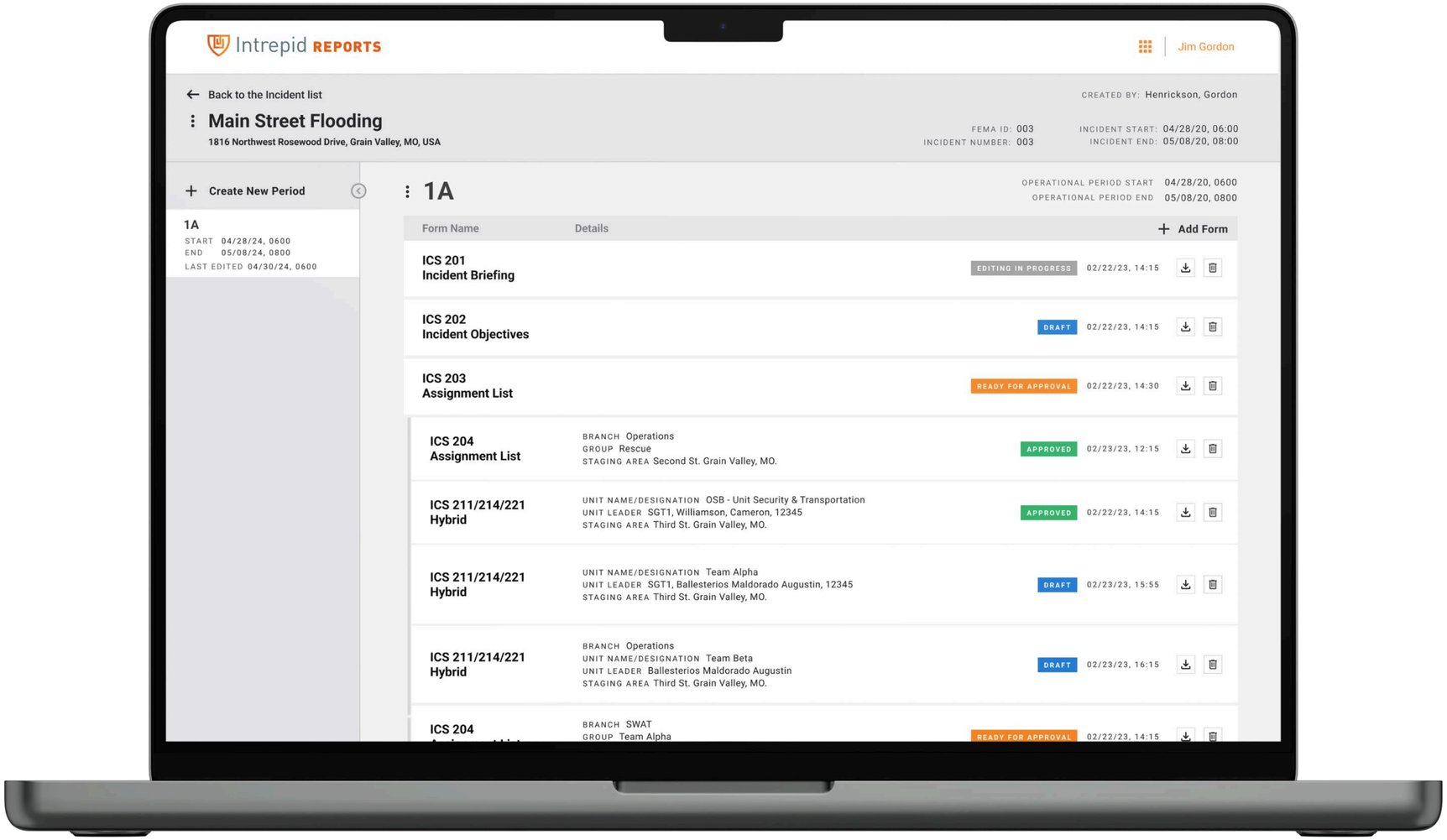
ICS Report Web

User Guide



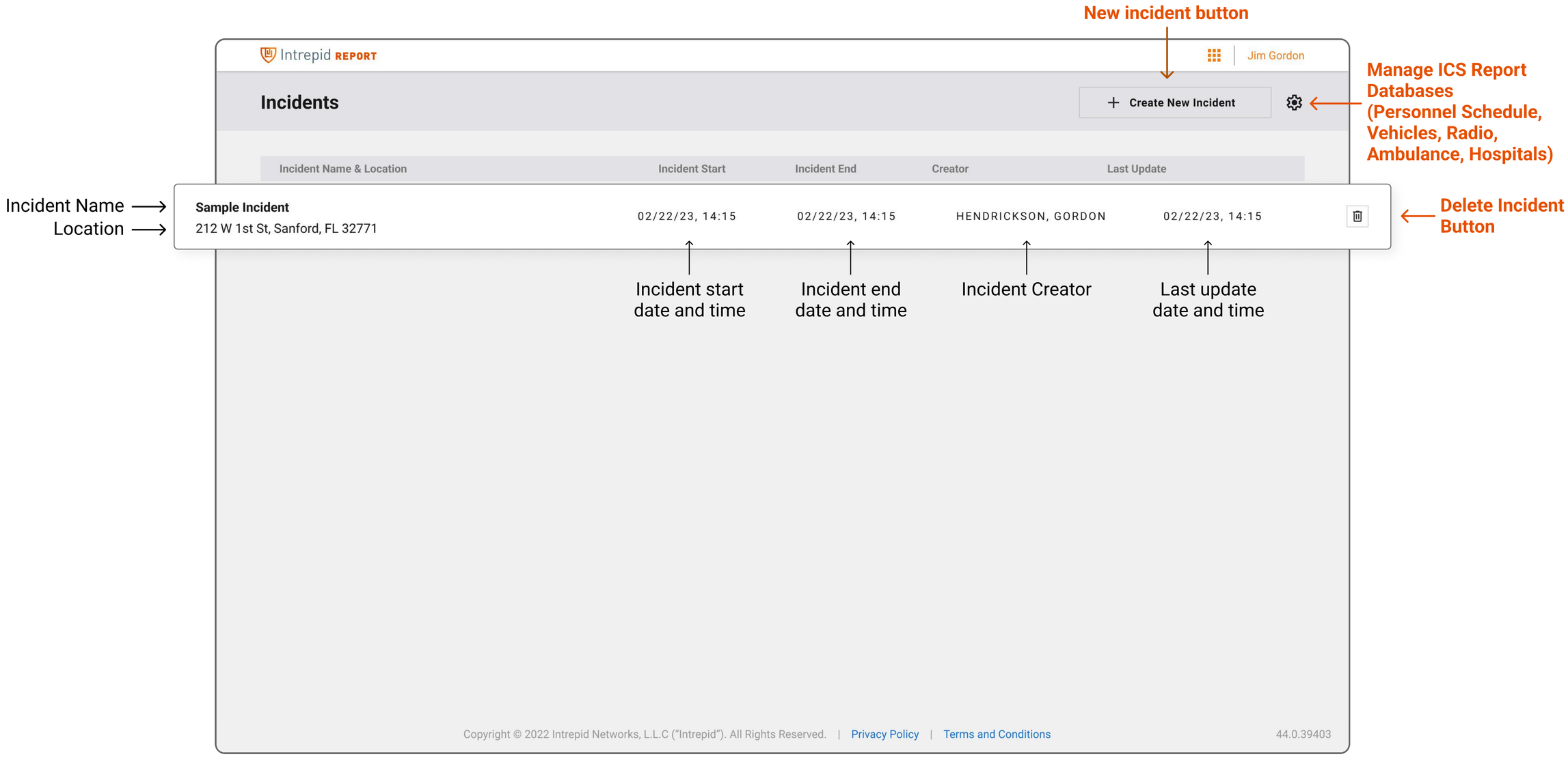
Intrepid NETWORKS®

Table of Contents

Overview	2
Setting up Database	3
Creating Incidents and Forms	11
ICS 201	20
ICS 202	24
ICS 203	25
ICS 204	37
ICS 205	47
ICS 211/214/221 Hybrid	52
ICS 205A	70

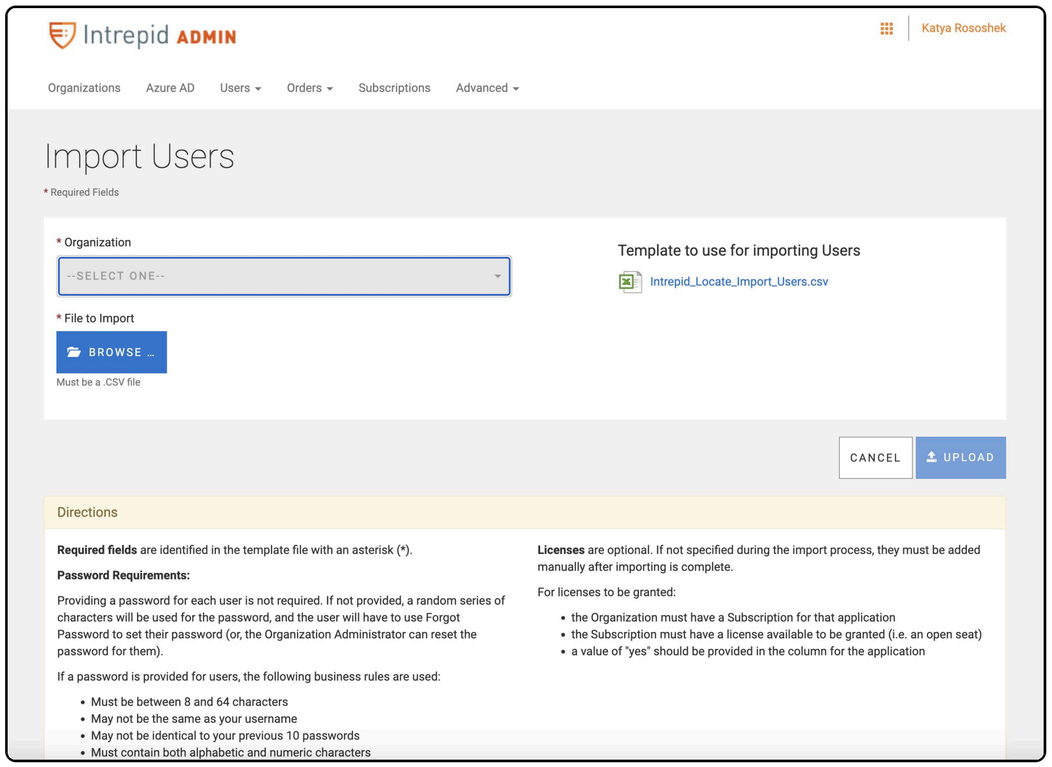
ICS Report Main Overview

The home screen of ICS Report enables users to view all current and past incidents, as well as create new incidents.



Setting up Database

Intrepid Admin User Database
Import all users through Admin, which provides a .csv file.



In Intrepid Response, users can be added one at a time using the Admin Portal, or uploaded in bulk via CSV by a **Super Admin**. This CSV file includes the following data types:

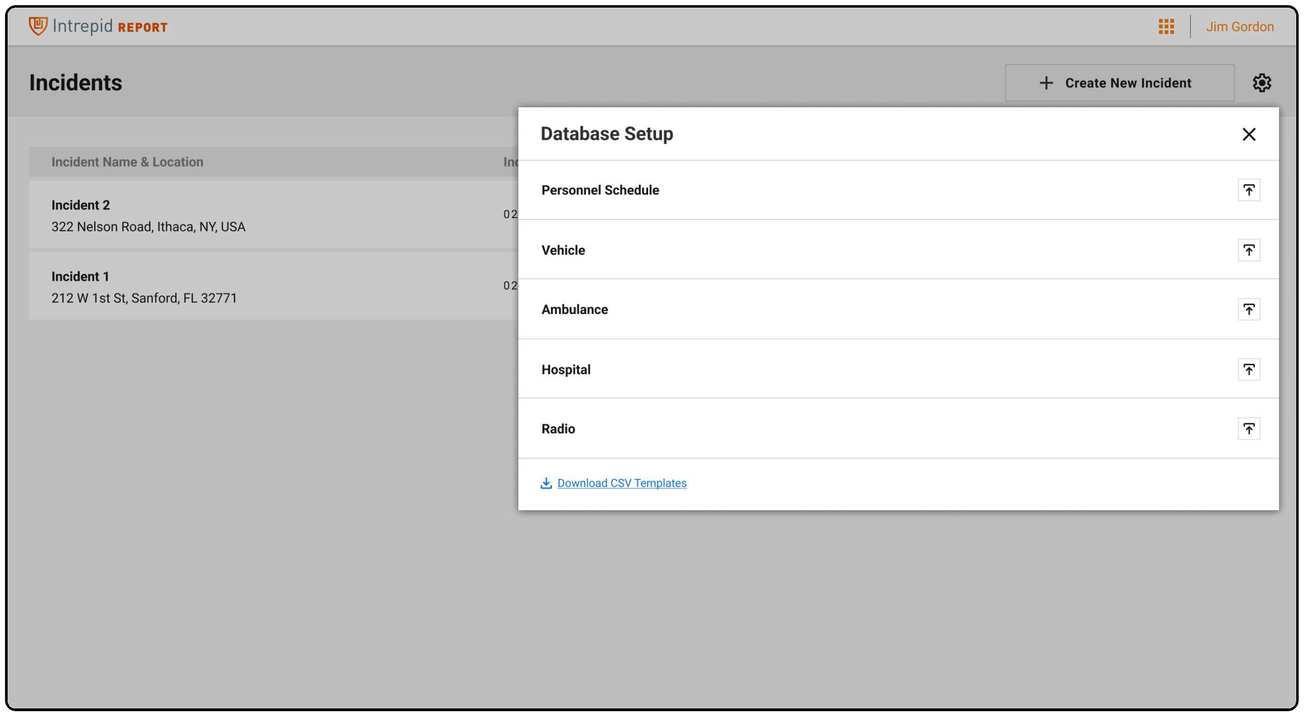
- Username
- Password
- Role
- First Name
- Last Name
- Employee Number
- Phone Number
- Call Sign
- Various license types (e.g., Locate License, Echo License, PTT License, etc.)

Once the CSV is prepared with all relevant data, it is uploaded to the Admin Portal by Intrepid Response team. After the CSV upload is complete, users are added to the system and immediately appear on the list of users in the Admin Portal. An **Organization Admin** can later update their personal details and add or remove subscriptions.

Only users with an Intrepid Report subscription can add, edit, or delete forms within the ICS system since they are considered Intrepid customers. This setup allows personnel with the appropriate roles and permissions to use Intrepid Response's full suite of tools, including the mobile app, if they hold an active Intrepid license.

Database CSV Setup

The new CSV upload is specifically designed to update only scheduling information. User details, such as names or roles, cannot be modified through this upload process; all the personnel details should be managed via Intrepid Admin and Personnel Schedule CSV upload strictly manages scheduling data with Intrepid Report. The email addresses in the Personnel Schedule CSV file must match those in the main user database to ensure the schedule updates for these users. If the CSV file contains an email that isn't found in the database, that user will not be available for selection on the form. The improved feature performs an "upsert" operation—updating existing entries if they match or inserting new ones without deleting prior data.



The new CSV upload feature allows users to upload comprehensive monthly schedules. This capability provides operators with real-time visibility into each individual's availability for a specific day when populating forms like the ICS 211 Hybrid. By reviewing the uploaded schedule during the form creation process, operators can make informed decisions about whether to assign a person to an incident based on their shift for that day. This enhancement greatly improves planning and ensures that personnel assignments are accurate and aligned with actual availability, optimizing resource allocation and operational efficiency.

Guide to Creating the Personnel Schedule CSV File for Intrepid Report

Personnel Schedule CSV should contain a monthly schedule for users. Ensure your CSV file includes the following columns in the specified order:

- **EMAIL:** The email address of the personnel (used as a unique identifier).
- **RANK:** The rank or position of the personnel (e.g., PO2, DET1).
- **DIVISION:** The division or unit to which the personnel belongs.
- **WORK_DATE:** The date for the scheduled work (format: MM-DD-YYYY).
- **SHIFT:** The shift identifier (e.g., 312, 410).
- **SOW (Scheduled Start of Shift):** The start time of the shift (format: HH:MM, 24-hour time).
- **EOW (Scheduled Start of Shift):** The end time of the shift (format: HH:MM, 24-hour time).

Users can download a blank CSV template provided by the system to ensure the file contains the correct rows.
Populate each row with personnel data for each day they are scheduled to work.

To mark a day as a day off for a personnel, set both SOW (Scheduled Start of Shift) and EOW (Scheduled End of Shift) times to 0. This tells the system that the personnel is not scheduled to work on that particular day.

EMAIL	RANK	DIVISION	WORK_DATE	SHIFT	SOW	EOW
user@domain.com	PO2	NEWT	08-01-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-02-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-03-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-04-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-05-2024	410	0	0
user@domain.com	PO2	NEWT	08-06-2024	410	0	0
user@domain.com	PO2	NEWT	08-07-2024	410	0	0
user@domain.com	PO2	NEWT	08-08-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-09-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-10-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-11-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-12-2024	410	0	0
user@domain.com	PO2	NEWT	08-13-2024	410	0	0
user@domain.com	PO2	NEWT	08-14-2024	410	0	0
user@domain.com	PO2	NEWT	08-15-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-16-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-17-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-18-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-19-2024	410	0	0
user@domain.com	PO2	NEWT	08-20-2024	410	0	0
user@domain.com	PO2	NEWT	08-21-2024	410	0	0
user@domain.com	PO2	NEWT	08-22-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-23-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-24-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-25-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-26-2024	410	0	0
user@domain.com	PO2	NEWT	08-27-2024	410	0	0
user@domain.com	PO2	NEWT	08-28-2024	410	0	0
user@domain.com	PO2	NEWT	08-29-2024	410	19:15	07:15
user@domain.com	PO2	NEWT	08-30-2024	410	19:15	07:15

Guide to Creating the Radio CSV File for Intrepid Report

Zone Grp	Ch No.	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	Remarks
Zone A	1	Dispatch	Alpha Dispatch	Patrol	150.1 N	156.7	155.3 W	156.7	A	Primary Dispatch
Zone B	2	Command	Bravo Command	Rescue	151.2 W	293	156.4 N	293	D	Secondary Channel
Zone C	3	Tactical	Charlie Tac	SWAT	152.3 N	210.5	157.8 W	210.5	M	Tactical Ops

Columns and Their Descriptions

1. **Zone Grp:** The zone or group identifier for the radio channel (e.g., “Zone A” or “Group 1”).
2. **Ch No.:** The channel number within the zone or group (e.g., 1, 2).
3. **Function:** The primary function or purpose of the channel (e.g., “Dispatch”, “Command”).
4. **Channel Name/Trunked Radio/System Talkgroup (Required*):** The name of the channel, trunked radio system, or talkgroup (e.g., “Alpha Dispatch” or “Bravo Command”).
5. **Assignment:** The specific assignment or unit designated to use this channel (e.g., “Patrol”, “Rescue”).
6. **RX Freq (N or W):** The receive frequency, specified as narrowband (N) or wideband (W) (e.g., 150.1 N).
7. **RX Tone/NAC:** The receive tone or Network Access Code (NAC) (e.g., 156.7 or 293).
8. **TX Freq (N or W):** The transmit frequency, specified as narrowband (N) or wideband (W) (e.g., 155.3 W).
9. **TX Tone/NAC**: The transmit tone or Network Access Code (NAC) (e.g., 156.7 or 293).
10. **Mode (A | D or M):** The mode of the channel, where:
    - A represents Analog,
    - D represents Digital, and
    - M represents Mixed mode.
11. **Remarks:** Additional comments or remarks about the channel (e.g., “Primary Dispatch” or “Backup Channel”).

Only the Required columns must be filled for the CSV to be successfully processed into the system. All other columns are optional and can be filled based on your organization's needs.

Guide to Creating the Vehicle CSV File for Intrepid Report

Unit No	Status	Year	Make	Model	Class4	Oper Class	Assigned	Where	Meter	In Serv DT	Lic. Perm No	Lic. Perm Type
12345	Active	2018	Dodge	Charger			East	East	87291	9/10/2018	12345	
23450	Active	2018	Dodge	Charger			East	East	87291	9/10/2018	23450	
34560	Active	2018	Dodge	Charger			East	East	87291	9/10/2018	34560	

Columns and Their Descriptions

1. **Unit No (Required*):** The unique identifier or unit number of the vehicle (e.g., 12345, 23450).
2. **Status:** The operational status of the vehicle, such as "Active" or "Inactive".
3. **Year:** The manufacturing year of the vehicle (e.g., 2018).
4. **Make:** The make or brand of the vehicle (e.g., “Dodge”).
5. **Model:** The model of the vehicle (e.g., “Charger”).
6. **Class4:** A category or classification for the vehicle. (Details may vary based on agency specifications).
7. **Oper Class:** The operational class of the vehicle, indicating its role or type in operations.
8. **Assigned:** The division or team to which the vehicle is assigned (e.g., "East").
9. **Where:** The physical location or area where the vehicle is stationed (e.g., "East").
10. **Meter:** The current odometer or usage reading for the vehicle (e.g., 87291).
11. **In Serv DT:** The date the vehicle was put into service. Use the format MM/DD/YYYY (e.g., 9/10/2018).
12. **Lic. Perm No:** The license or permit number associated with the vehicle.
13. **Lic. Perm Type:** The type of license or permit held by the vehicle. This field can include codes or descriptions based on internal classifications.

*Only the Required columns must be filled for the CSV to be successfully processed into the system. All other columns are optional and can be filled based on your organization's needs.

Guide to Creating the Ambulance CSV File for Intrepid Report

Ambulance Name	Air or Ground	Address	Longitude	Latitude	Contact Number(s)/Frequency	Basic Life Support Level of Service	Advanced Life Support Level of Service
Alpha Unit	Ground	123 Main St, City, ST	-118.2437	34.0522	123-456-7890	155.3	Yes
Bravo Unit	Air	456 Elm St, City, ST	-117.1611	32.7157	123-555-1234	150.1	Yes
Charlie Unit	Ground	789 Oak St, City, ST	-120.7401	35.2828	987-654-3210	No	Yes

Columns and Their Descriptions

1. **Ambulance Name (Required*):** The unique identifier or name of the ambulance unit (e.g., “Alpha Unit” or “Ambulance 1”).
2. **Air or Ground:** Specify whether the ambulance is an air or ground vehicle. This should be entered as either "Air" or "Ground".
3. **Address:** The physical address where the ambulance is based or primarily stationed (e.g., “123 Main St, City, State”).
4. **Longitude:** The geographical longitude of the ambulance’s station or primary location. This should be a numeric value (e.g., -118.2437).
5. **Latitude:** The geographical latitude of the ambulance’s station or primary location. This should be a numeric value (e.g., 34.0522).
6. **Contact Number(s)/Frequency** (Separate by pipe |): The contact phone numbers or communication frequencies associated with the ambulance, separated by a pipe (|) if there are multiple (e.g., 123-456-7890|987-654-3210 or 150.1|155.3).
7. **Basic Life Support Level of Service:** Indicate the level of Basic Life Support (BLS) provided by the ambulance. Use "Yes" or "No" to indicate availability.
8. **Advanced Life Support Level of Service:** Indicate the level of Advanced Life Support (ALS) provided by the ambulance. Use "Yes" or "No" to indicate availability.

*Only the Required columns must be filled for the CSV to be successfully processed into the system. All other columns are optional and can be filled based on your organization's needs.

