAC	Mode A, D, or M	Notes

A=Analog, D=Digital, M=Mixed Mode; N=Narrowband, W=Wideband

*The convention calls for frequency lists to show four digits after the decimal place, followed by either an “N” or a “W”, depending on whether the frequency is narrow or wide band. Mode refers to either “A” or “D” indicating analog or digital (e.g. Project 25). All channels are shown as if programmed in a portable or mobile radio. Repeater and base stations must be programmed with the RX and TX reversed.*

**Instructions for Completing the Communications Availability Worksheet (ICS 217A Form)**

ITEM #	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date	Enter date (month, day, year) prepared.
3.	Operational Period	Enter the time interval for which the assignment applies. Record the start date/time and end date/time (e.g., 9/17/96-0600 to 9/18/96-0600).
4.	Incident Organization	List frequencies allocated for each channel for each organizational element activated, record the number of radios required to perform the designated function on the specified frequency.
5.	Radio Data	For each radio cache and frequency assigned, record the associated function. Functional assignment for: Command Support Division tactical Ground-to-air
6.	Agency	List the frequencies for each major agency assigned to the incident. Also list the function and channel number assigned.
7.	Total Radios Required	Total each column. This provides the number of radios required by each organizational unit. Also total each row which provides the number of radios using each available frequency.
8.	Prepared By	Enter the name and position of the person completing the worksheet.

**Purpose:** The Radio Frequency Assignment Worksheet is used by the Communications Unit Leader to assist in determining frequency allocation.

**Preparation:** Cache radio frequencies available to the incident are listed on the form. Major agency frequencies assigned to the incident should be added to the bottom of the worksheet.

**Distribution:** The worksheet, prepared by the Communications Unit, is for internal use.

**DEMOBILIZATION CHECK-OUT (ICS 221)**

<b>1. Incident Name:</b>		<b>2. Incident Number:</b>	
<b>3. Planned Release Date/Time:</b> Date: _____ Time: _____		<b>4. Resource or Personnel Released:</b>	
<b>5. Order Request Number:</b>			
<b>6. Resource or Personnel:</b> 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).			
<b>LOGISTICS SECTION</b>			
	<b>Unit/Manager</b>	<b>Remarks</b>	<b>Name                      Signature</b>
<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"/>			
<b>FINANCE/ADMINISTRATION SECTION</b>			
	<b>Unit/Leader</b>	<b>Remarks</b>	<b>Name                      Signature</b>
<input type="checkbox"/>	Time Unit		
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>OTHER SECTION/STAFF</b>			
	<b>Unit/Other</b>	<b>Remarks</b>	<b>Name                      Signature</b>
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>PLANNING SECTION</b>			
	<b>Unit/Leader</b>	<b>Remarks</b>	<b>Name                      Signature</b>
<input type="checkbox"/>			
<input type="checkbox"/>	Documentation Leader		
<input type="checkbox"/>	Demobilization Leader		
<b>7. Remarks:</b>			
<b>8. Travel Information:</b> <div style="display: flex; justify-content: space-between;"> <div>           Estimated Time of Departure: _____            Destination: _____            Travel Method: _____            Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No                              Number: _____         </div> <div>           Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No            Actual Release Date/Time: _____            Estimated Time of Arrival: _____            Contact Information While Traveling: _____            Area/Agency/Region Notified: _____         </div> </div>			
<b>9. Reassignment Information:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Incident Name: _____ Incident Number: _____ Location: _____ Order Request Number: _____			
<b>10. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
<b>ICS 221</b>		Date/Time: _____	



## ICS 221

**Demobilization Check-Out**

**Purpose.** The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

**Preparation.** The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

**Distribution.** After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

**Notes:**

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Planned Release Date/Time</b>	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	<b>Resource or Personnel Released</b>	Enter name of the individual or resource being released.
5	<b>Order Request Number</b>	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	<b>Resource or Personnel</b> 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). <ul style="list-style-type: none"> <li>• Unit/Leader/Manager/Other</li> <li>• Remarks</li> <li>• Name</li> <li>• Signature</li> </ul>	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).

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Block Number	Block Title	Instructions
	<b>Logistics Section</b> <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	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	<b>Finance/Administration Section</b> <input type="checkbox"/> Time Unit	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	<b>Other Section/Staff</b> <input type="checkbox"/>	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	<b>Planning Section</b> <input type="checkbox"/> Documentation Leader <input type="checkbox"/> Demobilization Leader	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
<b>7</b>	<b>Remarks</b>	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.
<b>8</b>	<b>Travel Information</b>	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
	Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.

Block Number	Block Title	Instructions
9	<b>Reassignment Information</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.
10	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).