Guide to Creating the Hospital CSV File for Intrepid Report

Hospital Name	Address	Longitude	Latitude	Contact Number(s)/Frequency	Trauma Center Level	Burn Center Facility	Helipad Availability
General Hospital	123 Main St, City, ST	-118.2437	34.0522	123-456-7890	155.3	Level I	Yes
City Medical Center	456 Elm St, City, ST	-117.1611	32.7157	987-654-3210	Level II	No	Yes
Regional Clinic	789 Oak St, Town, ST	-120.7401	35.2828	555-123-4567	150.1	Level III	No

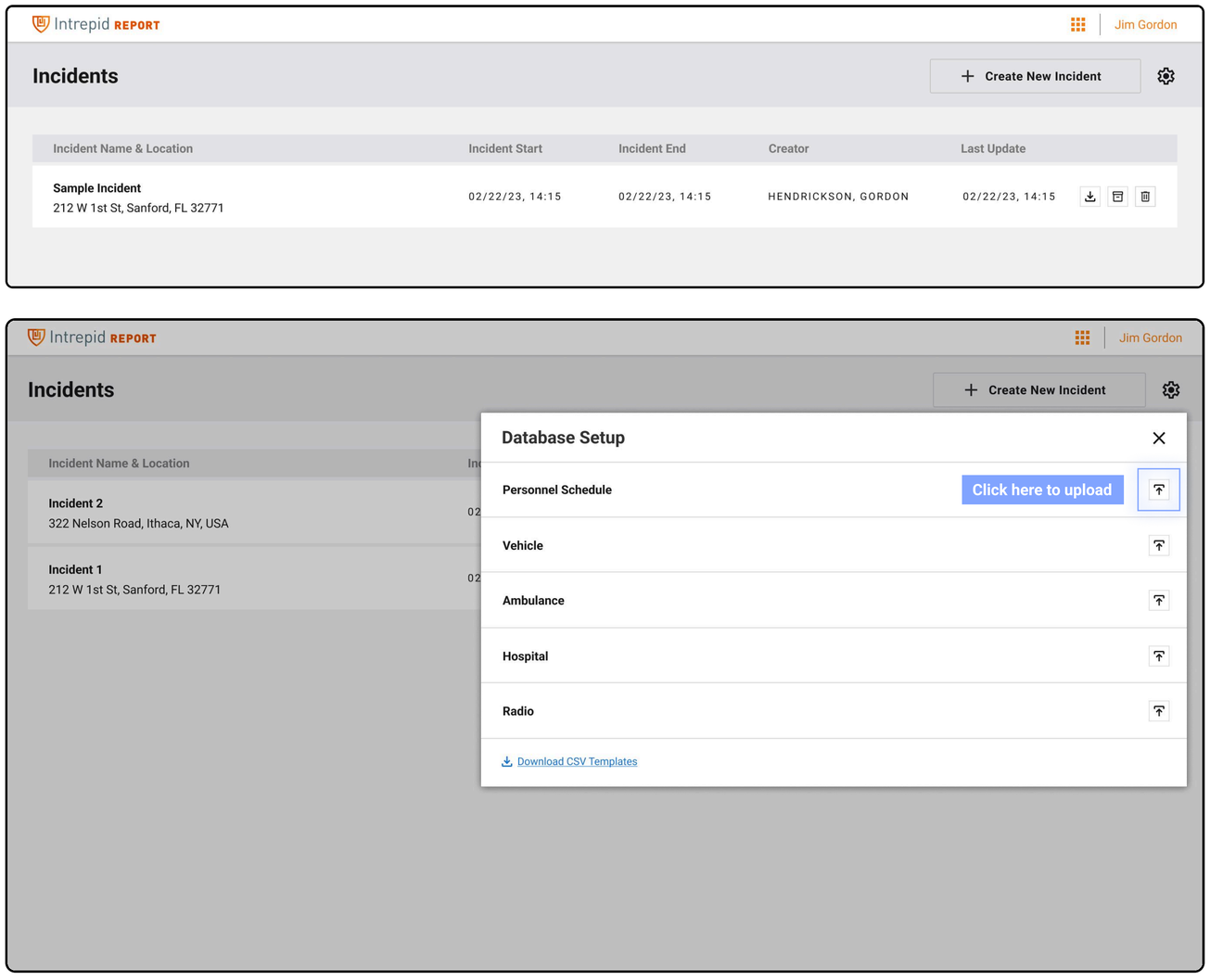
Columns and Their Descriptions

1. **Hospital Name (Required*):** The name of the hospital (e.g., “General Hospital” or “City Medical Center”).
2. **Address:** The physical address of the hospital (e.g., “123 Main St, City, State”).
3. **Longitude:** The geographical longitude of the hospital’s location. This should be a numeric value (e.g., -118.2437).
4. **Latitude:** The geographical latitude of the hospital’s location. This should be a numeric value (e.g., 34.0522).
5. **Contact Number(s)/Frequency (Separate by pipe |):** The contact phone numbers or communication frequencies associated with the hospital, separated by a pipe (|) if there are multiple entries (e.g., 123-456-7890|987-654-3210).
6. **Trauma Center Level:** The trauma center level of the hospital (e.g., Level I, Level II).
7. **Burn Center Facility:** Indicates whether the hospital has a burn center. Use "Yes" for availability or "No" if not available.
8. **Helipad Availability:** Indicates whether the hospital has a helipad. Use "Yes" for availability or "No" if not available.

*Only the Required columns must be filled for the CSV to be successfully processed into the system. All other columns are optional and can be filled based on your organization's needs.

Database CSV Setup Instructions

To upload a csv for user schedules to Intrepid Report, users follow the following steps:



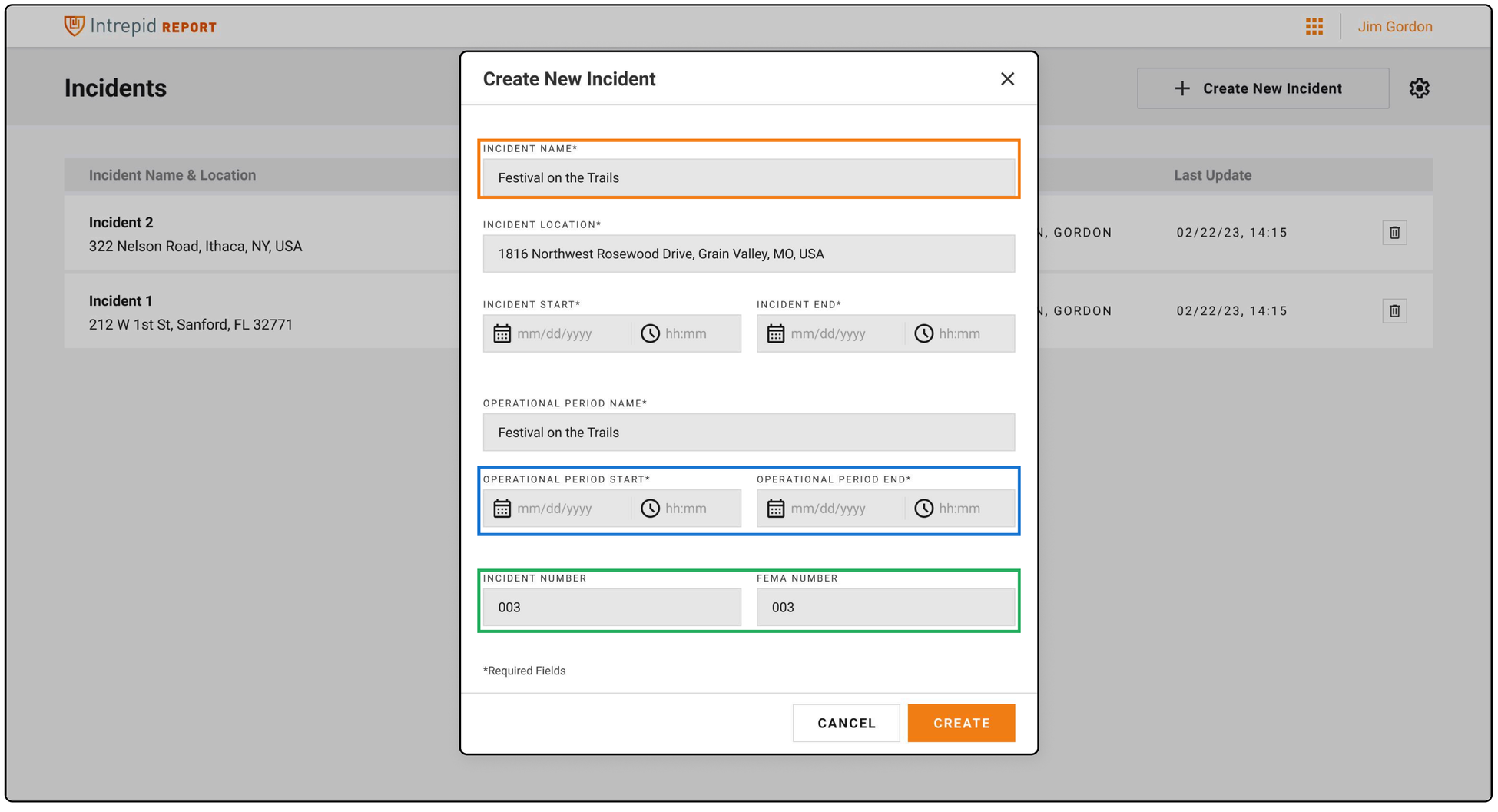
Step 1
Click the gear icon in the top right corner of Intrepid Report.

Step 2
Click the upload icon next to ‘Personnel Schedule’

Step 3
Select your .csv file to upload.

Creating an Incident

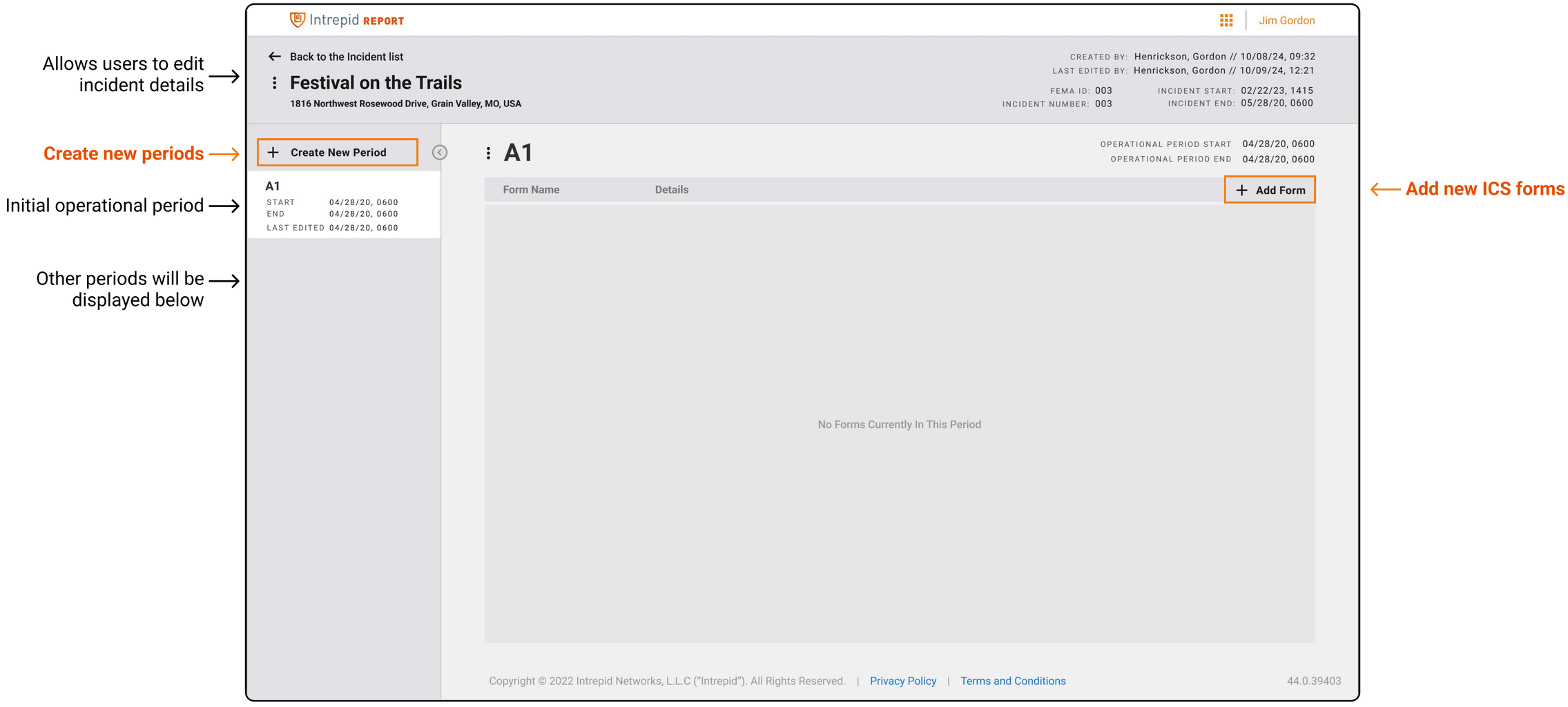
When creating an incident, you will be prompted to fill out several fields, including an incident name, start time, location, and define an initial operational period, which will be used to fill out the final PDF export.



ICS 201 Incident Briefing			eICS by Intrepid Networks	
1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:	
			FEMA Number:	

Primary Incident Screen (Empty)

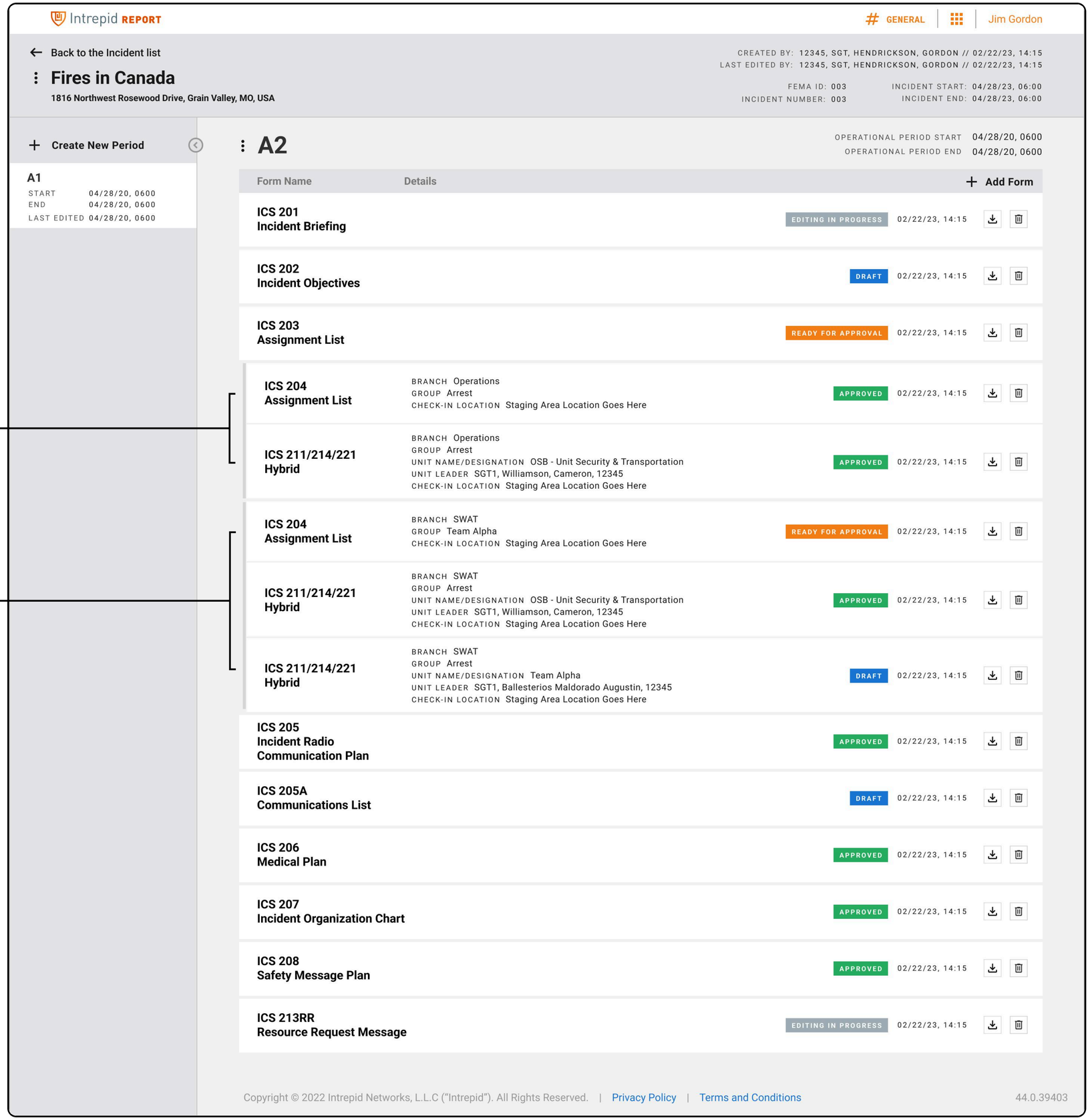
The primary incident screen will be the main page for overseeing a single incident. You can create and switch between operational periods on the left side column, and create and view all ICS forms associated with each period.



Example Incident Screen

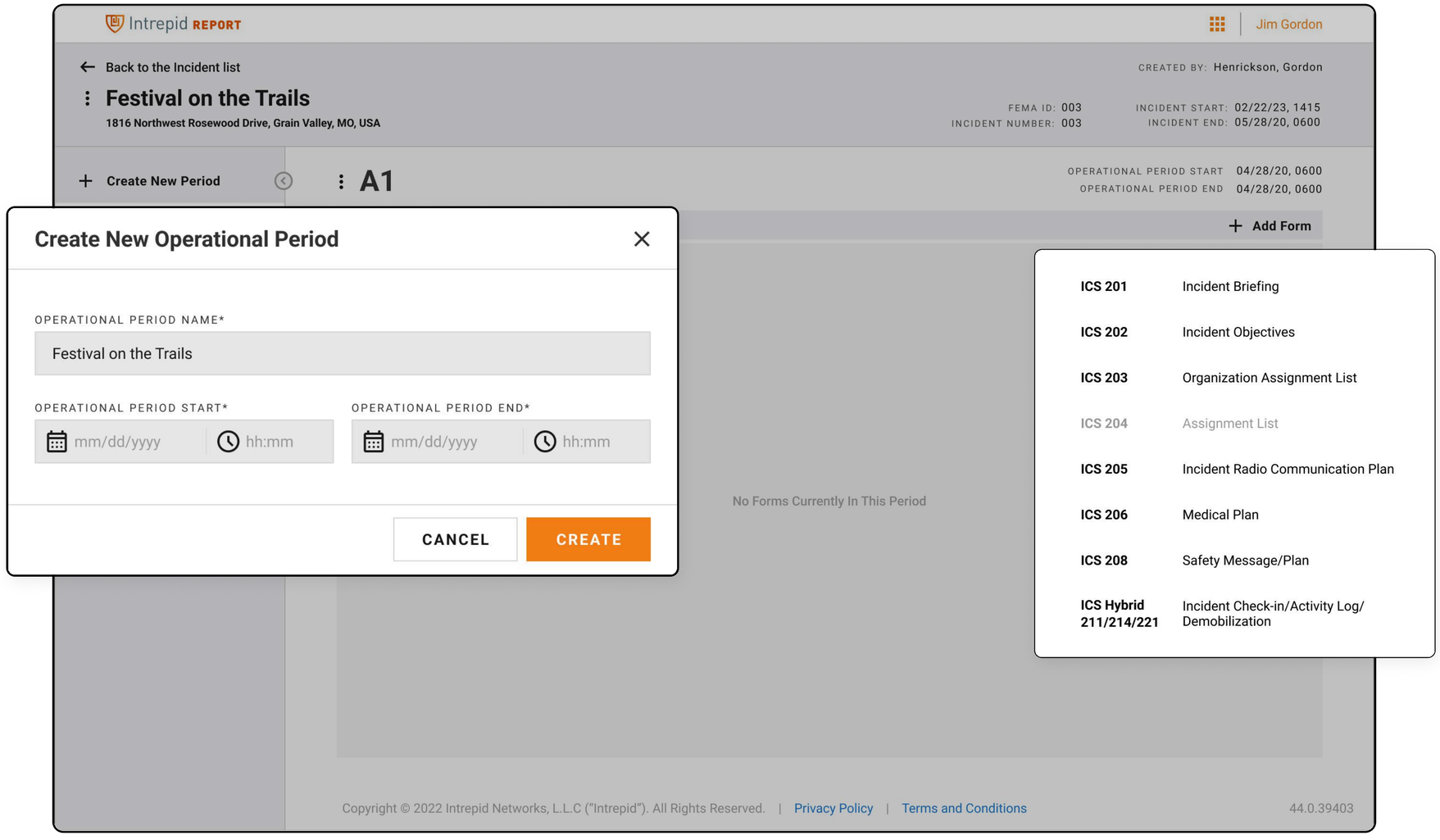
Child ICS 204 and ICS 211/214/221 Hybrid forms attached to a parent ICS 204

Additional ICS 204 with Hybrid 211/214/221 forms attached.



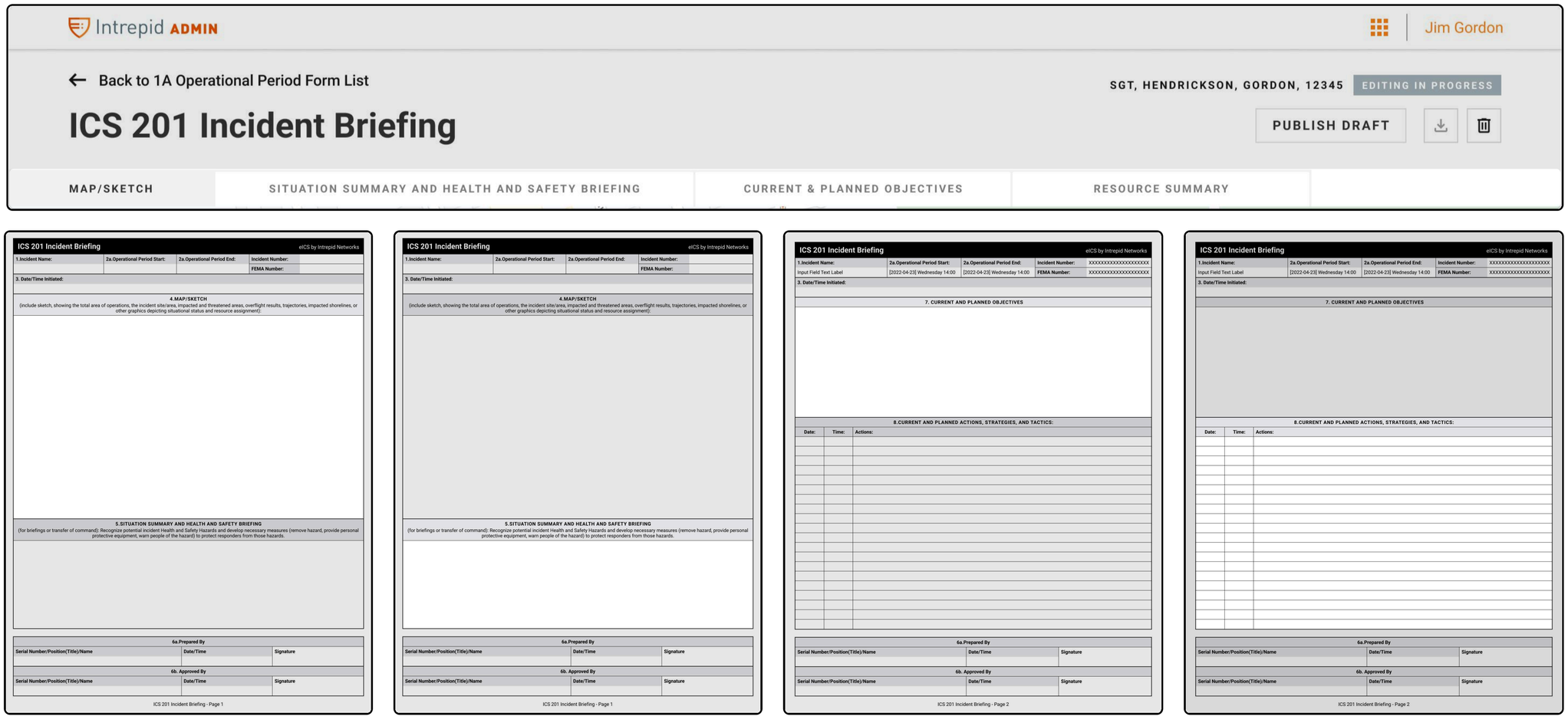
Incident Screen Actions

Creating a new operational period will ask for a name, start and end date/ time, and a location, but not all fields are required.
Users can then add ICS forms to each operational period, but some ICS forms can only have one copy total.



ICS Form Headers

After creating a form on ICS Report, you'll see that the header contains tabs, which each represent a section of the original ICS form. This organization reduces clutter and makes navigation more efficient.



Publishing Forms

When editing a form, please use the “Publish Draft” button to save changes.

After a form has been published, the state will change to a “draft” state, which can then be toggled to editing mode. While in the draft state, the form can be manually refreshed to check for latest updates.

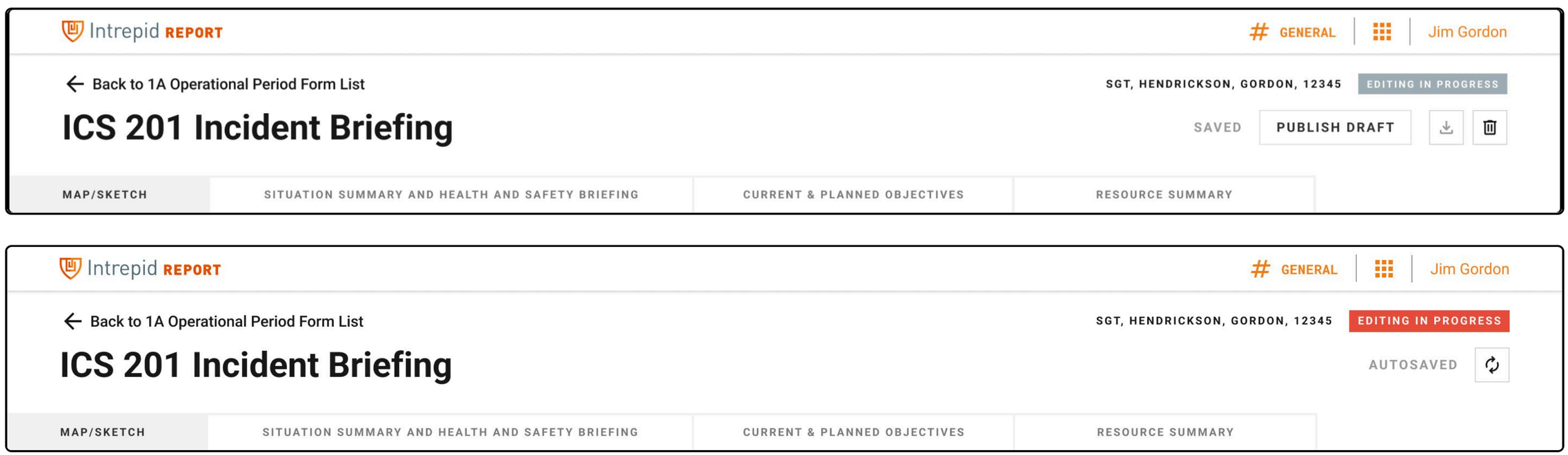


*A form will only be downloadable after being published to the draft state.
**The refresh button enables users to check for latest updates from other editors.

Concurrent Editor Behavior

While multiple users are viewing a form, only one user is able to edit the given form. In the case a user views a form while another user is editing, they will not see a “draft” or “editing in progress” label state. Instead, they will see an “editing in progress” label, and will be unable to perform any edits.

This ensures all information is accurate and synchronized between team members, reducing errors and misalignments.



Audit Log

The ICS Report system logs every action performed on a form, detailing who made the change, when it occurred, what was changed, and what it was changed to. A user can request an audit log by pressing the "Audit Log" button in the top right corner of the form header, and it will be generated and sent to their email.

Currently, this feature is only available for the ICS 208, but will be introduced to more forms over time.

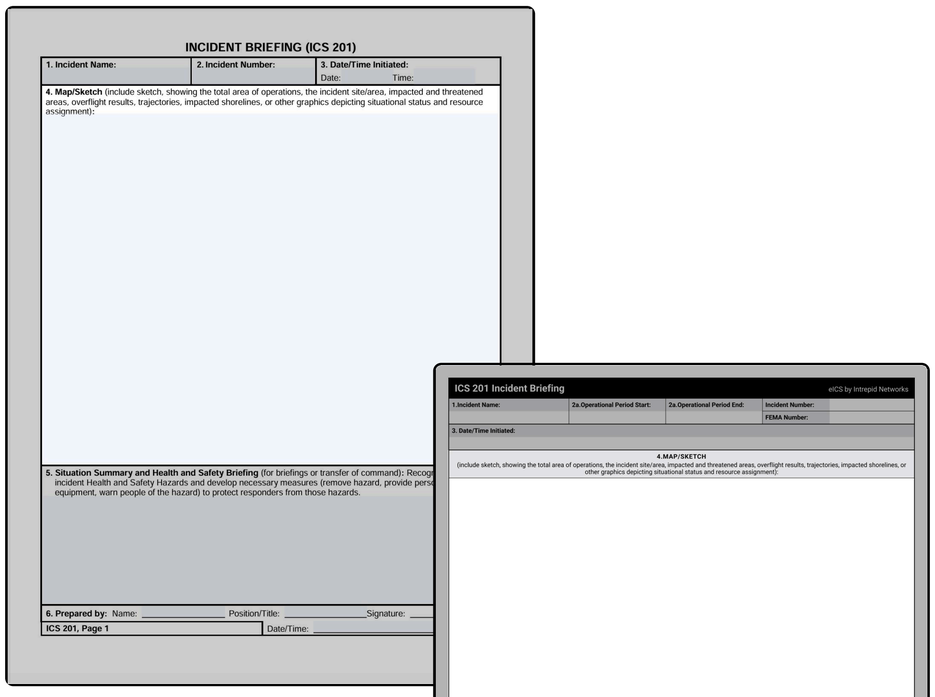


ICS Forms

ICS 201: Incident Briefing

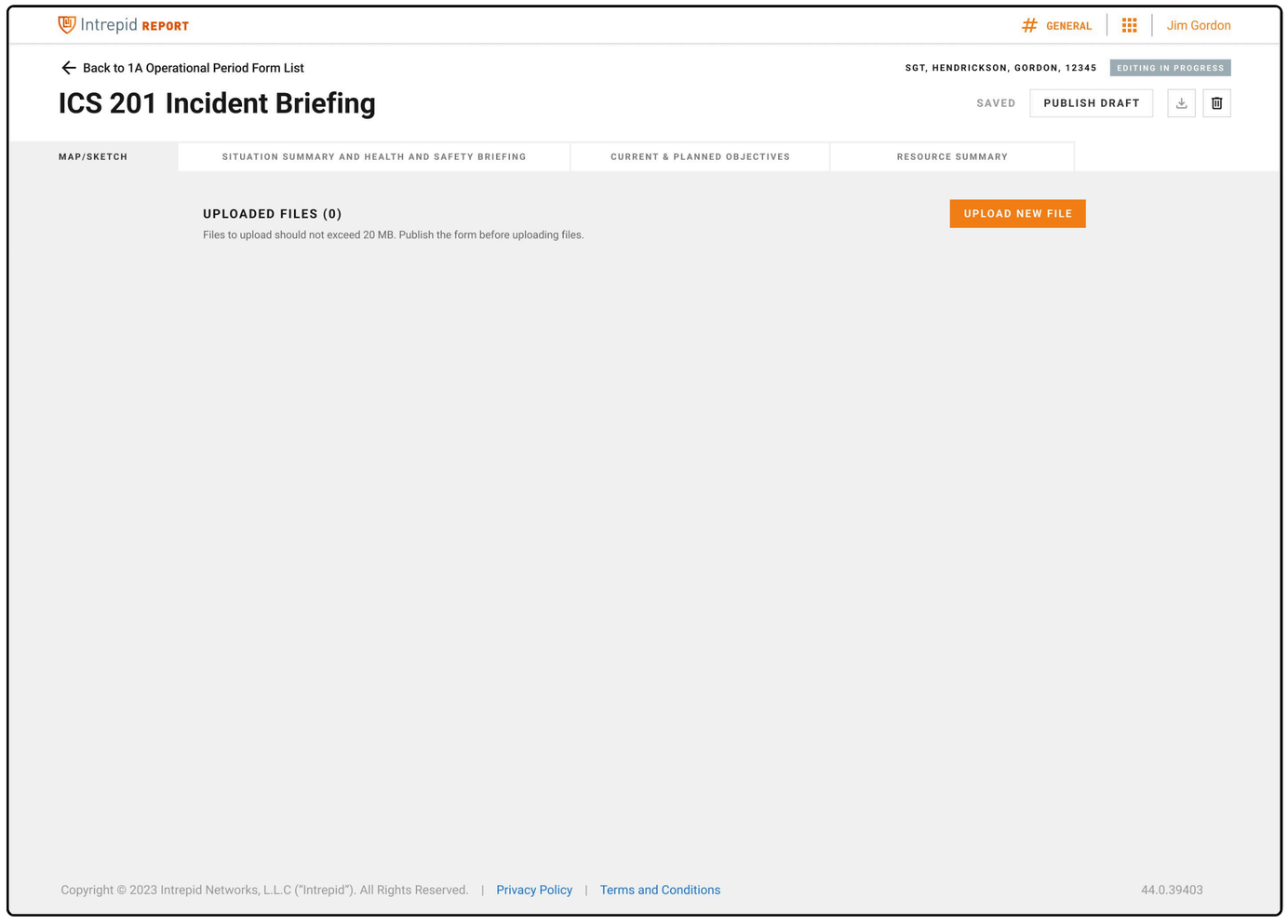
When a user creates an ICS 201, the first section they see will allow them to upload and view an image file (JPG, PNG) up to 20Mb.

In order to upload images, the form must first be in a published state.



ICS FEMA Official form

PDF Generated by ICS Report

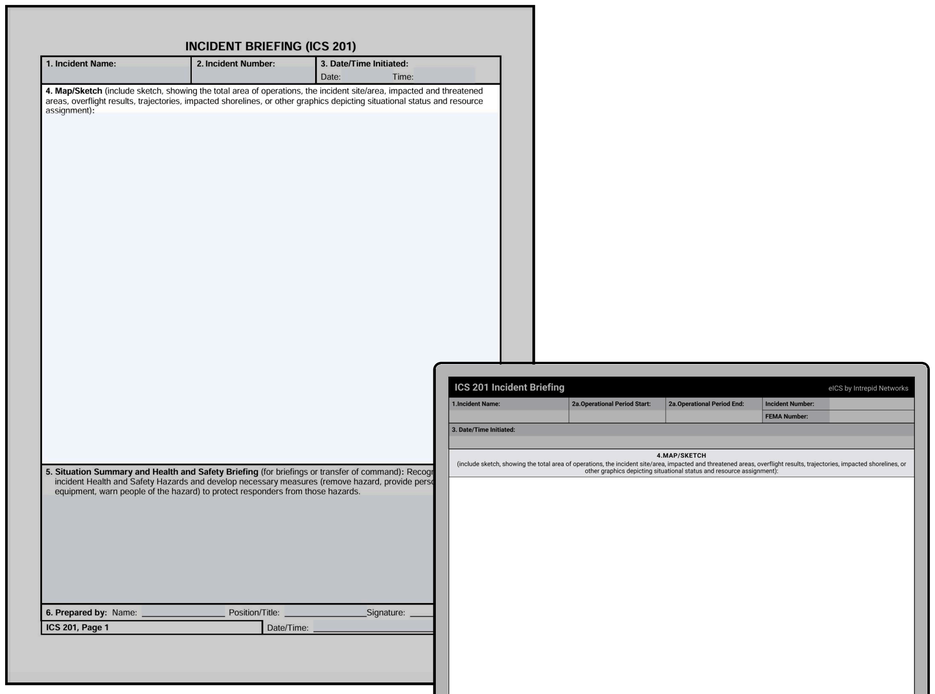


ICS Report Web

ICS 201: Incident Briefing

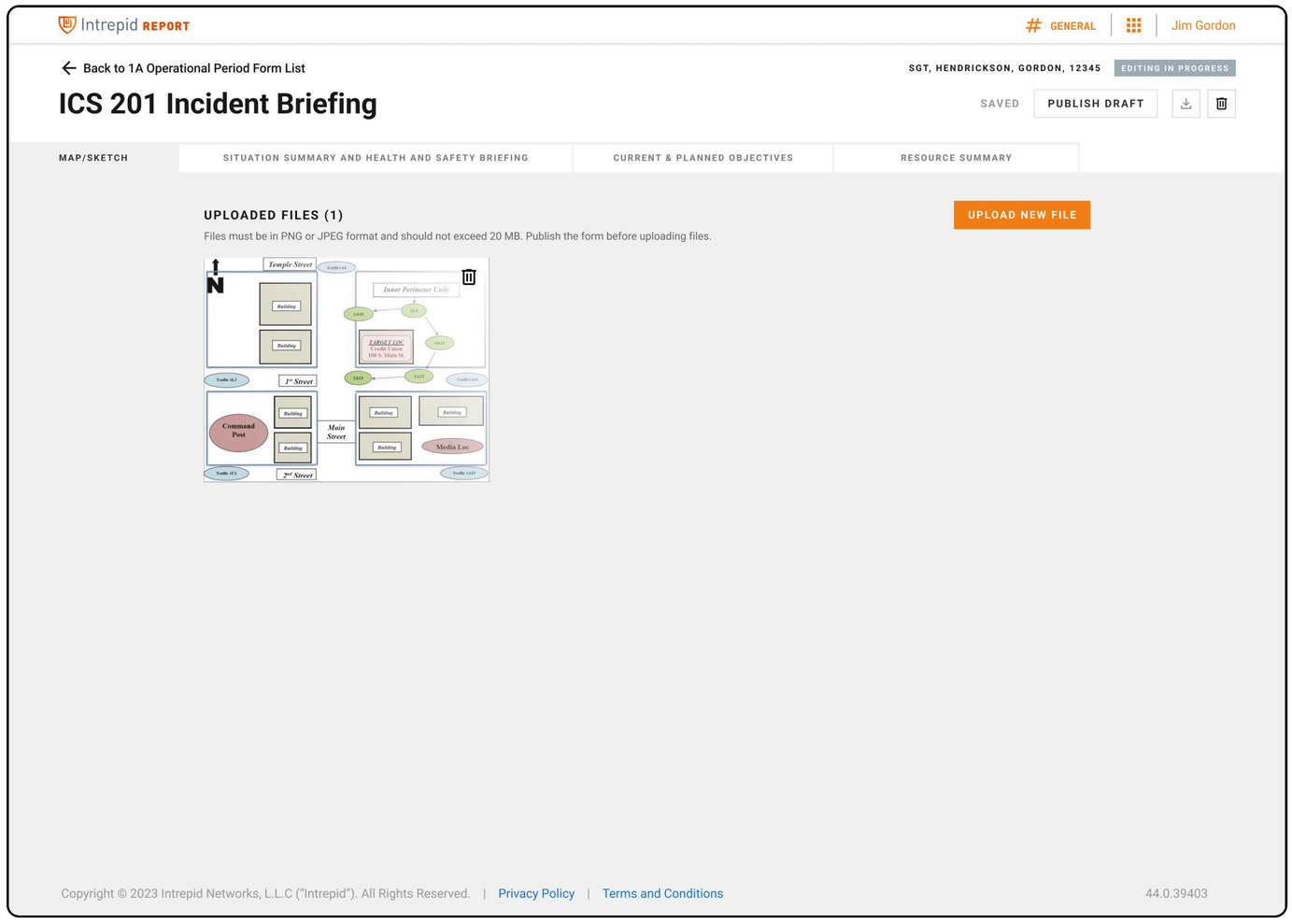
Uploaded images can be clicked to display an expanded view, and can be deleted with the trash icon located on the upper right corner of each image.

Files must be in PNG or JPEG format, and must be under 20 MB.



ICS FEMA Official form

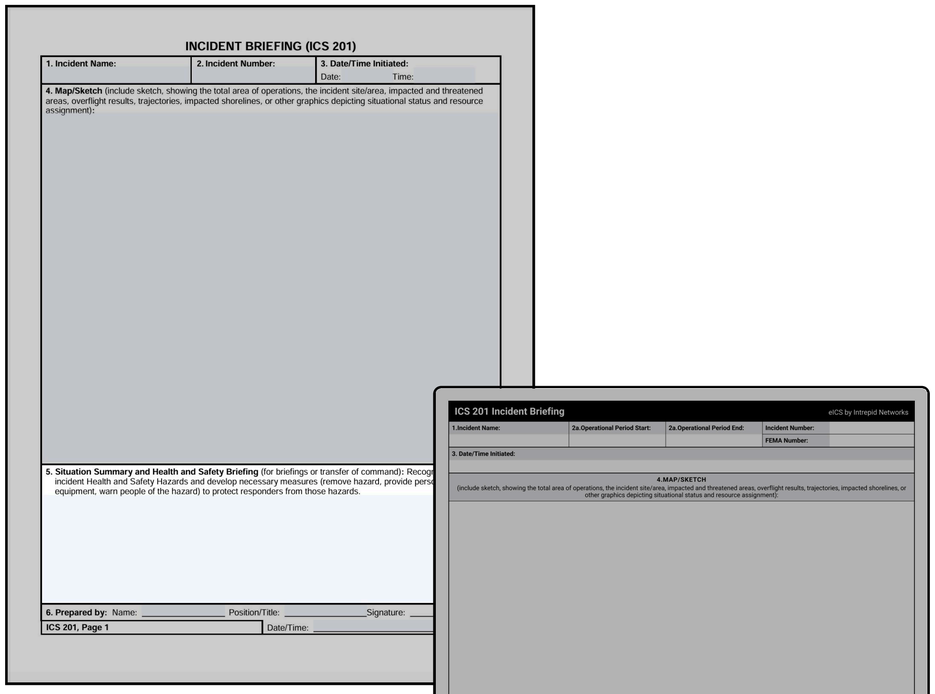
PDF Generated by ICS Report



ICS Report Web

ICS 201: Incident Briefing

Situation summary and health and safety briefing tab allows users to provide relevant information details.



INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

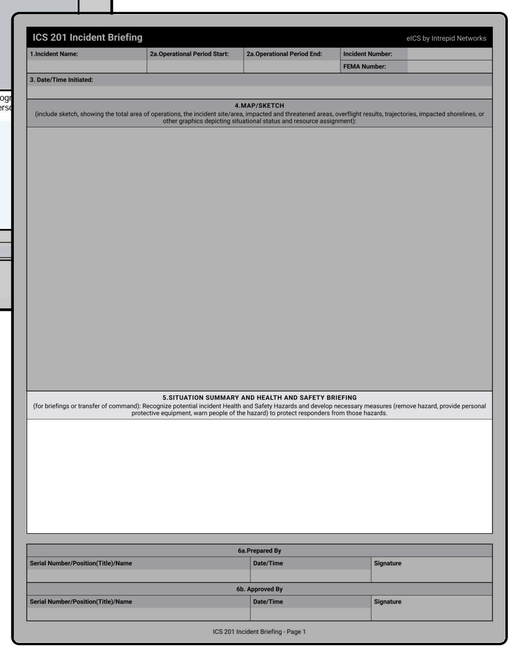
4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recog
incident Health and Safety Hazards and develop necessary measures (remove hazard, provide pers
equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1 Date/Time: _____

ICS FEMA Official form



ICS 201 Incident Briefing — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:
			FEMA Number:

3. Date/Time Initiated:

4.MAP/SKETCH
(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.SITUATION SUMMARY AND HEALTH AND SAFETY BRIEFING
(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.

6a.Prepared By

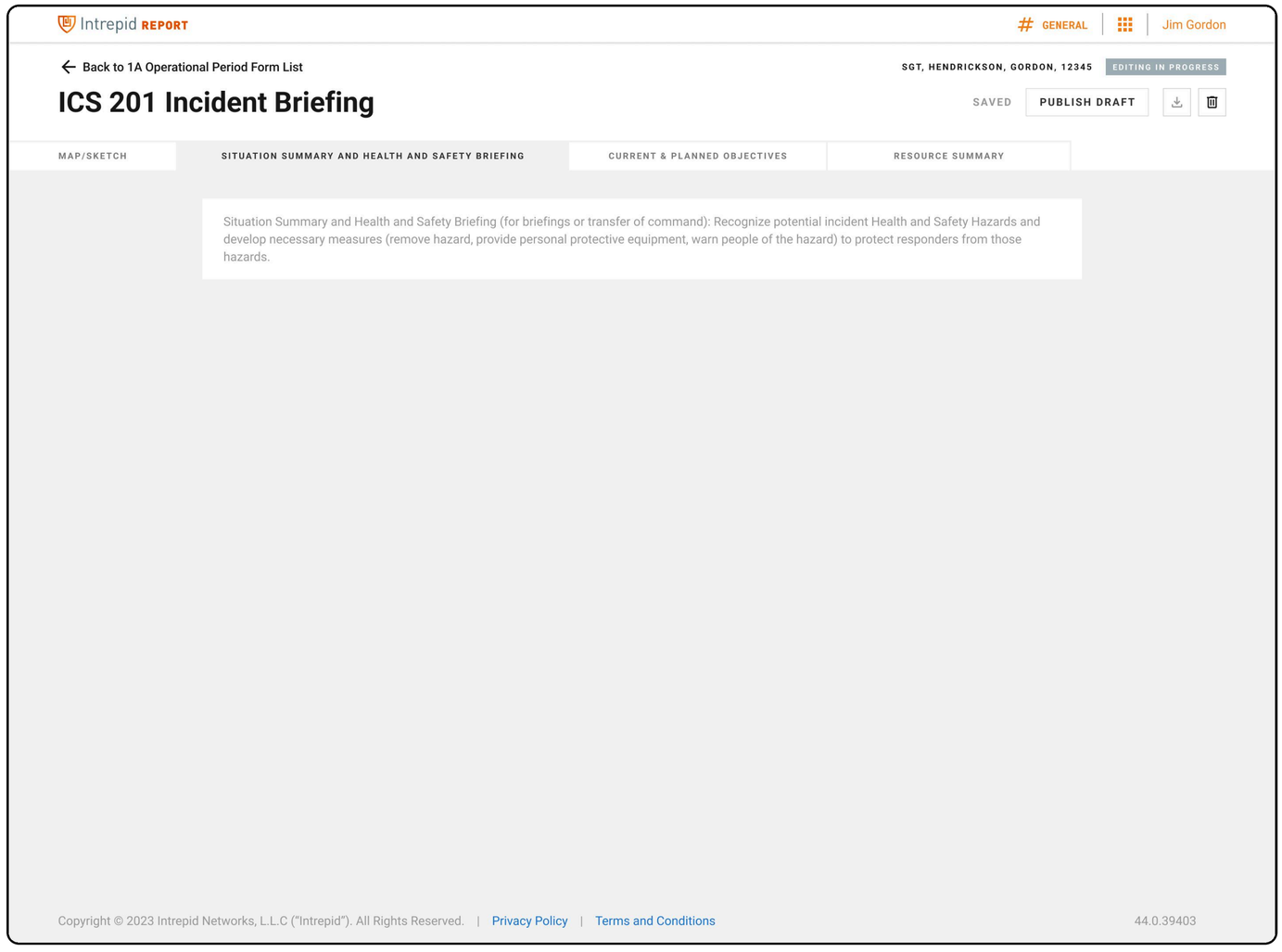
Serial Number/Position(Title)/Name	Date/Time	Signature

6b. Approved By

Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 201 Incident Briefing - Page 1

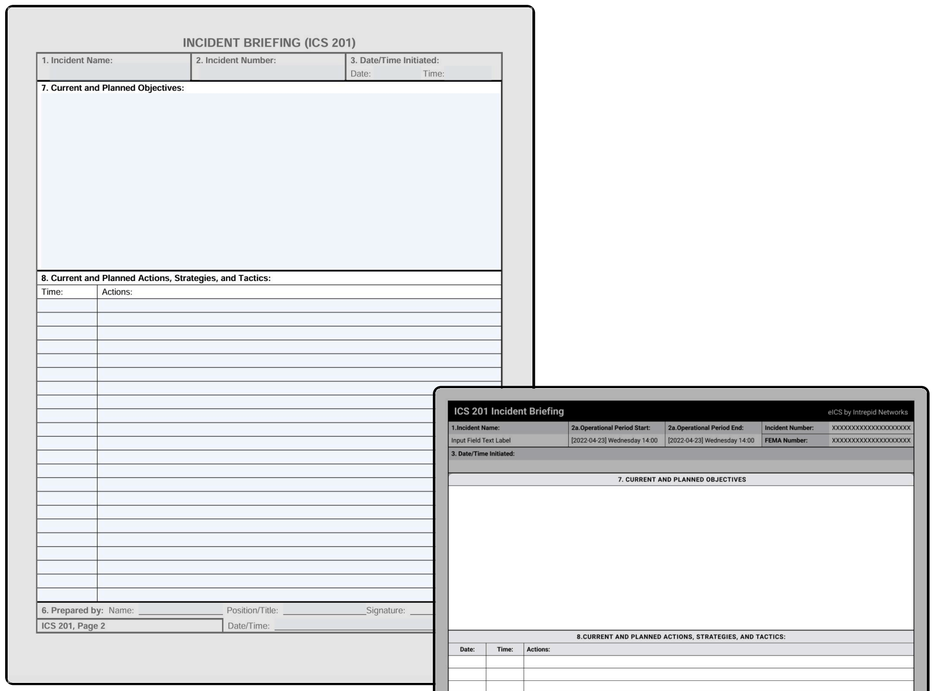
PDF Generated by ICS Report



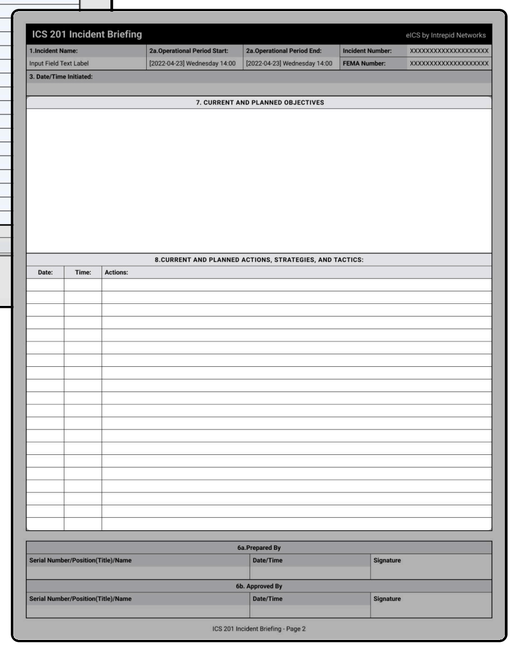
ICS Report Web

ICS 201: Incident Briefing

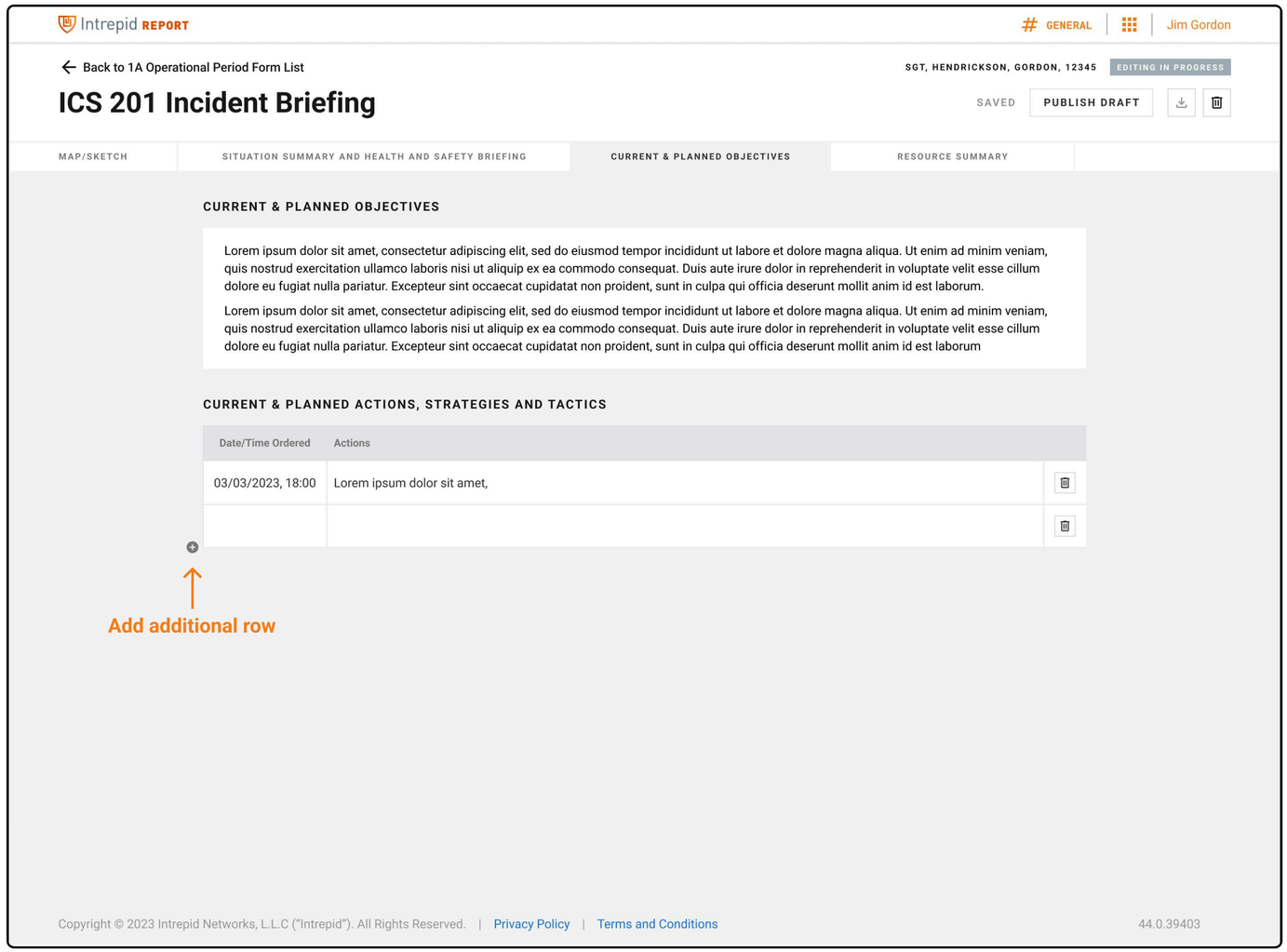
Current and planned objectives and planned actions, strategies, and tactics are grouped in the same section.



ICS FEMA Official form



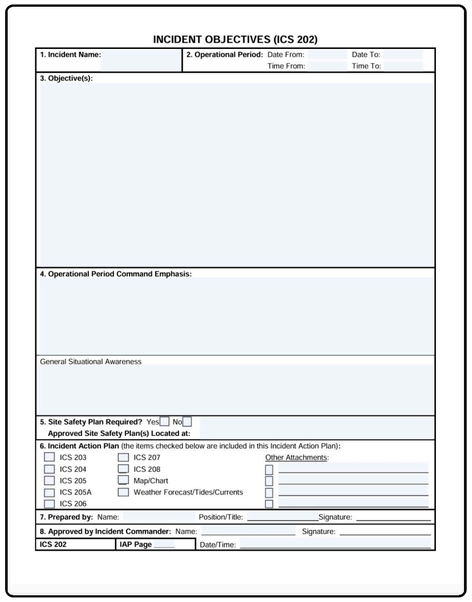
PDF Generated by ICS Report



ICS Report Web

ICS 202 - Incident Objectives

The Incident Objectives describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.



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 ☐ No ☐
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

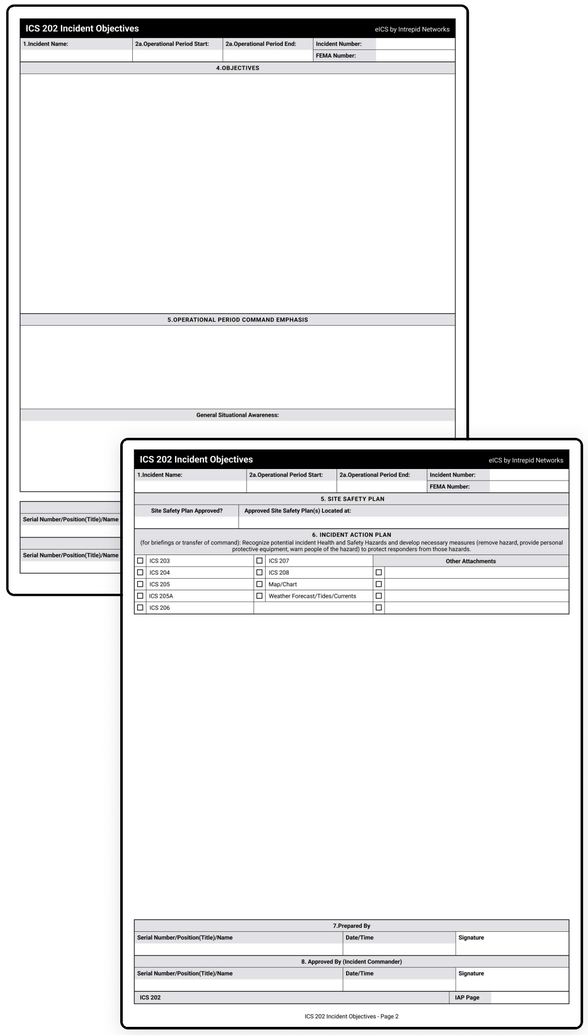
☐ ICS 203	☐ ICS 207	Other Attachments:
☐ ICS 204	☐ ICS 208	☐
☐ ICS 205	☐ Map/Chart	☐
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐
☐ ICS 206		☐

7. Prepared by: Name: Position/Title: Signature:

8. Approved by Incident Commander: Name: Signature:

ICS 202 | IAP Page ____ | Date/Time:

ICS FEMA Official form



ICS 202 Incident Objectives — eICS by Intrepid Networks

1.Incident Name: | 2a.Operational Period Start: | 2a.Operational Period End: | Incident Number: | FEMA Number:

4.OBJECTIVES

5.OPERATIONAL PERIOD COMMAND EMPHASIS

General Situational Awareness:

Serial Number/Position(Title)/Name

Serial Number/Position(Title)/Name

ICS 202 Incident Objectives — eICS by Intrepid Networks

1.Incident Name: | 2a.Operational Period Start: | 2a.Operational Period End: | Incident Number: | FEMA Number:

5. SITE SAFETY PLAN

Site Safety Plan Approved? | Approved Site Safety Plan(s) Located at:

6. INCIDENT ACTION PLAN
(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.

☐ ICS 203	☐ ICS 207		Other Attachments
☐ ICS 204	☐ ICS 208	☐	
☐ ICS 205	☐ Map/Chart	☐	
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐	
☐ ICS 206		☐	

7.Prepared By

Serial Number/Position(Title)/Name	Date/Time	Signature

8. Approved By (Incident Commander)

Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 202 | IAP Page

ICS 202 Incident Objectives - Page 2

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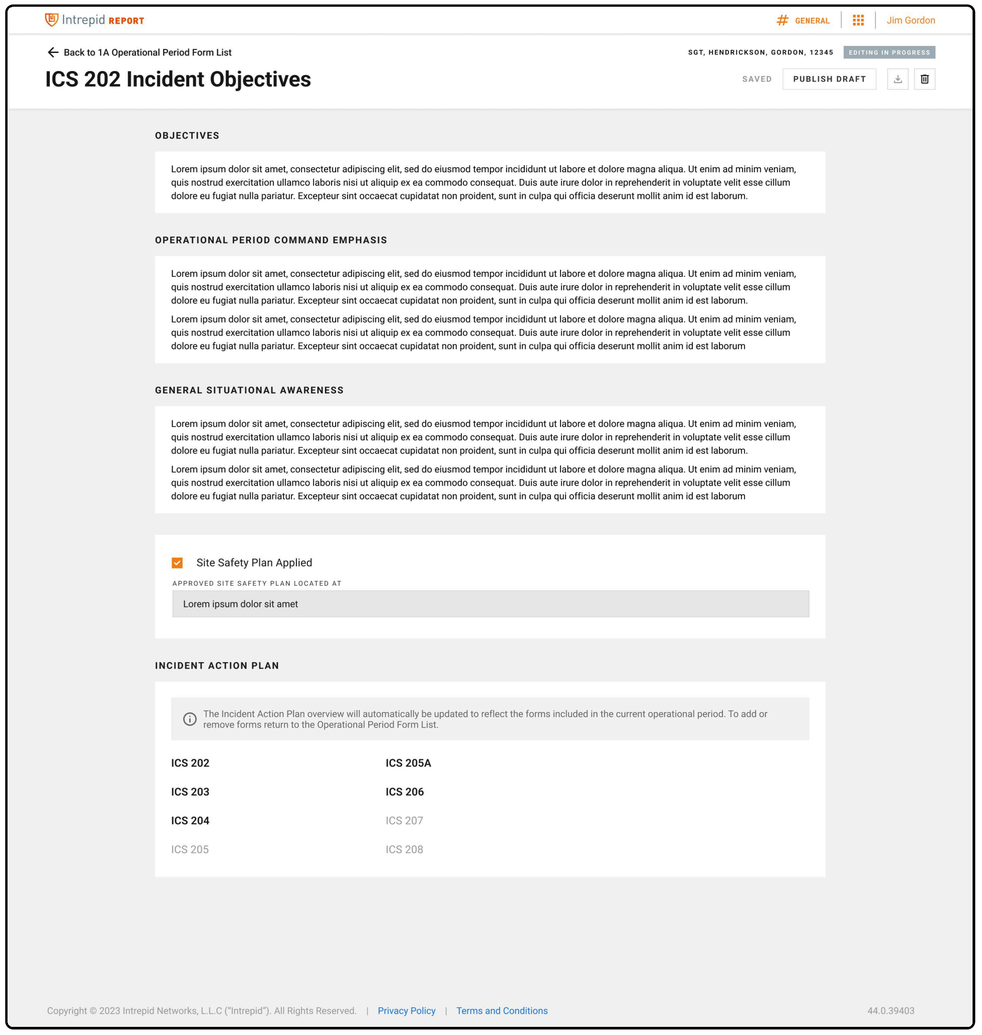
(Split into 2 pages)



Intrepid REPORT — GENERAL — Jim Gordon

Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 EDITING IN PROGRESS

ICS 202 Incident Objectives

SAVED PUBLISH DRAFT

OBJECTIVES

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OPERATIONAL PERIOD COMMAND EMPHASIS

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GENERAL SITUATIONAL AWARENESS

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Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum

☑ Site Safety Plan Applied

APPROVED SITE SAFETY PLAN LOCATED AT

Lorem ipsum dolor sit amet

INCIDENT ACTION PLAN

ⓘ The Incident Action Plan overview will automatically be updated to reflect the forms included in the current operational period. To add or remove forms return to the Operational Period Form List.

ICS 202	**ICS 205A**
ICS 203	**ICS 206**
ICS 204	ICS 207
ICS 205	ICS 208

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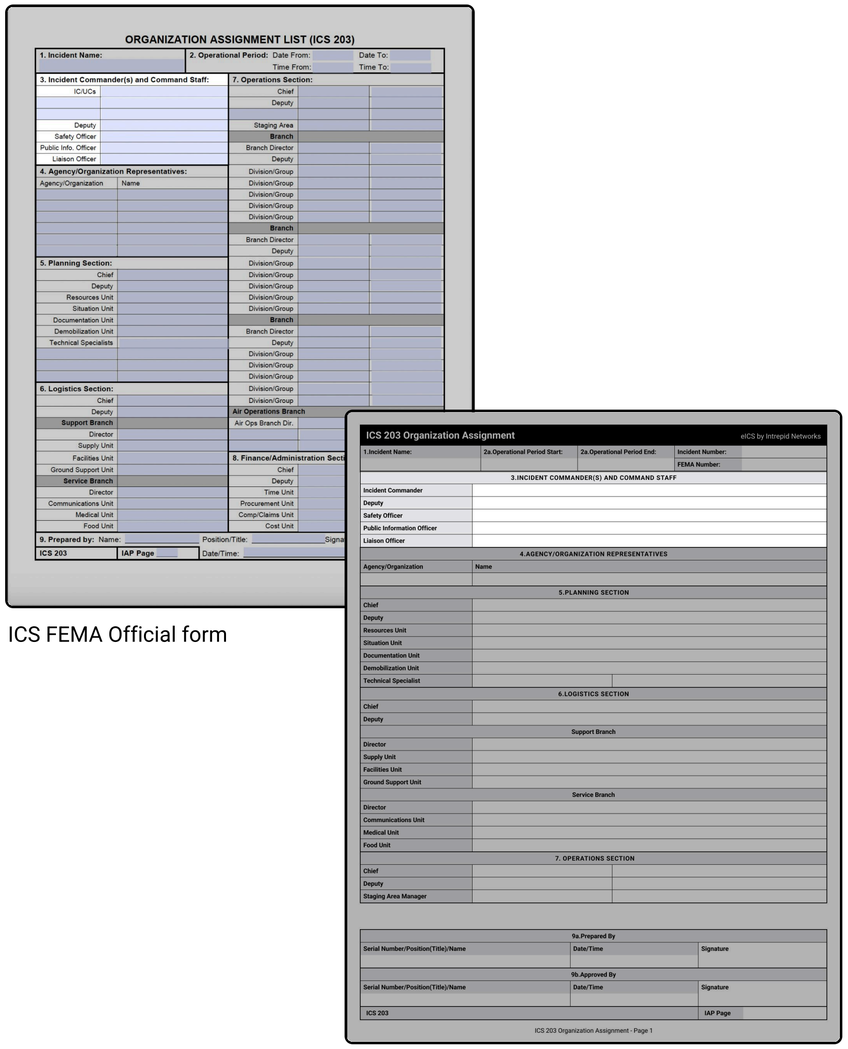
ICS Report Web

*The incident action plan section will be automated by Intrepid Report based on the forms that users have added to the Operational Period. There is no action involved for users in this section.

ICS 203

The ICS 203 form enables users to organize the incident command structure by configuring command staff, general staff, and other key personnel. It specifies who is responsible for overseeing each section and provides contact information for leadership roles.
Please make sure to update all the required input fields marker with asterisk

Additional incident/unified commanders may also be added in this section.



ICS FEMA Official form

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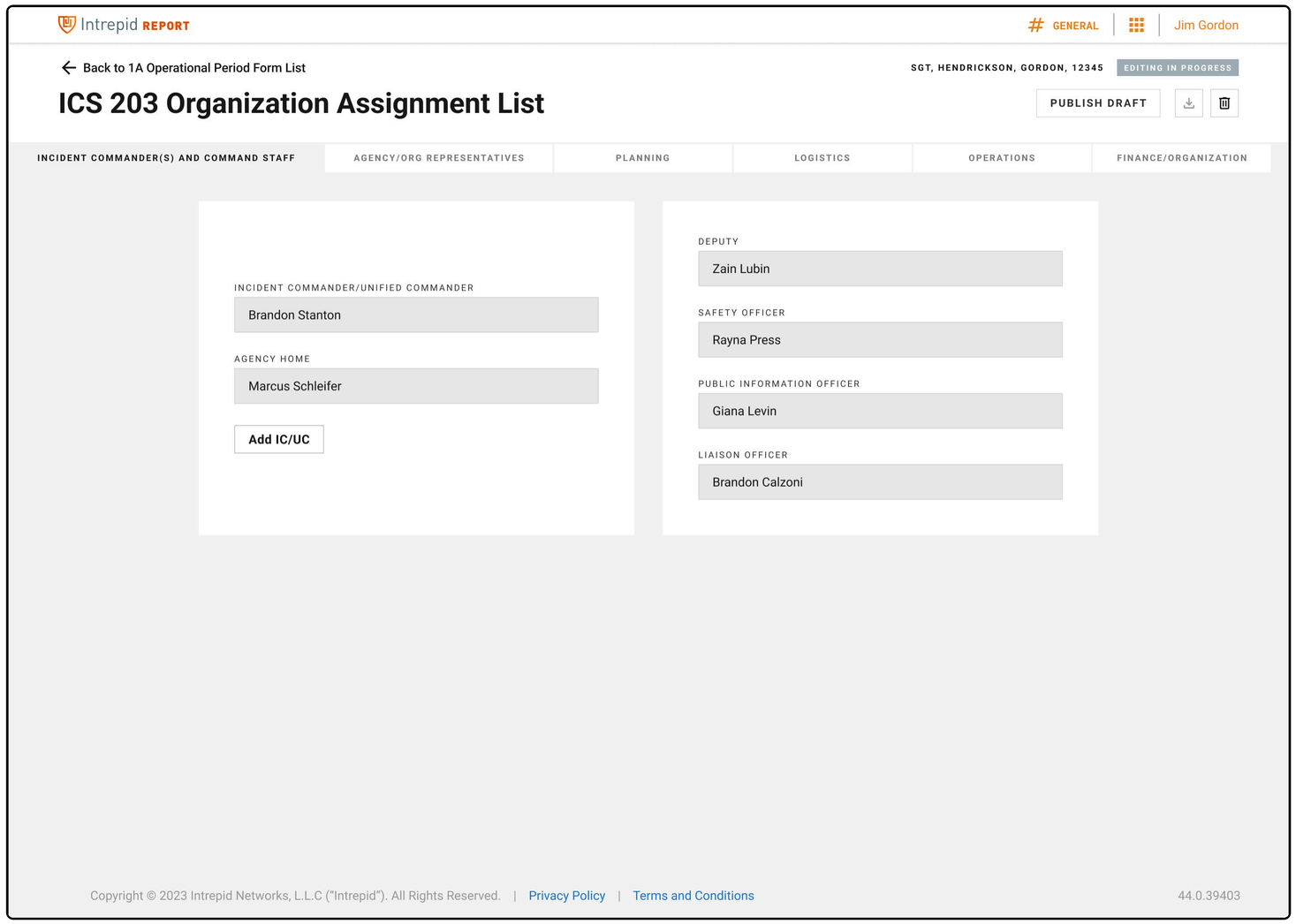
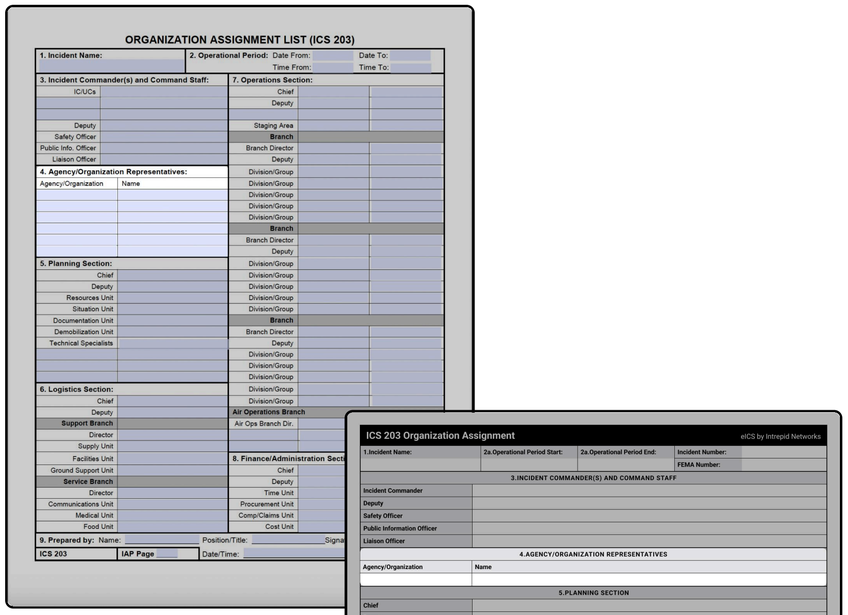


ICS Report Web

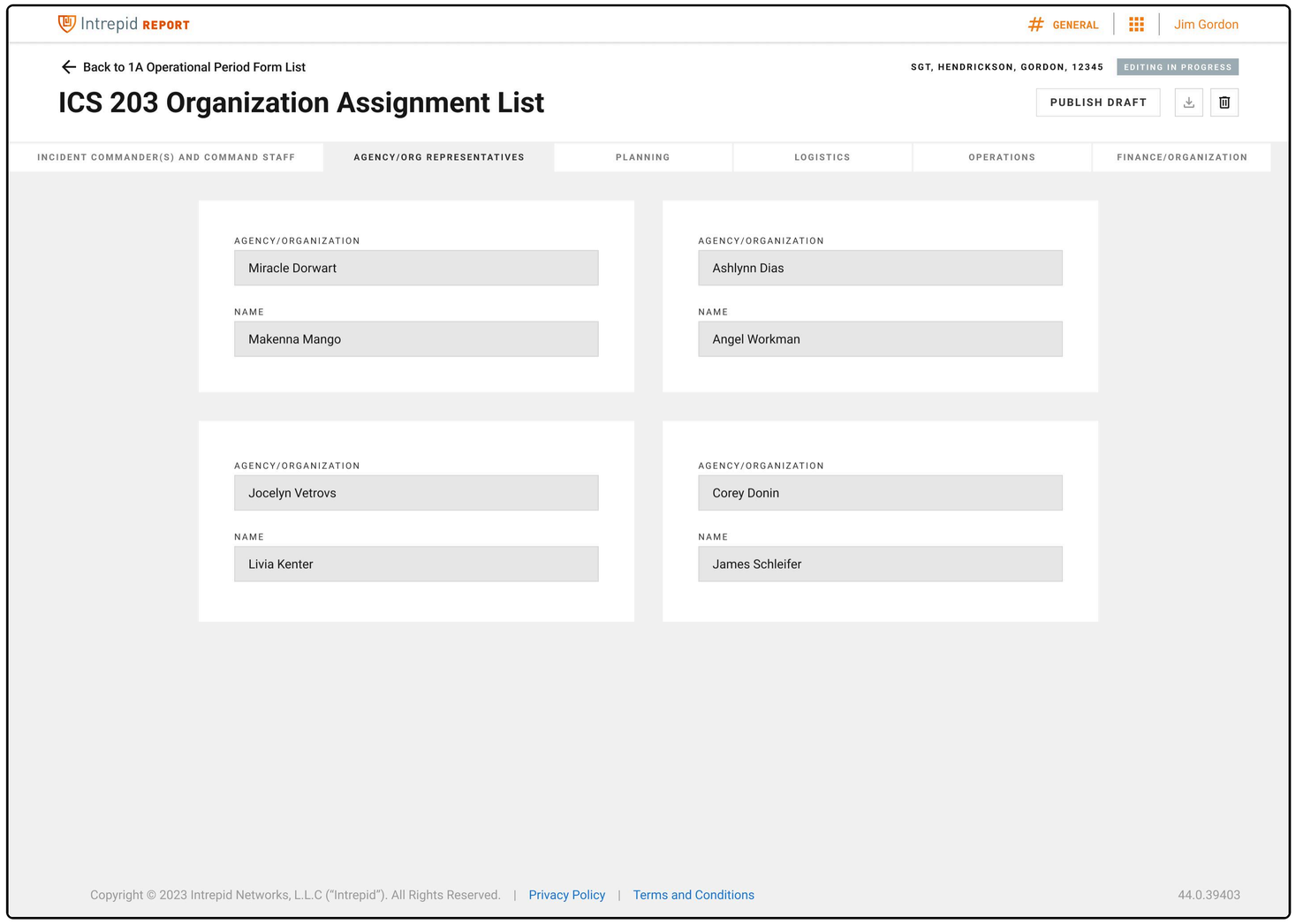
ICS 203

The Agency Representatives section enables users to configure external agency's representatives.



ICS FEMA Official form

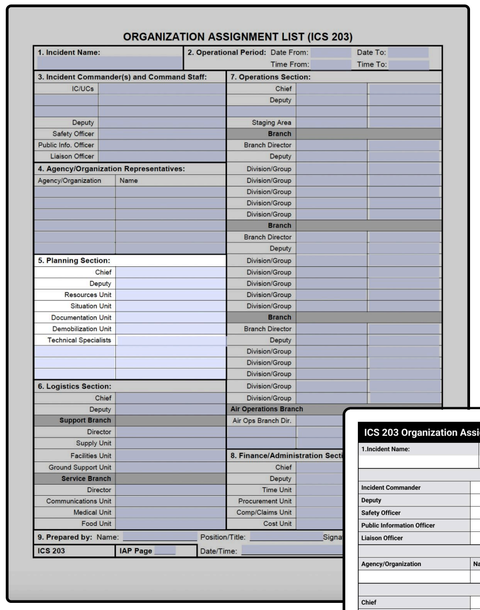
PDF Generated by ICS Report



ICS Report Web

ICS 203

Planning section. Technical specialists with a specialization description can be added as needed.



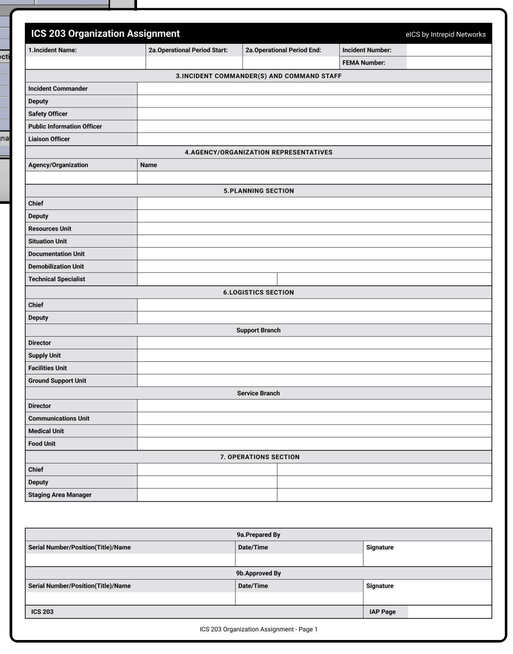
ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From:	Date To:
		Time From:	Time To:
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Sect	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	

9. Prepared by: Name: _____ Position/Title: _____ Signa

ICS 203 | IAP Page ____ | Date/Time: _____

ICS FEMA Official form



ICS 203 Organization Assignment — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:
			FEMA Number:

3.INCIDENT COMMANDER(S) AND COMMAND STAFF	
Incident Commander	
Deputy	
Safety Officer	
Public Information Officer	
Liaison Officer	

4.AGENCY/ORGANIZATION REPRESENTATIVES	
Agency/Organization	Name

5.PLANNING SECTION	
Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialist	

6.LOGISTICS SECTION	
Chief	
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. OPERATIONS SECTION		
Chief		
Deputy		
Staging Area Manager		

9a.Prepared By		
Serial Number/Position(Title)/Name	Date/Time	Signature

9b.Approved By		
Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 203	IAP Page

ICS 203 Organization Assignment - Page 1

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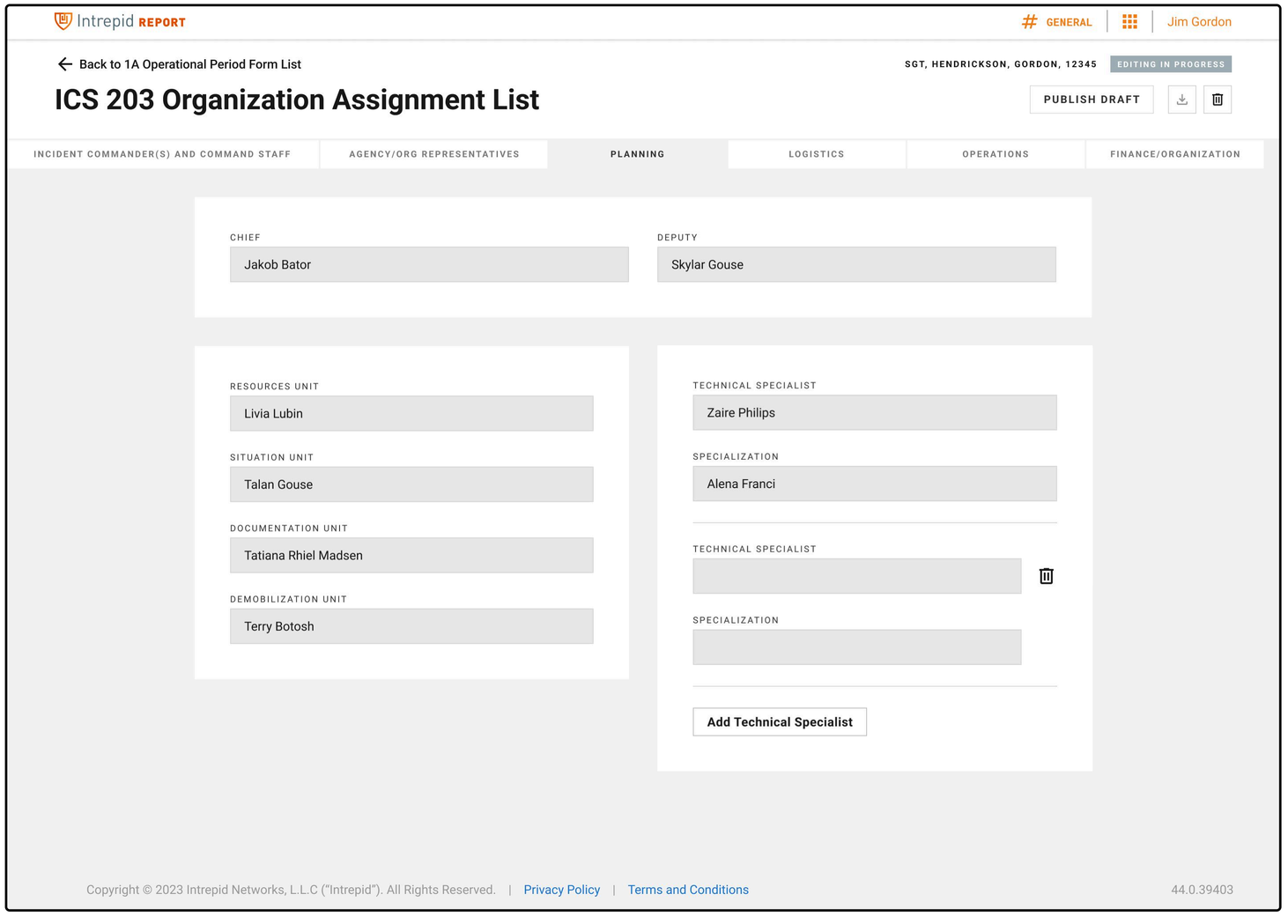

Intrepid REPORT

GENERAL | Jim Gordon

Back to 1A Operational Period Form List

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ICS 203 Organization Assignment List

PUBLISH DRAFT

INCIDENT COMMANDER(S) AND COMMAND STAFF | AGENCY/ORG REPRESENTATIVES | PLANNING | LOGISTICS | OPERATIONS | FINANCE/ORGANIZATION

CHIEF: Jakob Bator

DEPUTY: Skylar Gouse

RESOURCES UNIT: Livia Lubin

SITUATION UNIT: Talan Gouse

DOCUMENTATION UNIT: Tatiana Rhiel Madsen

DEMOBILIZATION UNIT: Terry Botosh

TECHNICAL SPECIALIST: Zaire Philips

SPECIALIZATION: Alena Franci

TECHNICAL SPECIALIST:

SPECIALIZATION:

Add Technical Specialist

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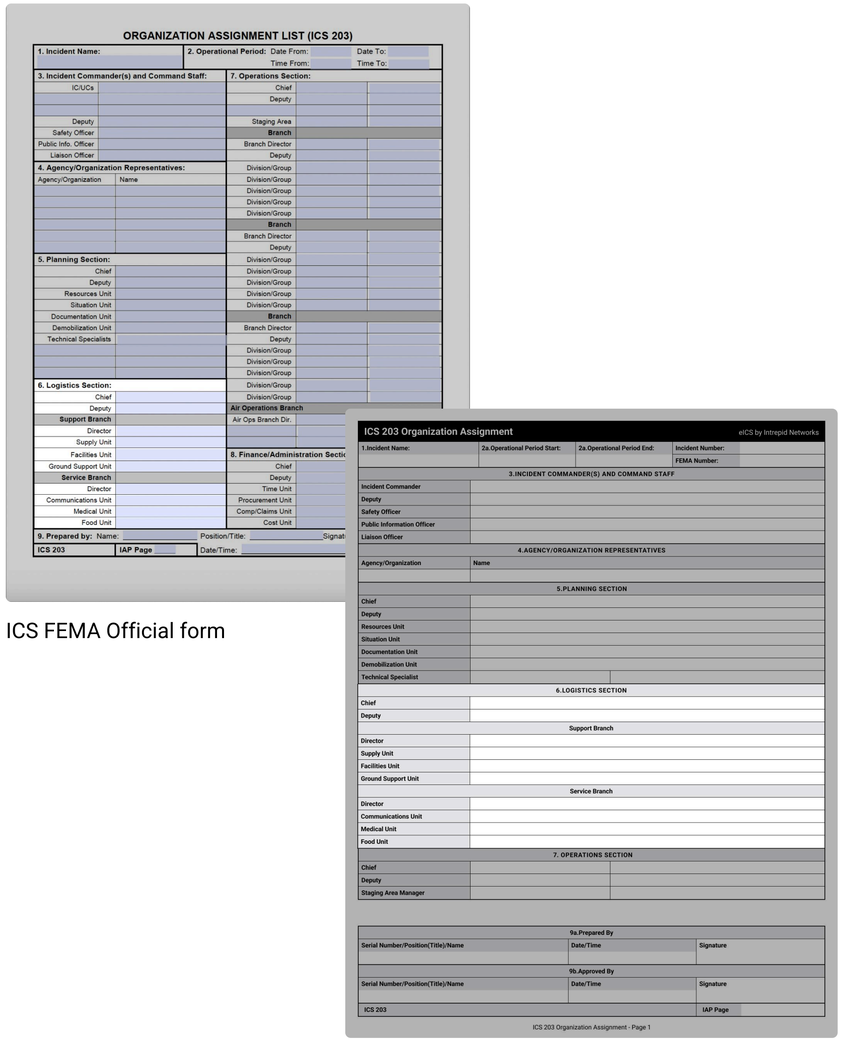
ICS Report Web

ICS 203

Logistics Section includes Support and Service branches.



ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From:	Date To:
		Time From:	Time To:
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit		8. Finance/Administration Sectio	
Facilities Unit		Chief	
Ground Support Unit		Deputy	
Service Branch		Time Unit	
Director		Procurement Unit	
Communications Unit		Comp/Claims Unit	
Medical Unit		Cost Unit	
Food Unit			

9. Prepared by: Name: _____ Position/Title: _____ Signat

ICS 203 | IAP Page ____ | Date/Time: _____

ICS 203 Organization Assignment — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:	
			FEMA Number:	

3.INCIDENT COMMANDER(S) AND COMMAND STAFF	
Incident Commander	
Deputy	
Safety Officer	
Public Information Officer	
Liaison Officer	

4.AGENCY/ORGANIZATION REPRESENTATIVES	
Agency/Organization	Name

5.PLANNING SECTION	
Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialist	

6.LOGISTICS SECTION	
Chief	
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. OPERATIONS SECTION		
Chief		
Deputy		
Staging Area Manager		

9a.Prepared By		
Serial Number/Position(Title)/Name	Date/Time	Signature
9b.Approved By		
Serial Number/Position(Title)/Name	Date/Time	Signature
ICS 203		IAP Page

ICS 203 Organization Assignment - Page 1

ICS FEMA Official form

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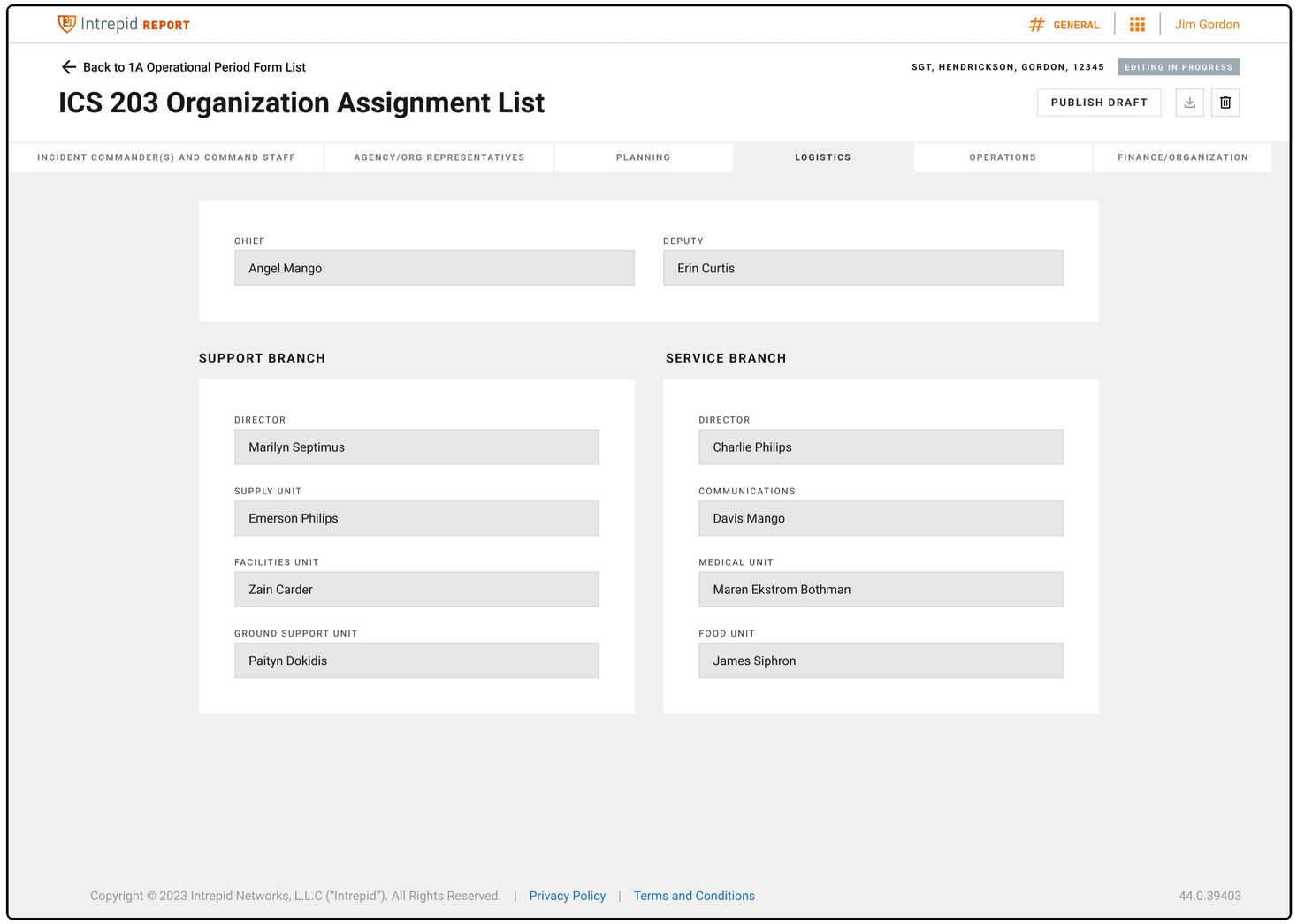
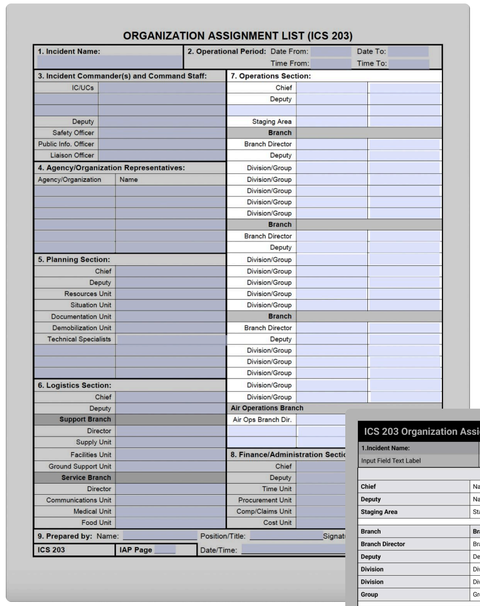


ICS Report Web

ICS 203

Operations Section enables users to configure Groups, Divisions, and Branches.

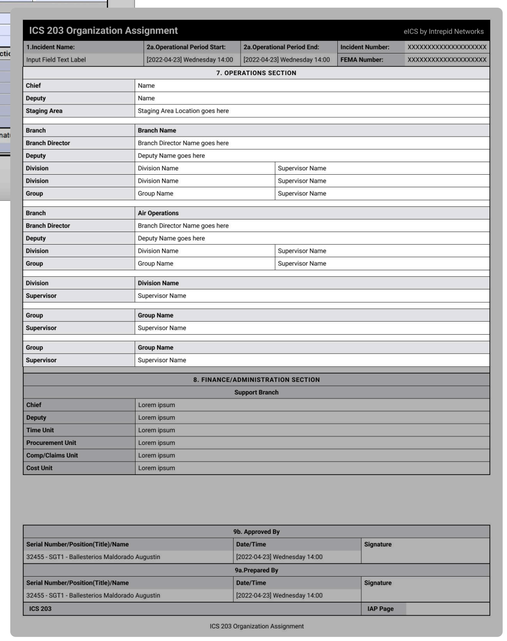


ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From:	Date To:
		Time From:	Time To:
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy			
Safety Officer		Staging Area	
Public Info. Officer		Branch	
Liaison Officer		Branch Director	
4. Agency/Organization Representatives:		Deputy	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit		8. Finance/Administration Sectio	
Facilities Unit		Chief	
Ground Support Unit		Deputy	
Service Branch		Time Unit	
Director		Procurement Unit	
Communications Unit		Comp/Claims Unit	
Medical Unit		Cost Unit	
Food Unit			

9. Prepared by: Name: _____ Position/Title: _____ Signat

ICS 203 | IAP Page ____ | Date/Time: _____



ICS 203 Organization Assignment — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-23] Wednesday 14:00	FEMA Number: XXXXXXXXXXXXXXXXXX

7. OPERATIONS SECTION

Chief	Name	
Deputy	Name	
Staging Area	Staging Area Location goes here	
Branch	Branch Name	
Branch Director	Branch Director Name goes here	
Deputy	Deputy Name goes here	
Division	Division Name	Supervisor Name
Division	Division Name	Supervisor Name
Group	Group Name	Supervisor Name
Branch	Air Operations	
Branch Director	Branch Director Name goes here	
Deputy	Deputy Name goes here	
Division	Division Name	Supervisor Name
Group	Group Name	Supervisor Name
Division	Division Name	
Supervisor	Supervisor Name	
Group	Group Name	
Supervisor	Supervisor Name	
Group	Group Name	
Supervisor	Supervisor Name	

8. FINANCE/ADMINISTRATION SECTION

Support Branch	
Chief	Lorem ipsum
Deputy	Lorem ipsum
Time Unit	Lorem ipsum
Procurement Unit	Lorem ipsum
Comp/Claims Unit	Lorem ipsum
Cost Unit	Lorem ipsum

9b. Approved By

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesteros Maldorado Augustin	[2022-04-23] Wednesday 14:00	

9a.Prepared By

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesteros Maldorado Augustin	[2022-04-23] Wednesday 14:00	

ICS 203 | IAP Page

ICS 203 Organization Assignment

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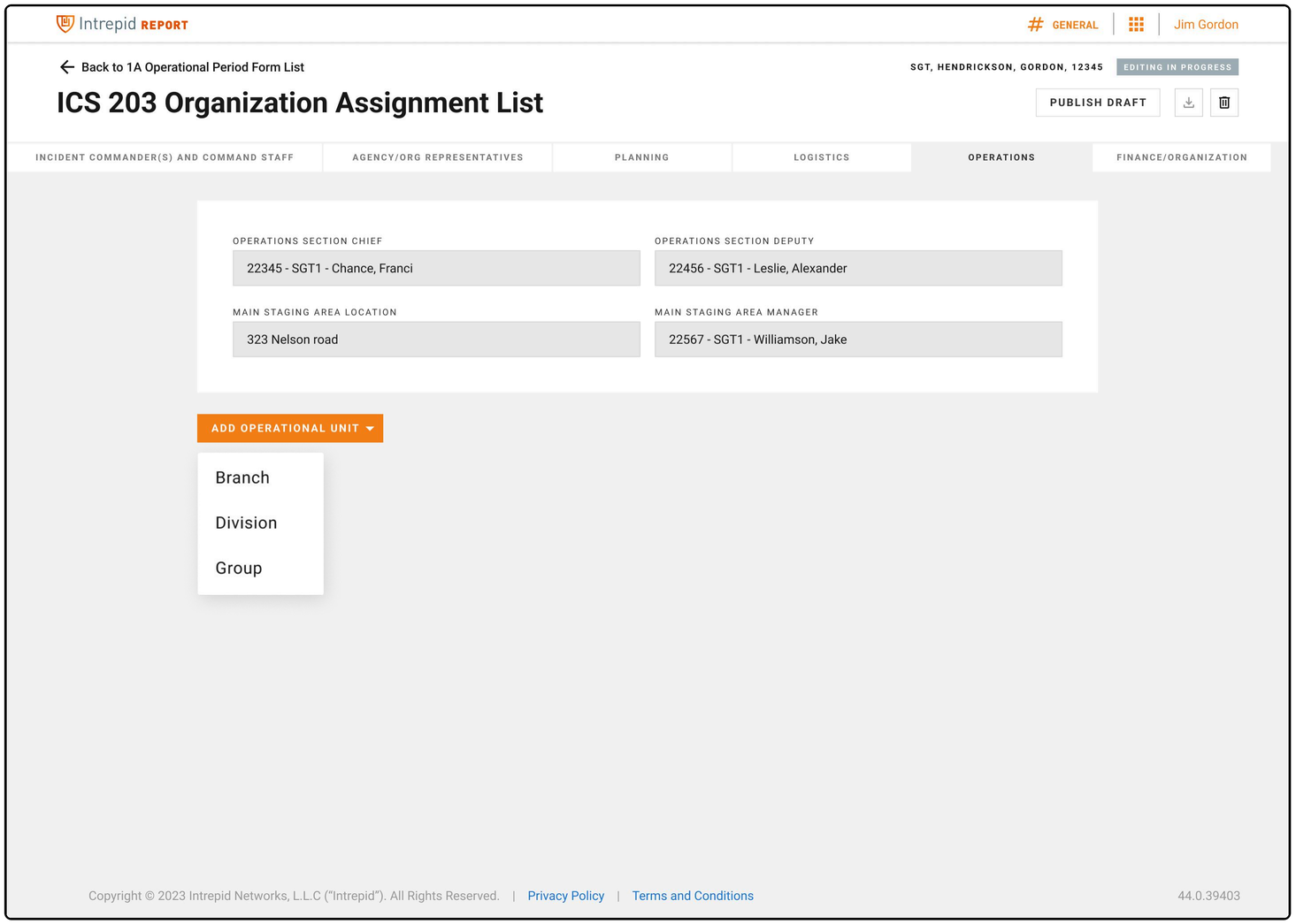
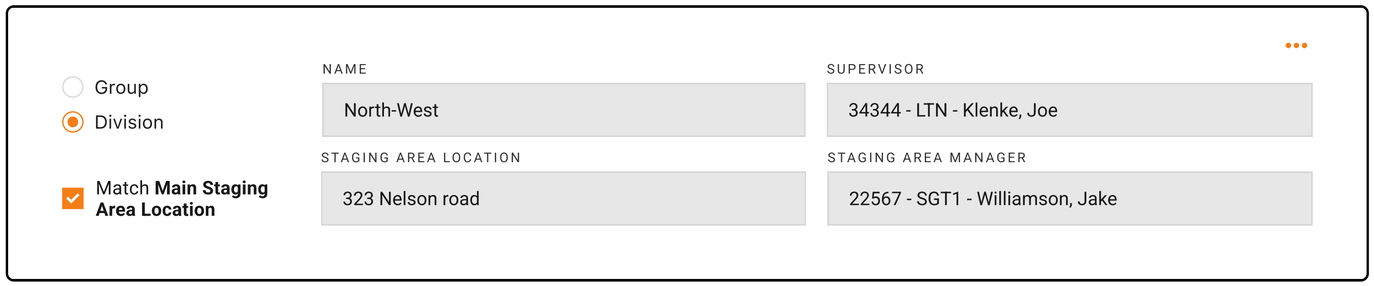


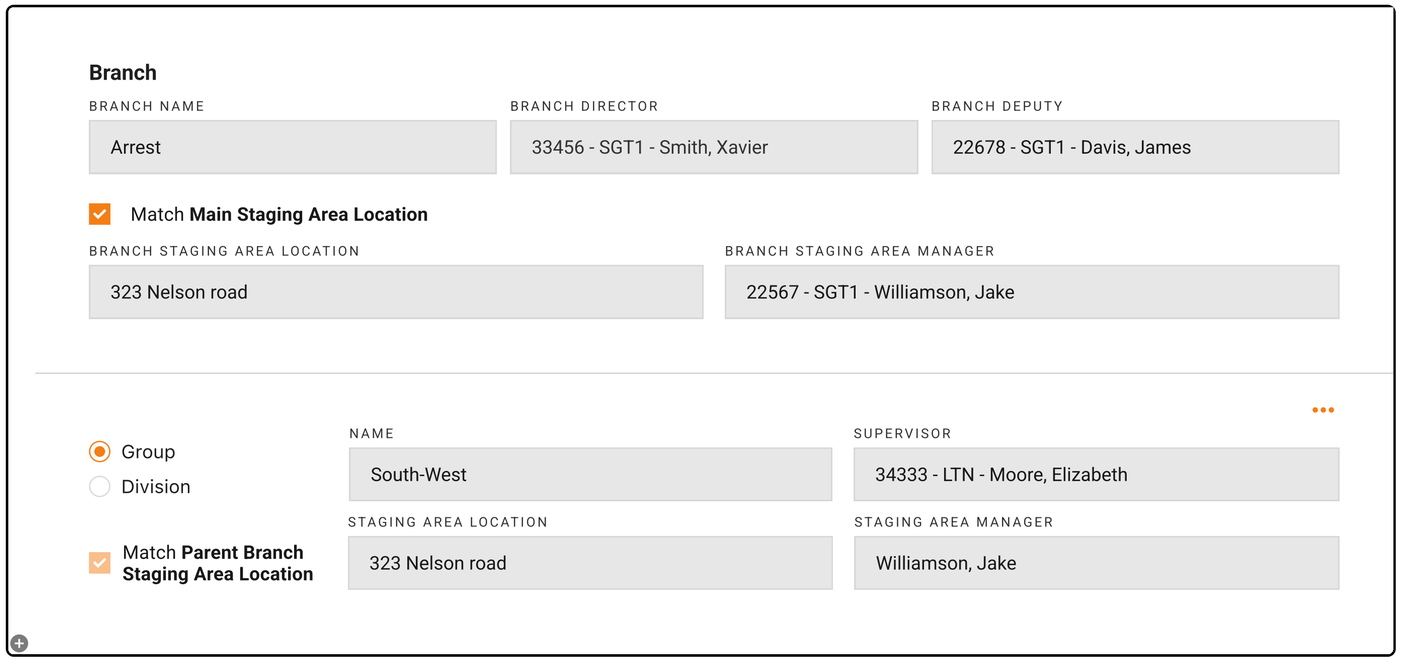
ICS Report Web

ICS 203



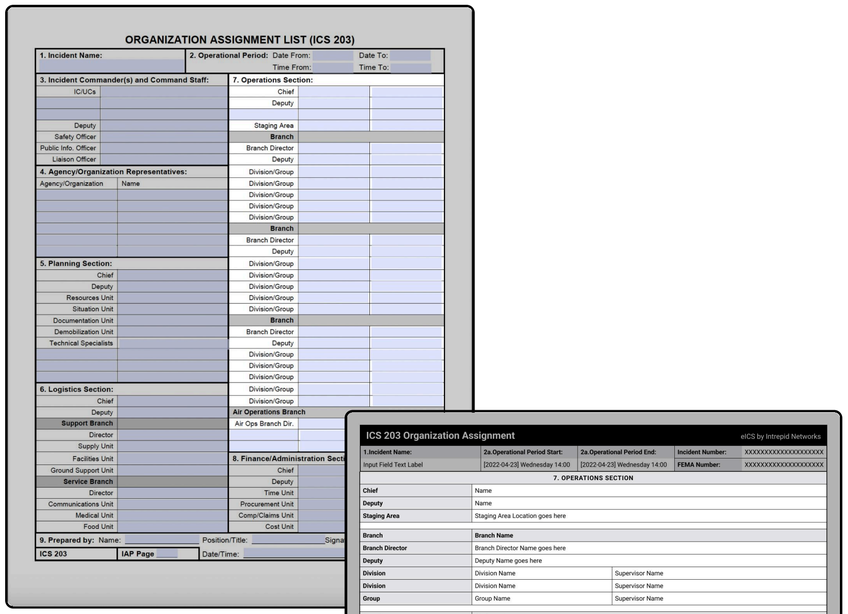
A Group or Division is defined within an Operational Unit container, which contains relevant fields. This information will automatically sync with the ICS 204 form and the ICS 211 form if it's linked.

A user can choose whether a Staging area location should be the same for all the units by selecting “Match Staging Area Location” checkbox or set it up individually for each Branch/Group/Division.



ICS 203

Existing Groups/Division can be easily re-assigned to a Branch



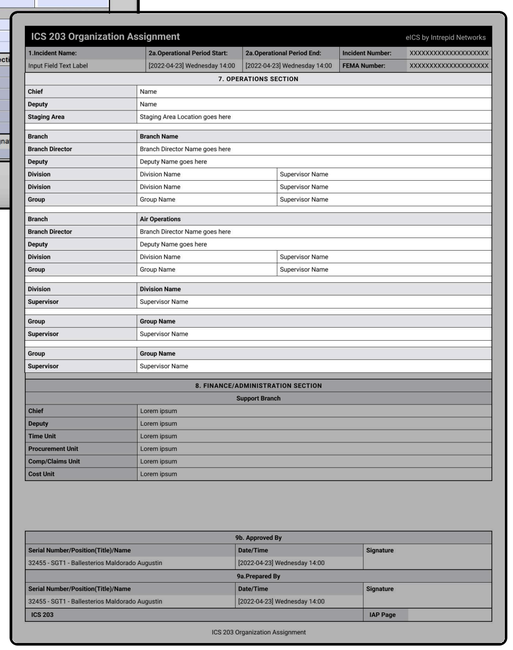
ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From:	Date To:
		Time From:	Time To:
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Sect	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	

9. Prepared by: Name: _____ Position/Title: _____ Signa

ICS 203 | IAP Page ____ | Date/Time: _____

ICS FEMA Official form



ICS 203 Organization Assignment — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:	XXXXXXXXXXXXXXXXXX
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-23] Wednesday 14:00	FEMA Number:	XXXXXXXXXXXXXXXXXX

7. OPERATIONS SECTION

Chief	Name	
Deputy	Name	
Staging Area	Staging Area Location goes here	
Branch	Branch Name	
Branch Director	Branch Director Name goes here	
Deputy	Deputy Name goes here	
Division	Division Name	Supervisor Name
Division	Division Name	Supervisor Name
Group	Group Name	Supervisor Name
Branch	Air Operations	
Branch Director	Branch Director Name goes here	
Deputy	Deputy Name goes here	
Division	Division Name	Supervisor Name
Group	Group Name	Supervisor Name
Division	Division Name	
Supervisor	Supervisor Name	
Group	Group Name	
Supervisor	Supervisor Name	
Group	Group Name	
Supervisor	Supervisor Name	

8. FINANCE/ADMINISTRATION SECTION

Support Branch	
Chief	Lorem ipsum
Deputy	Lorem ipsum
Time Unit	Lorem ipsum
Procurement Unit	Lorem ipsum
Comp/Claims Unit	Lorem ipsum
Cost Unit	Lorem ipsum

9b. Approved By

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

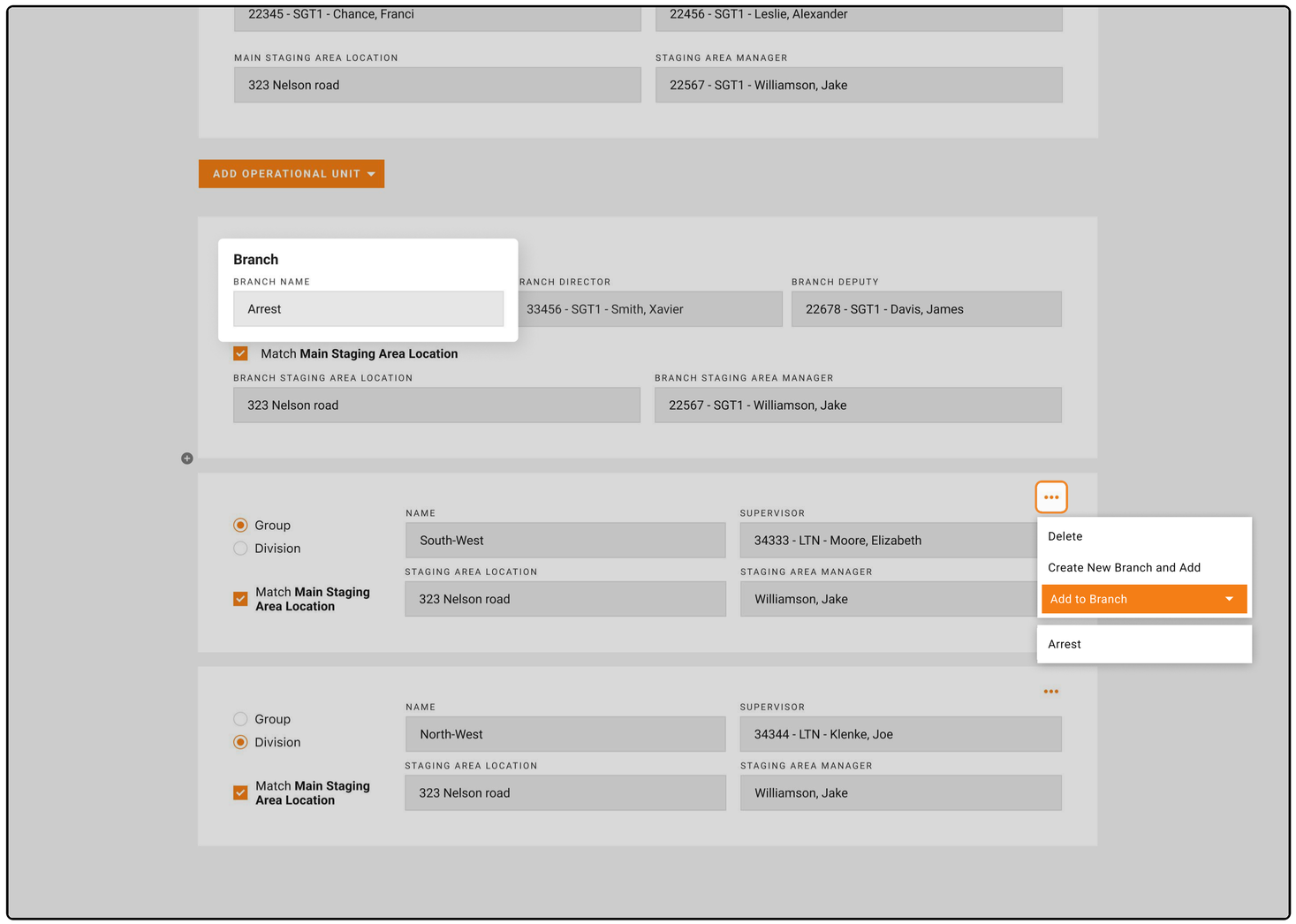
9a.Prepared By

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

ICS 203 | IAP Page

ICS 203 Organization Assignment

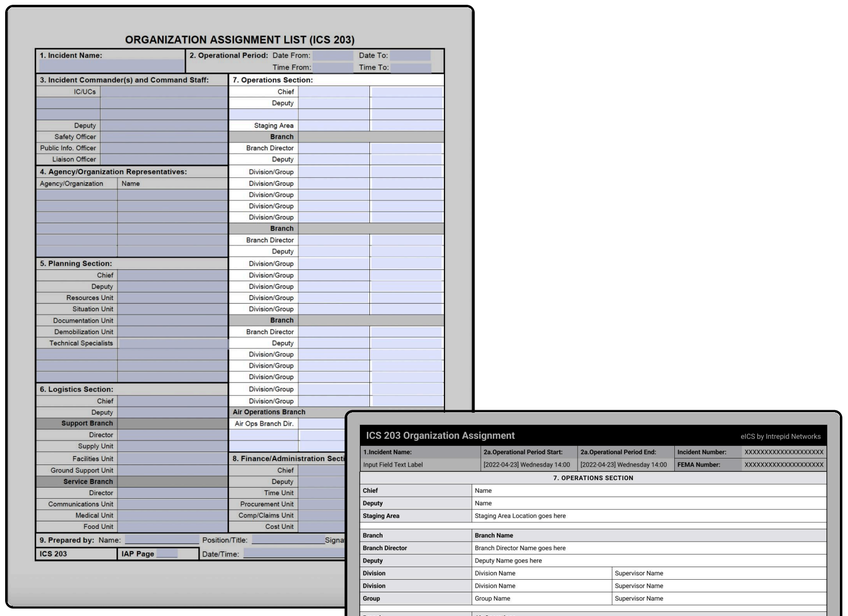
PDF Generated by ICS Report



ICS Report Web

ICS 203

When users need to create a new division or group directly under an existing branch, they can skip parts of the typical process by clicking the plus icon to the lower left of the branch region.



ORGANIZATION ASSIGNMENT LIST (ICS 203)

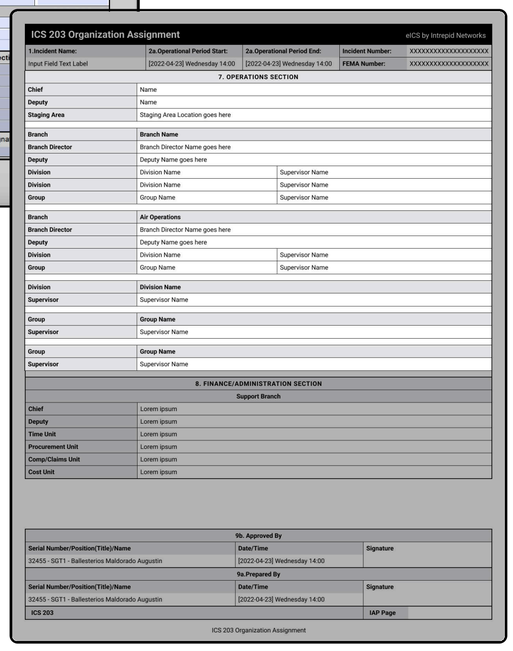
1. Incident Name:		**2. Operational Period:** Date From:	Date To:
		Time From:	Time To:

3. Incident Commander(s) and Command Staff:		**7. Operations Section:**		
IC/UCs		Chief		
		Deputy		
Deputy		Staging Area		
Safety Officer		**Branch**		
Public Info. Officer		Branch Director		
Liaison Officer		Deputy		
4. Agency/Organization Representatives:		Division/Group		
Agency/Organization	Name	Division/Group		
		Division/Group		
		Division/Group		
		Division/Group		
		Branch		
		Branch Director		
		Deputy		
5. Planning Section:		Division/Group		
Chief		Division/Group		
Deputy		Division/Group		
Resources Unit		Division/Group		
Situation Unit		Division/Group		
Documentation Unit		**Branch**		
Demobilization Unit		Branch Director		
Technical Specialists		Deputy		
		Division/Group		
		Division/Group		
		Division/Group		
6. Logistics Section:		Division/Group		
Chief		Division/Group		
Deputy		**Air Operations Branch**		
Support Branch		Air Ops Branch Dir.		
Director				
Supply Unit				
Facilities Unit		**8. Finance/Administration Sect**		
Ground Support Unit		Chief		
Service Branch		Deputy		
Director		Time Unit		
Communications Unit		Procurement Unit		
Medical Unit		Comp/Claims Unit		
Food Unit		Cost Unit		

9. Prepared by: Name: _____ Position/Title: _____ Signa

ICS 203 | **IAP Page** ____ Date/Time: _____

ICS FEMA Official form



ICS 203 Organization Assignment — eICS by Intrepid Networks

1.Incident Name:	**2a.Operational Period Start:**	**2a.Operational Period End:**	**Incident Number:**	XXXXXXXXXXXXXXXXXX
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-23] Wednesday 14:00	**FEMA Number:**	XXXXXXXXXXXXXXXXXX

7. OPERATIONS SECTION

Chief	Name	
Deputy	Name	
Staging Area	Staging Area Location goes here	
Branch	**Branch Name**	
Branch Director	Branch Director Name goes here	
Deputy	Deputy Name goes here	
Division	Division Name	Supervisor Name
Division	Division Name	Supervisor Name
Group	Group Name	Supervisor Name
Branch	**Air Operations**	
Branch Director	Branch Director Name goes here	
Deputy	Deputy Name goes here	
Division	Division Name	Supervisor Name
Group	Group Name	Supervisor Name
Division	**Division Name**	
Supervisor	Supervisor Name	
Group	**Group Name**	
Supervisor	Supervisor Name	
Group	**Group Name**	
Supervisor	Supervisor Name	

8. FINANCE/ADMINISTRATION SECTION

Support Branch

Chief	Lorem ipsum
Deputy	Lorem ipsum
Time Unit	Lorem ipsum
Procurement Unit	Lorem ipsum
Comp/Claims Unit	Lorem ipsum
Cost Unit	Lorem ipsum

9b. Approved By

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

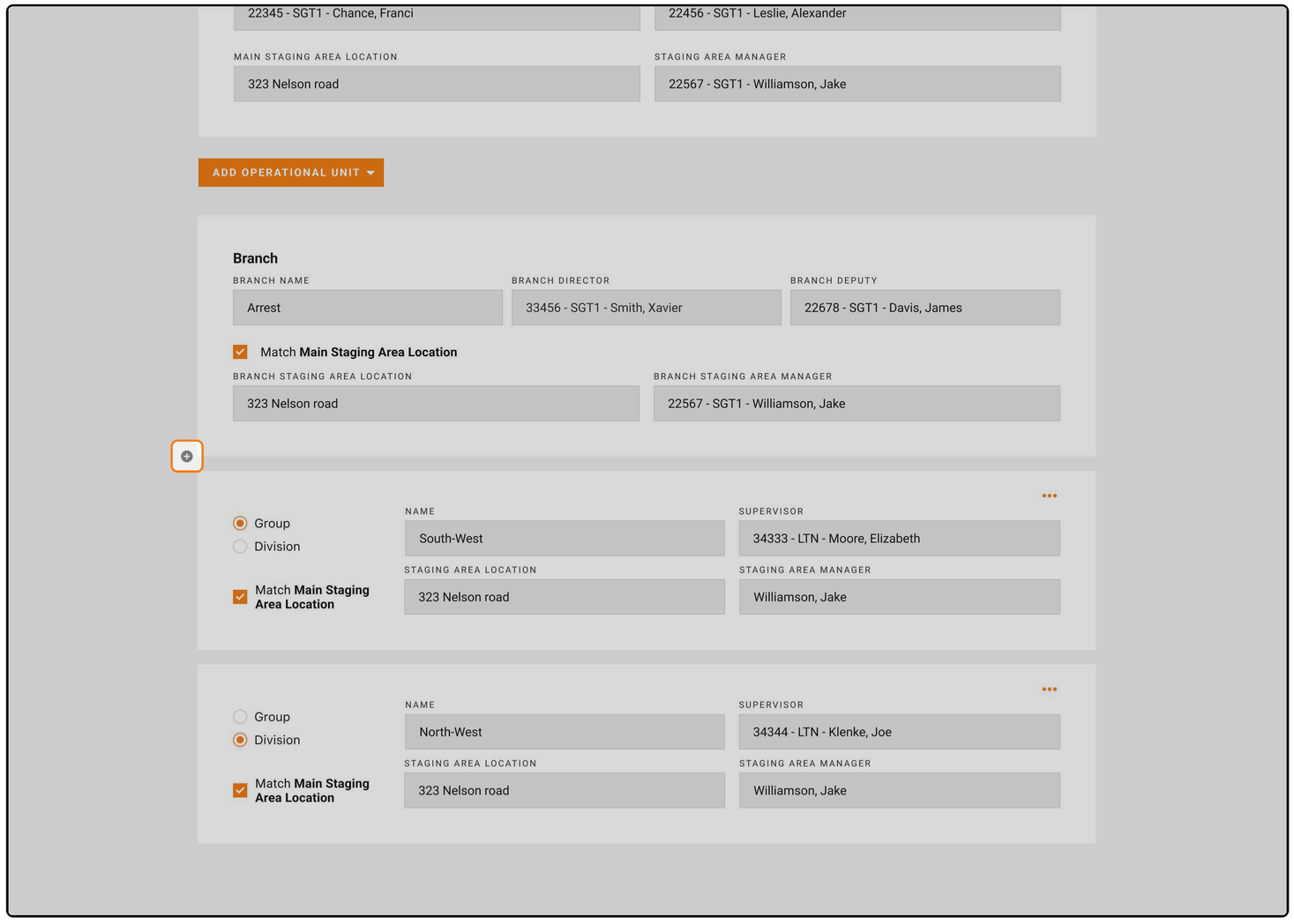
9a.Prepared By

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

ICS 203 | **IAP Page**

ICS 203 Organization Assignment

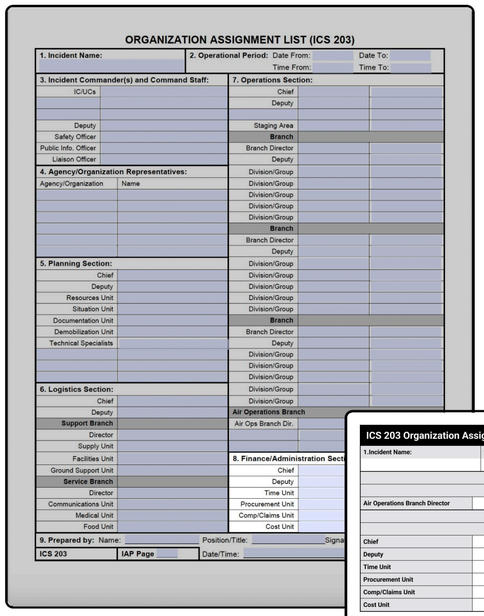
PDF Generated by ICS Report



ICS Report Web

ICS 203

Finance/Administration Section includes the time unit and comps/claims unit.



ORGANIZATION ASSIGNMENT LIST (ICS 203)

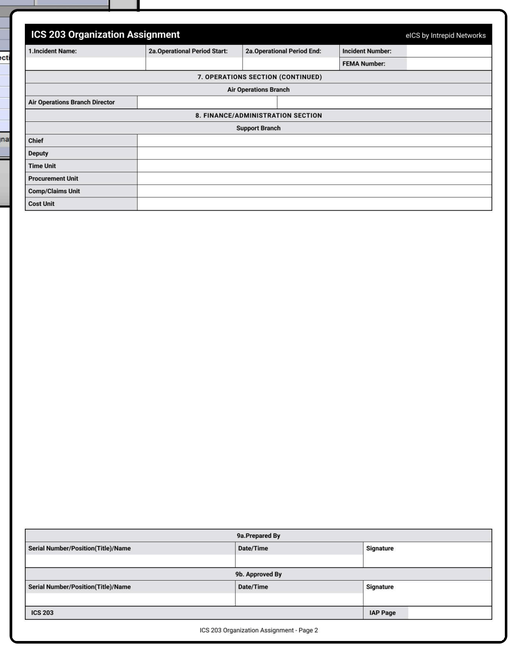
1. Incident Name:		2. Operational Period: Date From:	Date To:
		Time From:	Time To:

3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs			Chief		
			Deputy		
Deputy			Staging Area		
Safety Officer			Branch		
Public Info. Officer			Branch Director		
Liaison Officer			Deputy		
4. Agency/Organization Representatives:			Division/Group		
Agency/Organization	Name		Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch		
			Branch Director		
			Deputy		
5. Planning Section:			Division/Group		
Chief			Division/Group		
Deputy			Division/Group		
Resources Unit			Division/Group		
Situation Unit			Division/Group		
Documentation Unit			Branch		
Demobilization Unit			Branch Director		
Technical Specialists			Deputy		
			Division/Group		
			Division/Group		
			Division/Group		
6. Logistics Section:			Division/Group		
Chief			Division/Group		
Deputy			Air Operations Branch		
Support Branch			Air Ops Branch Dir.		
Director					
Supply Unit					
Facilities Unit			8. Finance/Administration Sect		
Ground Support Unit			Chief		
Service Branch			Deputy		
Director			Time Unit		
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
Food Unit			Cost Unit		

9. Prepared by: Name: _____ Position/Title: _____ Signa

ICS 203 | IAP Page ____ | Date/Time: _____

ICS FEMA Official form



ICS 203 Organization Assignment — eICS by Intrepid Networks

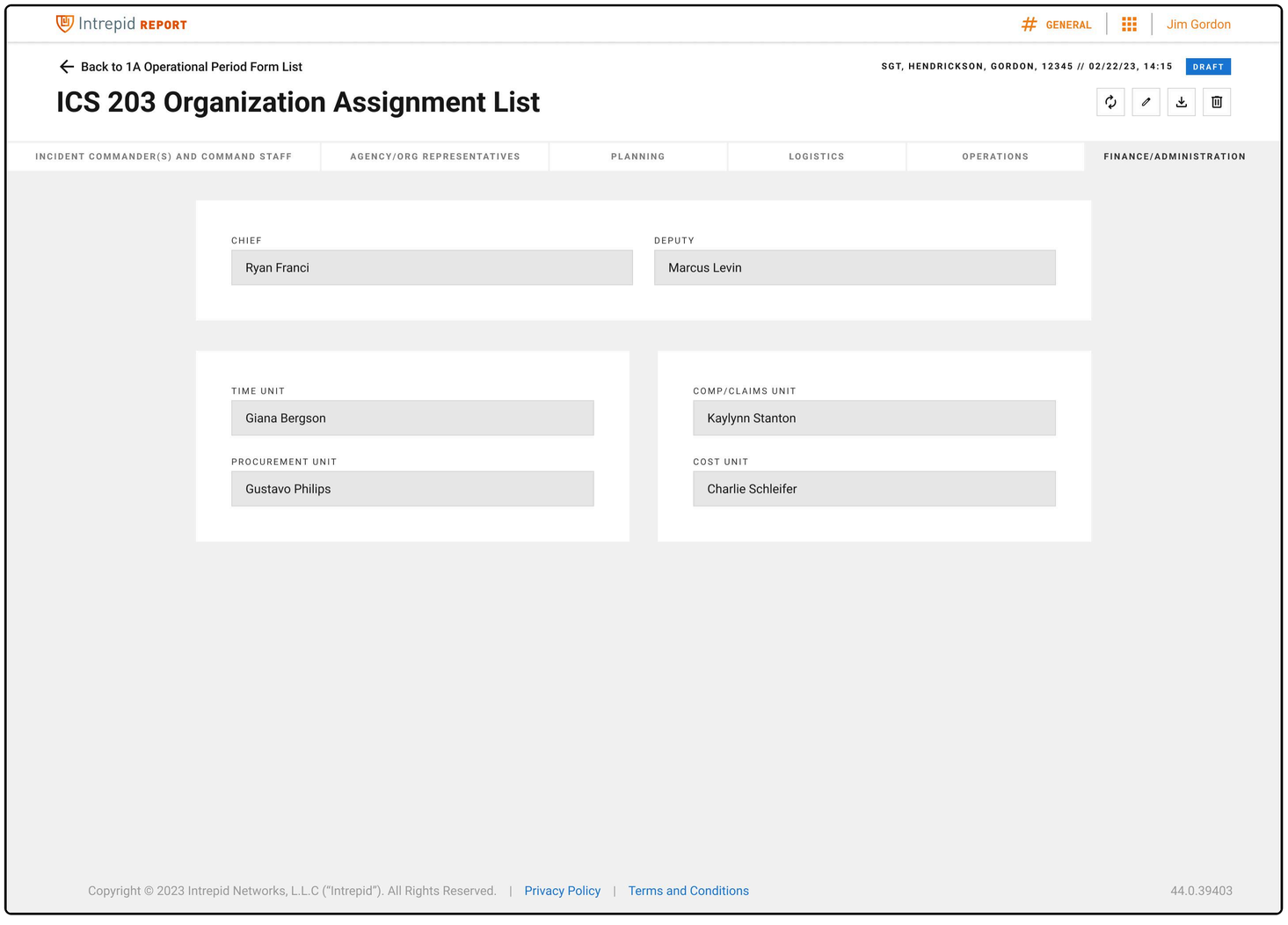
1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:
			FEMA Number:

7. OPERATIONS SECTION (CONTINUED)	
Air Operations Branch	
Air Operations Branch Director	
8. FINANCE/ADMINISTRATION SECTION	
Support Branch	
Chief	
Deputy	
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

9a.Prepared By		
Serial Number/Position(Title)/Name	Date/Time	Signature
9b. Approved By		
Serial Number/Position(Title)/Name	Date/Time	Signature
ICS 203		IAP Page

ICS 203 Organization Assignment - Page 2

PDF Generated by ICS Report



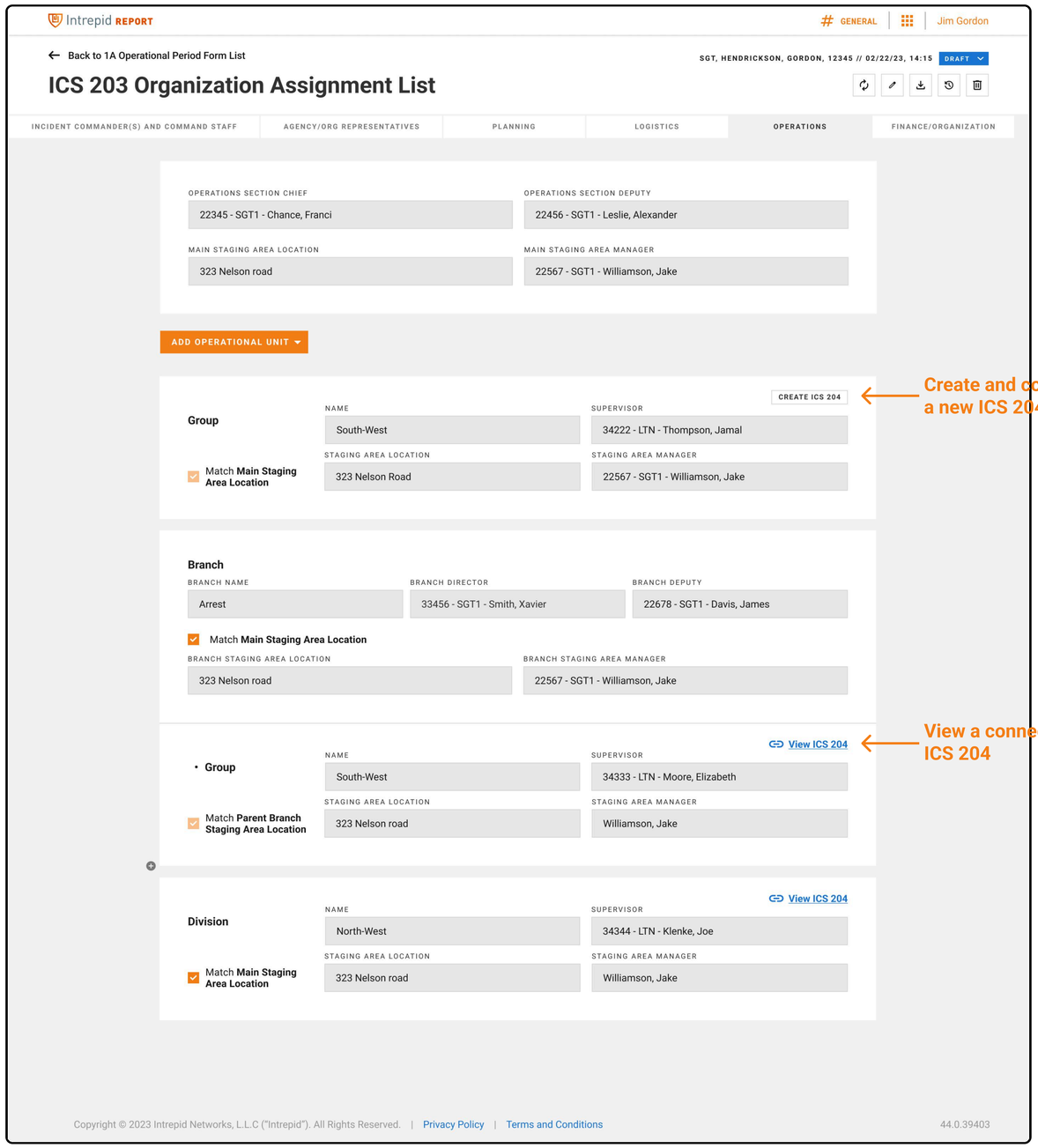
ICS Report Web

Linking ICS 203 and 204

Once an ICS 203 has been completed and published, users can navigate back to an Operational Unit to create and link ICS 204 forms to each Division or Group.

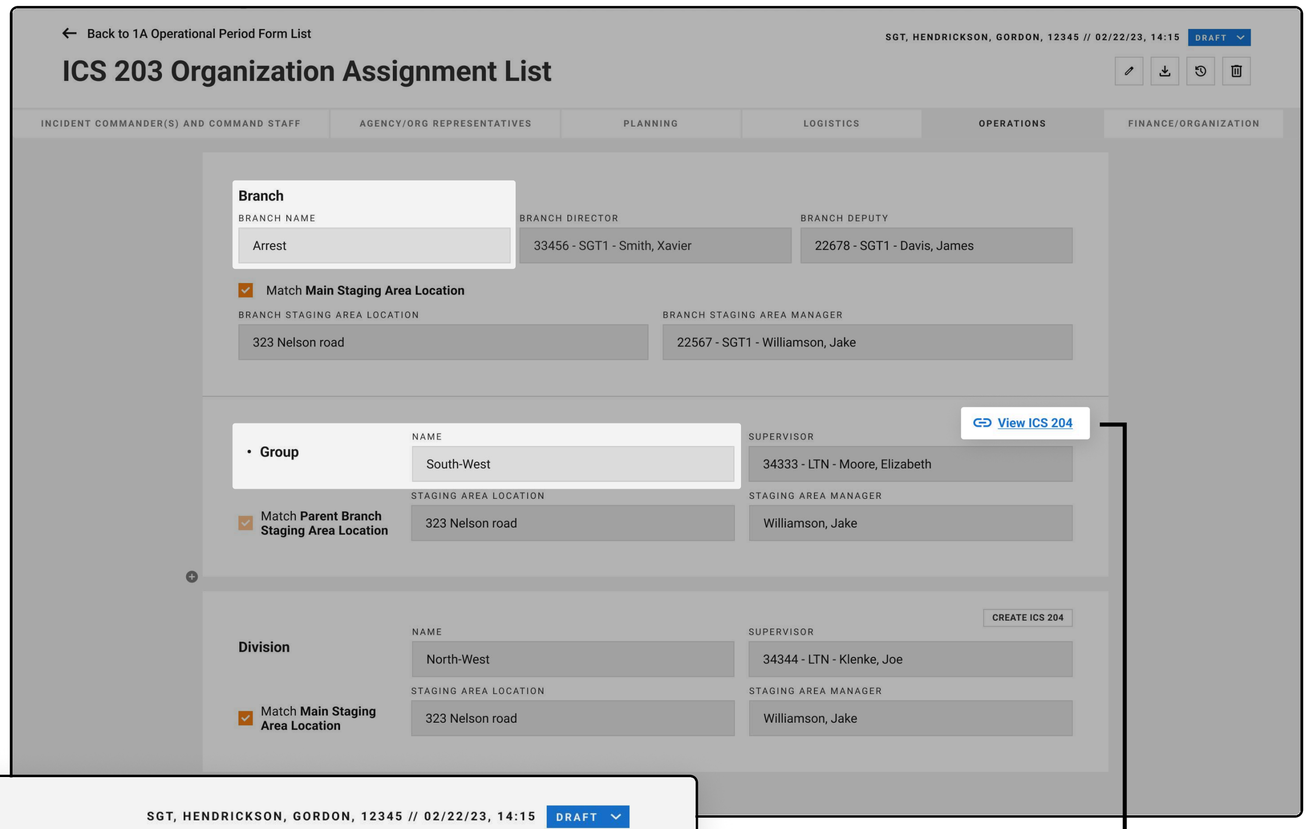
Relationship Between ICS 203 and ICS 204 Forms

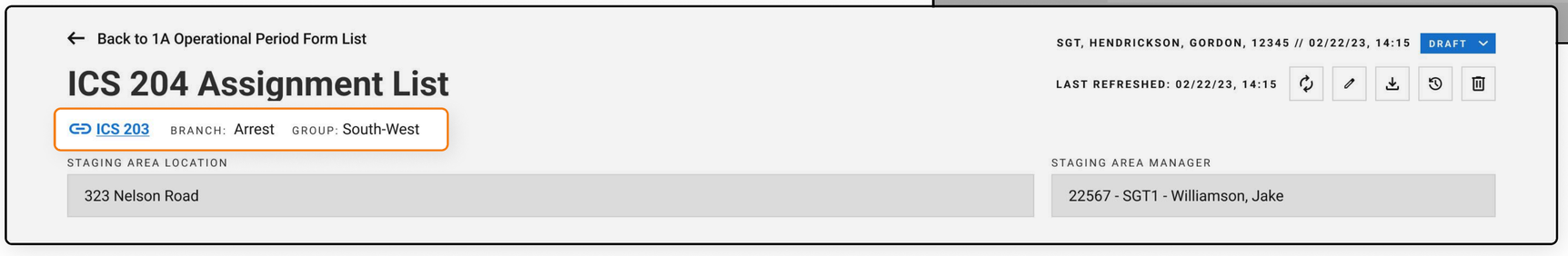
1. Creating ICS 204 Forms from ICS 203:
    - Currently, an ICS 204 form can only be created from an operational unit set up within the ICS 203 form. To do this:
        - First, establish an operational unit within the ICS 203 form.
        - Assign a Group Supervisor to the unit.
        - Then, proceed to create the corresponding ICS 204 form for that unit.
2. Mobile View for Group Supervisor:
    - Assigning a Group Supervisor role in the ICS 203 form also enables a special mobile view for that user, granting them access to:
        - The unit's structure.
        - The activity log for the units they supervise.
    - The current capabilities for Group Supervisors on mobile are limited to viewing the unit structure and activity log.
3. Deleting Operational Units:
    - To remove an operational unit in the ICS 203 form, first delete any associated ICS 204 forms. Only after deleting the ICS 204 can the unit be removed from the ICS 203 form.
    - Future Update: The next iteration will allow ICS 204 forms to be created independently, without requiring them to be linked to ICS 203 operational units.



204 Header Link

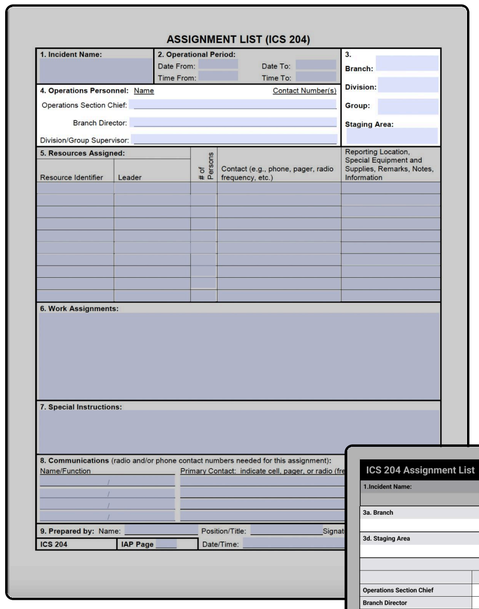
When an ICS 204 is linked to an ICS 203, the ICS 204 header will indicate this status, and allow users to track which forms are interconnected.



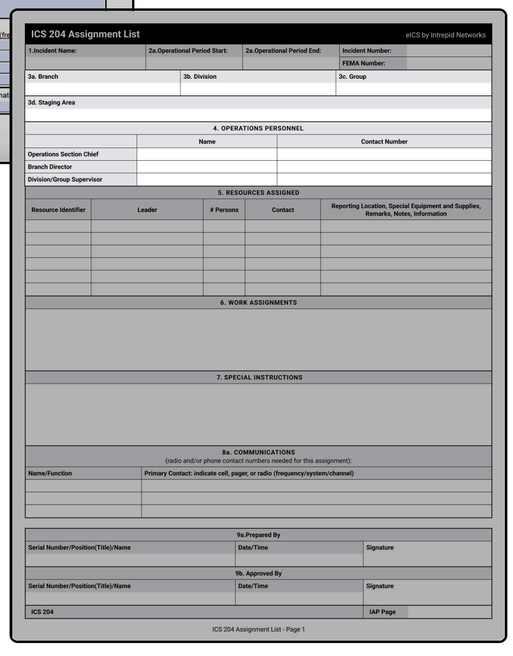


ICS 204

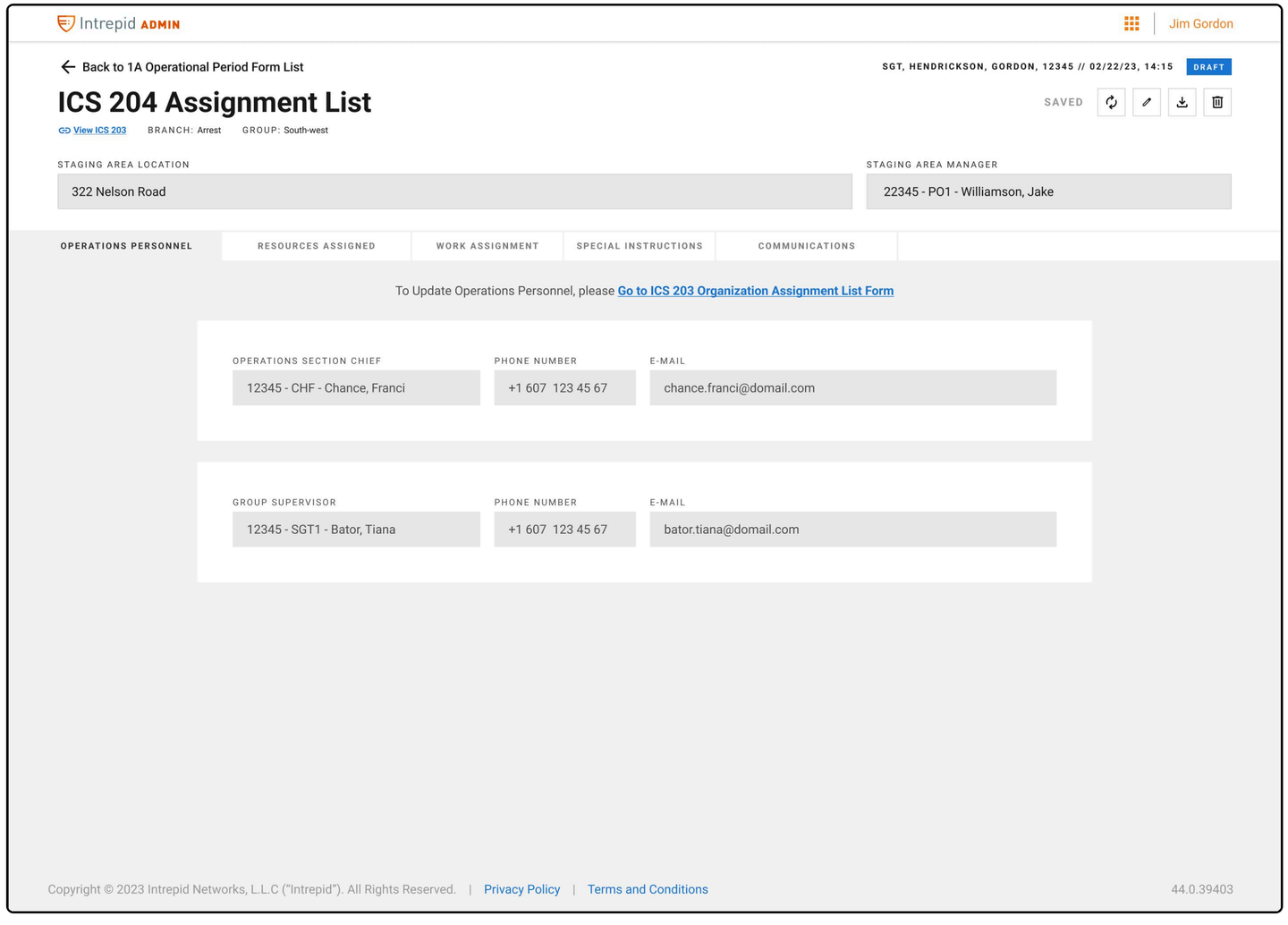
ICS 204 form is auto-populated from the ICS 203 form after creation, so the data in Operations Personnel tab can always remain synchronized with the data provided in ICS 203. For this reason, ICS 204 forms must be created through an ICS 203, and cannot be created independently from the overview.



ICS FEMA Official form



PDF Generated by ICS Report

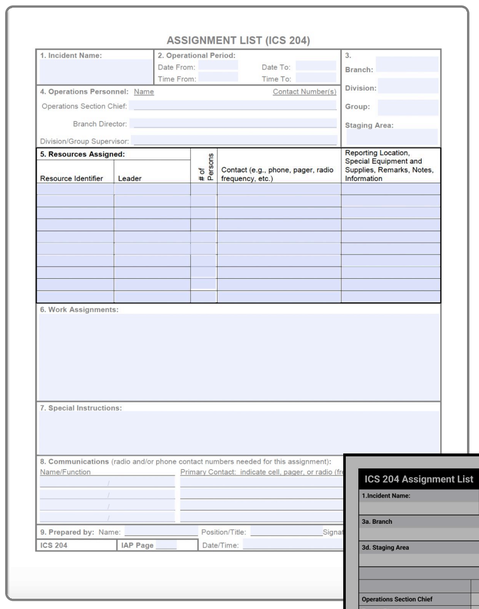


ICS Report Web

ICS 204 Resources Assigned

There are two ways of adding a unit to the Resources Assigned table:

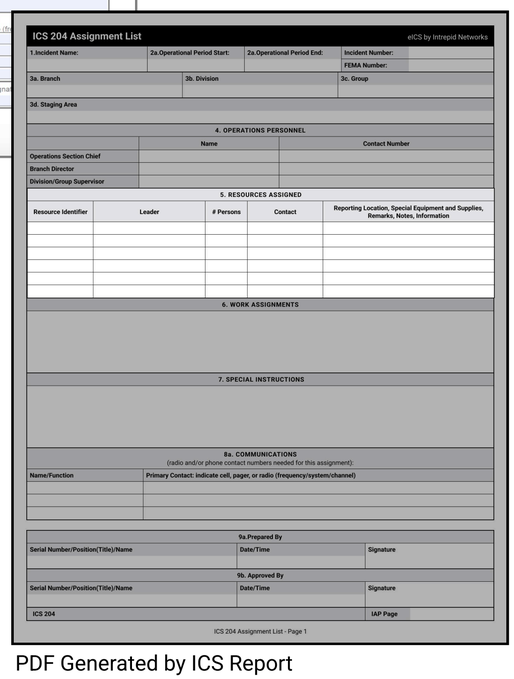
The first method is to publish the ICS 204 form, then create and define a new unit through a new ICS 211 Hybrid form, which will then be linked to the ICS 204 and fill a row in the table.



ASSIGNMENT LIST (ICS 204)

1. Incident Name:
2. Operational Period: Date From: Date To: Time From: Time To:
3. Branch: Division: Group: Staging Area:
4. Operations Personnel: Name Contact Number(s)
Operations Section Chief:
Branch Director:
Division/Group Supervisor:
5. Resources Assigned:
Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments:
7. Special Instructions:
8. Communications (radio and/or phone contact numbers needed for this assignment):
Name/Function | Primary Contact: indicate cell, pager, or radio (fr
9. Prepared by: Name: Position/Title: Signat
ICS 204 | IAP Page | Date/Time:

ICS FEMA Official form



ICS 204 Assignment List — eICS by Intrepid Networks

1.Incident Name: | 2a.Operational Period Start: | 2a.Operational Period End: | Incident Number: | FEMA Number:
3a. Branch | 3b. Division | 3c. Group
3d. Staging Area

4. OPERATIONS PERSONNEL

	Name	Contact Number
Operations Section Chief		
Branch Director		
Division/Group Supervisor		

5. RESOURCES ASSIGNED

Resource Identifier	Leader	# Persons	Contact	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. WORK ASSIGNMENTS

7. SPECIAL INSTRUCTIONS

8a. COMMUNICATIONS
(radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

9a.Prepared By

Serial Number/Position(Title)/Name	Date/Time	Signature

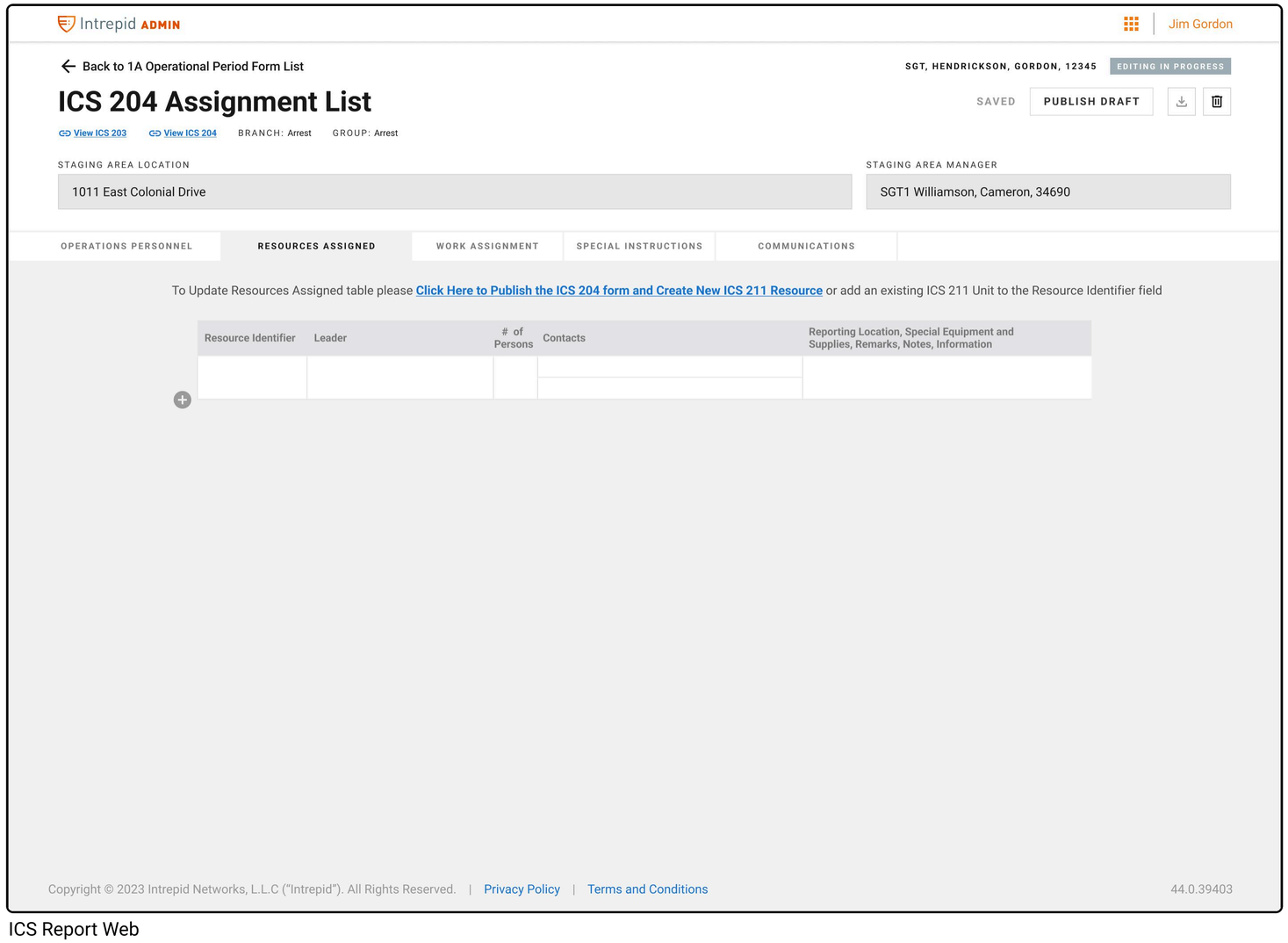
9b. Approved By

Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 204 | IAP Page

ICS 204 Assignment List - Page 1

PDF Generated by ICS Report



Intrepid ADMIN — Jim Gordon

Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 EDITING IN PROGRESS

ICS 204 Assignment List

SAVED PUBLISH DRAFT

View ICS 203 View ICS 204 BRANCH: Arrest GROUP: Arrest

STAGING AREA LOCATION: 1011 East Colonial Drive

STAGING AREA MANAGER: SGT1 Williamson, Cameron, 34690

OPERATIONS PERSONNEL | RESOURCES ASSIGNED | WORK ASSIGNMENT | SPECIAL INSTRUCTIONS | COMMUNICATIONS

To Update Resources Assigned table please Click Here to Publish the ICS 204 form and Create New ICS 211 Resource or add an existing ICS 211 Unit to the Resource Identifier field

Resource Identifier	Leader	# of Persons	Contacts	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

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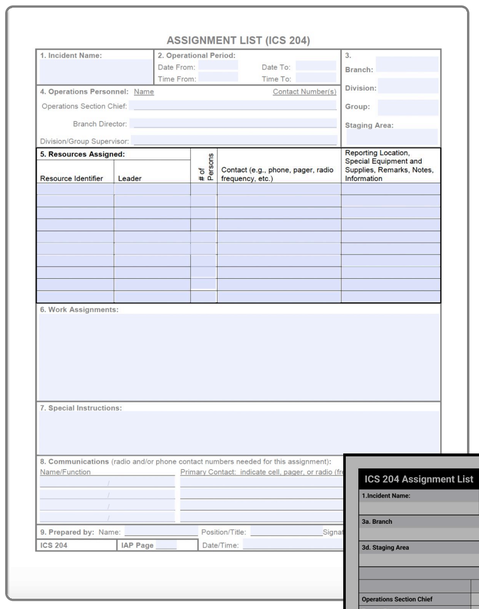
44.0.39403

ICS Report Web

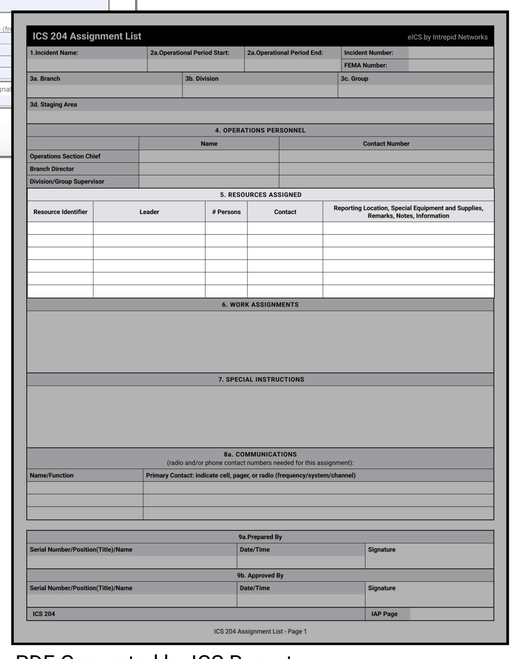
ICS 204 Resources Assigned

There are two ways of adding a unit to the Resources Assigned table:

The first method is to publish the ICS 204 form, then create and define a new unit through a new ICS 211 Hybrid form, which will then be linked to the ICS 204 and fill a row in the table.



ICS FEMA Official form



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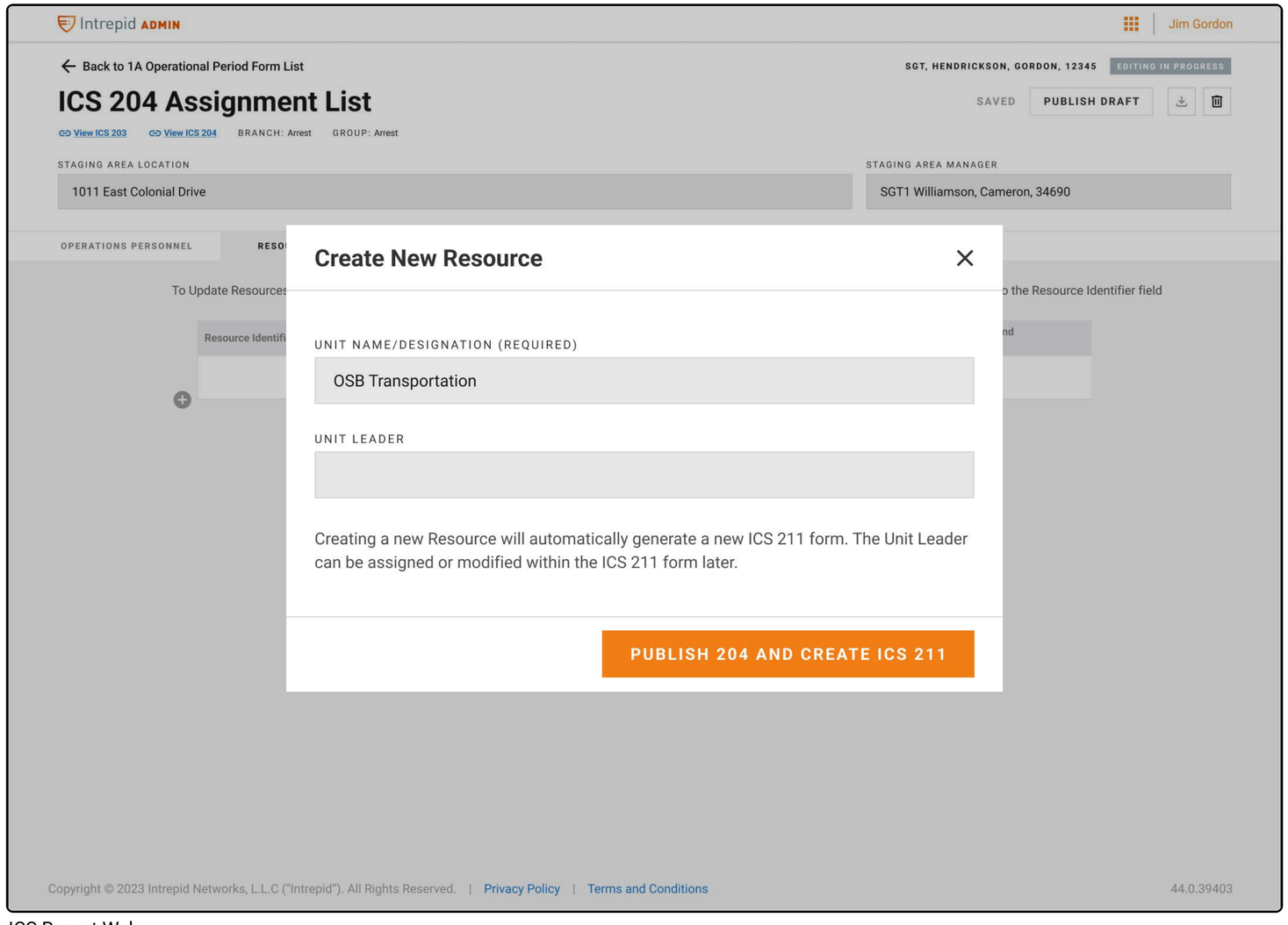
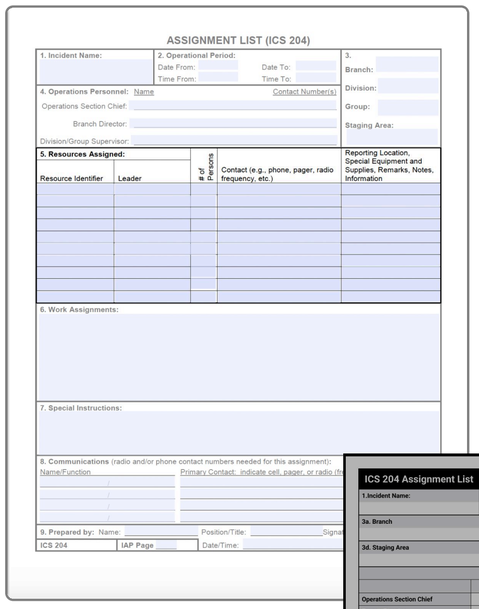


ICS Report Web

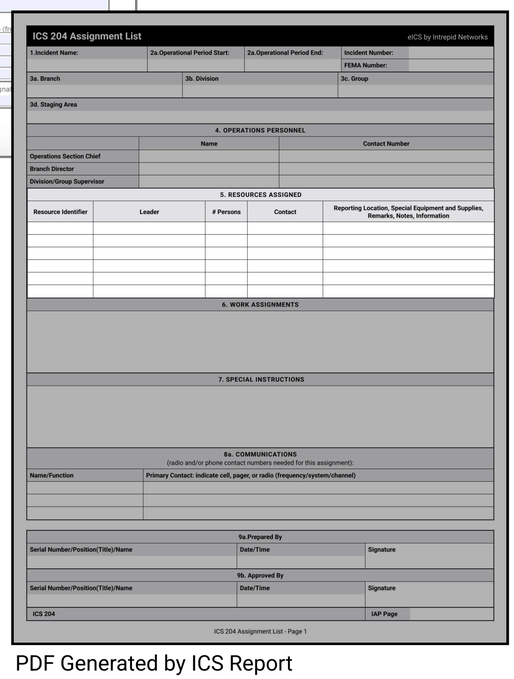
ICS 204 Resources Assigned

There are two ways of adding a new unit to the ICS 204 Assignment List:

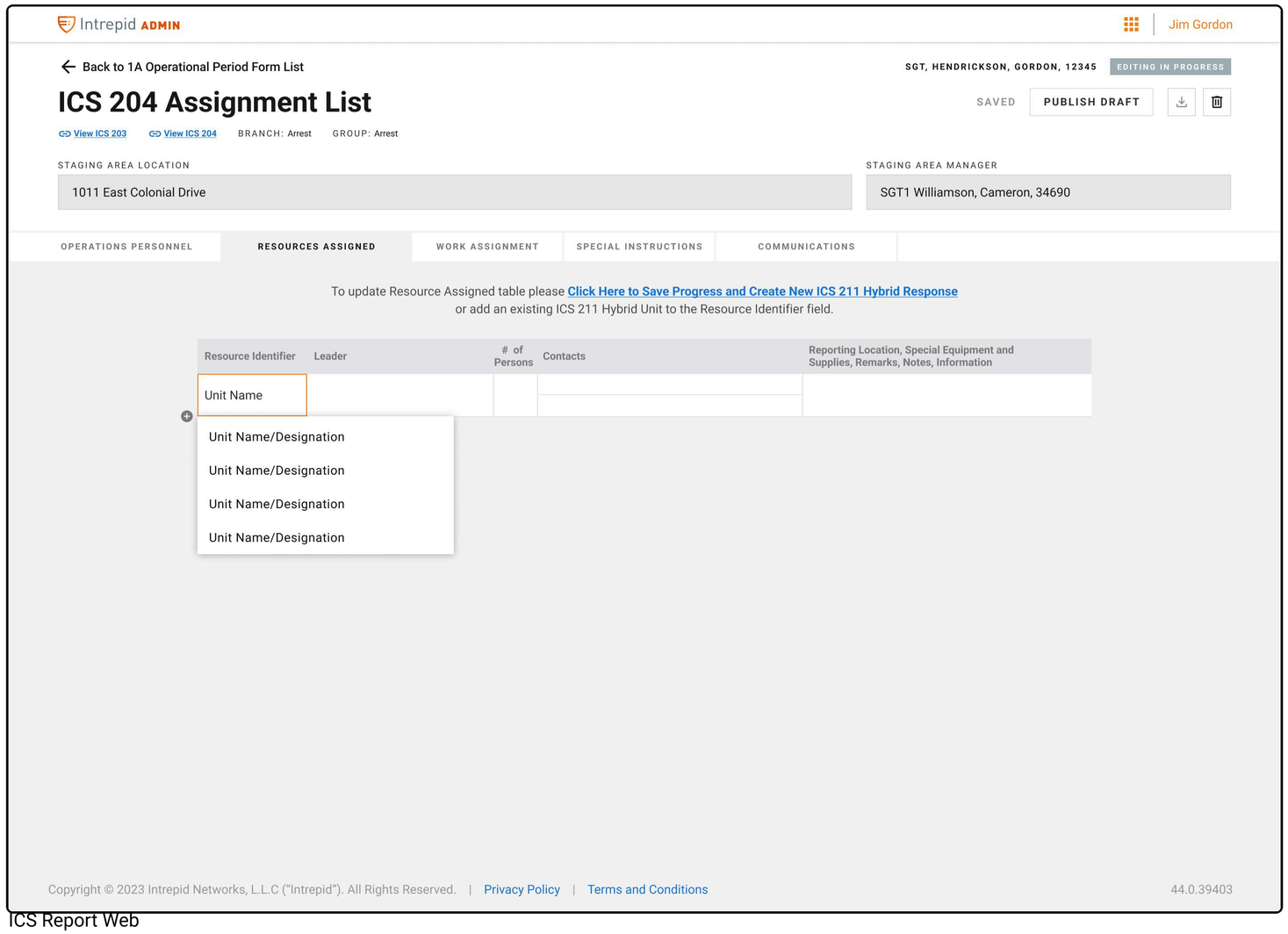
The second method involves searching for an existing ICS 211 Hybrid form that has been previously created, then selecting it to link it to a row in the ICS 204 table.



ICS FEMA Official form



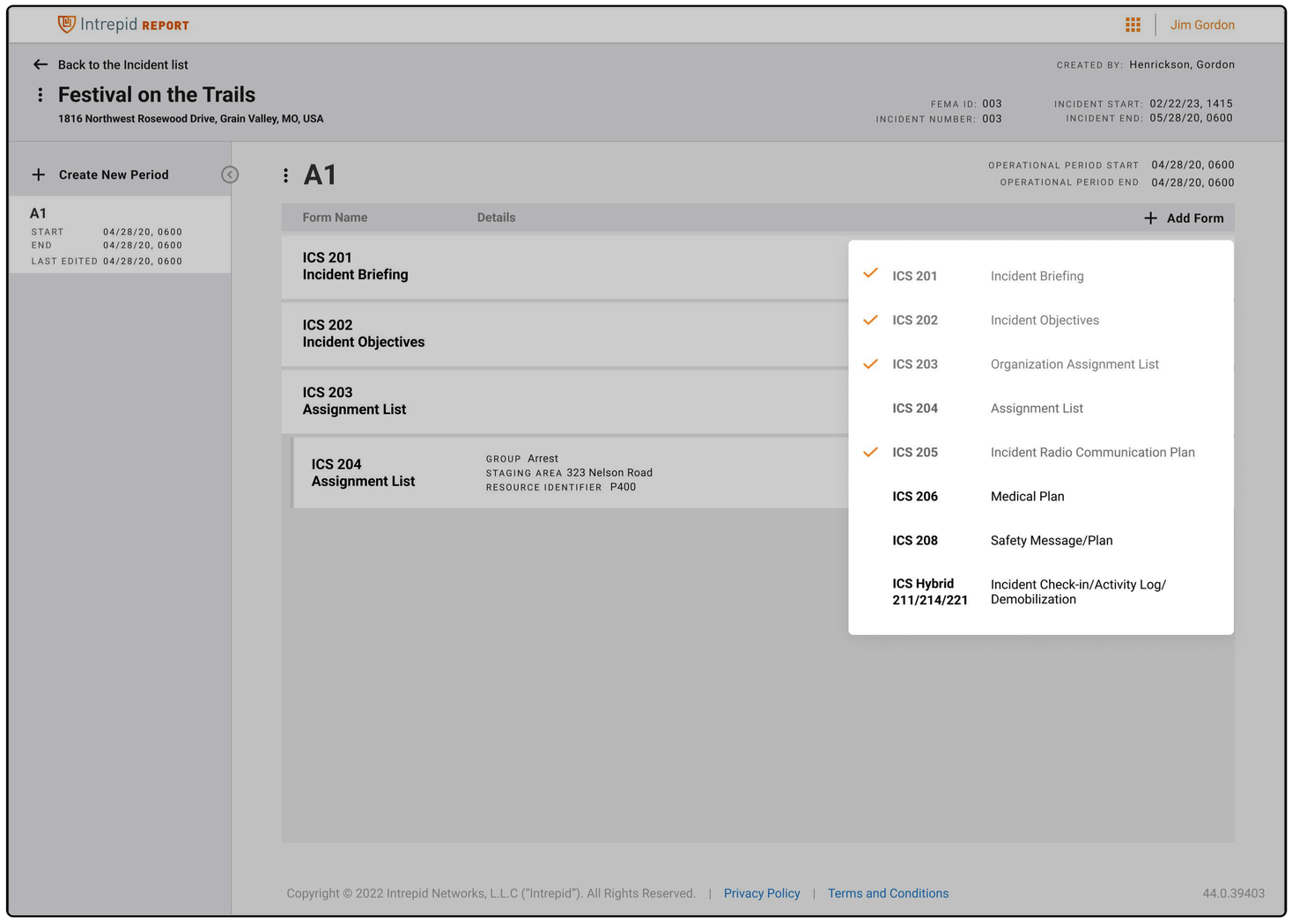
PDF Generated by ICS Report



ICS Report Web

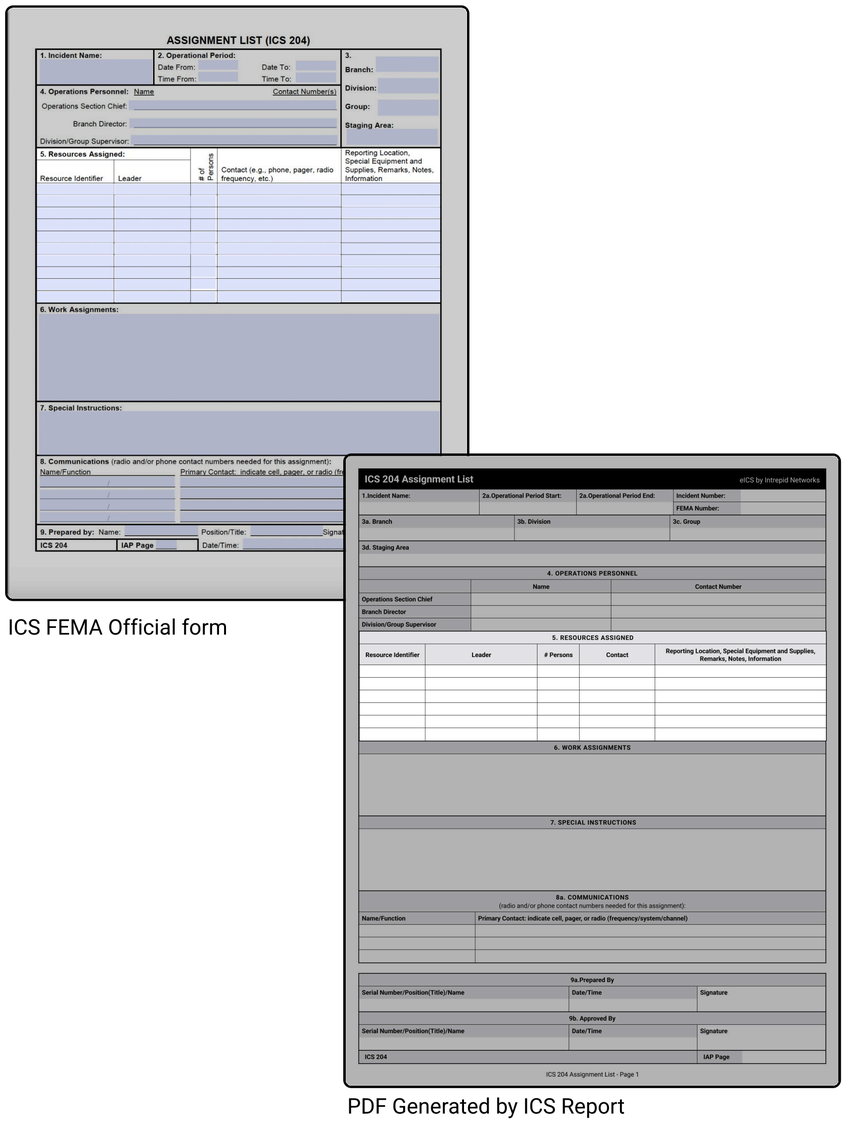
Creating a new ICS 211

Users should return to the primary incident overview screen to create a new ICS 211/214/221 hybrid form. No fields need to be filled before saving.



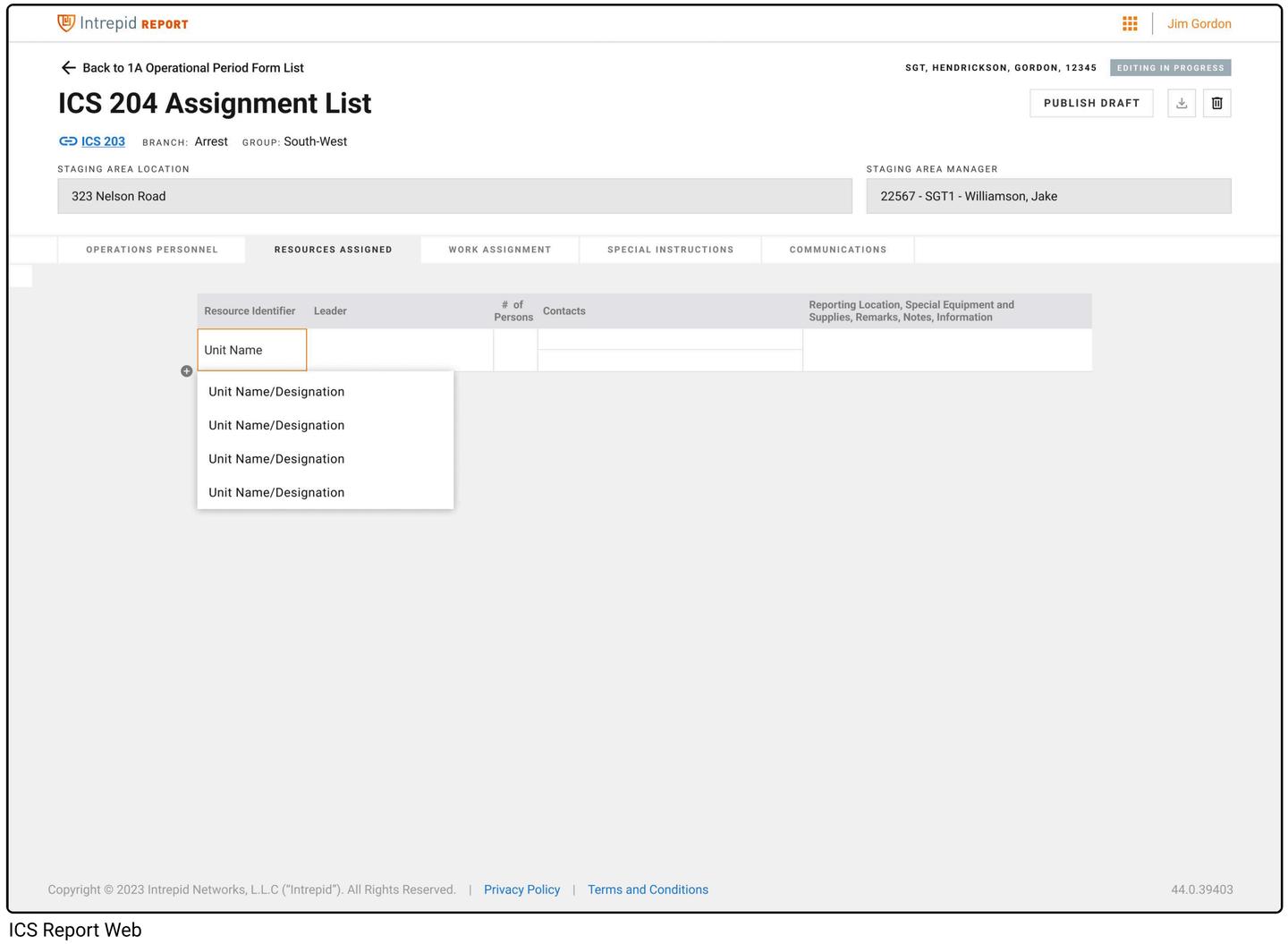
Linking ICS 211 with 204

After creating a 211, users can now return to the 204 to search for existing 211 forms and link them to the resources assigned section.