# ALL HAZARDS COMMUNICATIONS UNIT LEADER

## INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED <u>ONLY</u> FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT					
1. Name:		2. Incident Name:		3. Incident Number:	
4. Home Unit Name and Address:			5. Incident Agency and Address:		
6. Position Held on Incident:		7. Date(s) of Assignment: From: To:		8. Incident Complexity Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
9. Incident Definition:					
10. Evaluation					
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4
11. Knowledge of the Job/ Professional Competence: 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"/>
12. Ability To Obtain Performance/Results: 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"/>
13. Planning/ Preparedness: 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"/>
14. Using Resources: 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"/>
15. Adaptability/Attitude: 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"/>
16. Communication Skills: 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"/>

# ALL HAZARDS COMMUNICATIONS UNIT LEADER

## INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

1. Name:		2. Incident Name:		3. Incident Number:	
10. Evaluation					
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
24. Remarks:					
25. Rated Individual (This rating has been discussed with me): Signature: _____ Date/Time: _____					
26. Rated by: Name: _____ Signature: _____ Home Unit: _____ Position Held on This Incident: _____					
ICS 225		Date/Time: _____			

**ICS 225****Incident Personnel Performance Rating**

**Purpose.** The Incident Personnel Performance Rating (ICS 225) gives supervisors the opportunity to evaluate subordinates on incident assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.

**Preparation.** The ICS 225 is normally prepared by the supervisor for each subordinate, using the evaluation standard given in the form. The ICS 225 will be reviewed with the subordinate, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

**Distribution.** The ICS 225 is provided to the Planning Section Chief before the rater leaves the incident.

**Notes:**

- Use a blank ICS 225 for each individual.
- Additional pages can be added based on individual need.

Block Number	Block Title	Instructions
1	<b>Name</b>	Enter the name of the individual being rated.
2	<b>Incident Name</b>	Enter the name assigned to the incident.
3	<b>Incident Number</b>	Enter the number assigned to the incident.
4	<b>Home Unit Address</b>	Enter the physical address of the home unit for the individual being rated.
5	<b>Incident Agency and Address</b>	Enter the name and address of the authority having jurisdiction for the incident.
6	<b>Position Held on Incident</b>	Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated.
7	<b>Date(s) of Assignment</b> <ul style="list-style-type: none"> <li>• From</li> <li>• To</li> </ul>	Enter the date(s) (month/day/year) the individual was assigned to the incident.
8	<b>Incident Complexity Level</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1</li> <li><input type="checkbox"/> 2</li> <li><input type="checkbox"/> 3</li> <li><input type="checkbox"/> 4</li> <li><input type="checkbox"/> 5</li> </ul>	Indicate the level of complexity for the incident.
9	<b>Incident Definition</b>	Enter a general definition of the incident in this block. This may be a general incident category or kind description, such as "tornado," "wildfire," "bridge collapse," "civil unrest," "parade," "vehicle fire," "mass casualty," etc.
10	<b>Evaluation</b>	Enter "X" under the appropriate column indicating the individual's level of performance for each duty listed.
	N/A	The duty did not apply to this incident.
	1 – Unacceptable	Does not meet minimum requirements of the individual element. Deficiencies/Improvements needed must be identified in Remarks.
	2 – Needs Improvement	Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.

Block Number	Block Title	Instructions
	3 – Met Standards	Satisfactory. Employee meets all requirements of the individual element.
	4 – Fully Successful	Employee meets all requirements and exceeds one or several of the requirements of the individual element.
10	5 – Exceeded Expectations	Superior. Employee consistently exceeds the performance requirements.
11	<b>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.)
12	<b>Ability To Obtain Performance/Results:</b>	Quality, quantity, timeliness, and impact of work.
13	<b>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).
14	<b>Using Resources:</b>	Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).
15	<b>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.
16	<b>Communication Skills:</b>	Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.
17	<b>Ability To Work on a Team:</b>	Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.
18	<b>Consideration for Personnel/Team Welfare:</b>	Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of work life concepts and skills.
19	<b>Directing Others:</b>	Ability to influence or direct others in accomplishing tasks or missions.
20	<b>Judgment/Decisions Under Stress:</b>	Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.
21	<b>Initiative</b>	Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.
22	<b>Physical Ability for the Job:</b>	Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.
23	<b>Adherence to Safety:</b>	Ability to invest in the IMT's future by caring for the safety of self and others.
24	<b>Remarks</b>	Enter specific information on why the individual received performance levels.
25	<b>Rated Individual</b> (This rating has been discussed with me) <ul style="list-style-type: none"> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed.

Block Number	Block Title	Instructions
26	<b>Rated by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Signature</li><li>• Home Unit</li><li>• Position Held on This Incident</li><li>• Date/Time</li></ul>	Enter the name, signature, home unit, and position held on the incident of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared.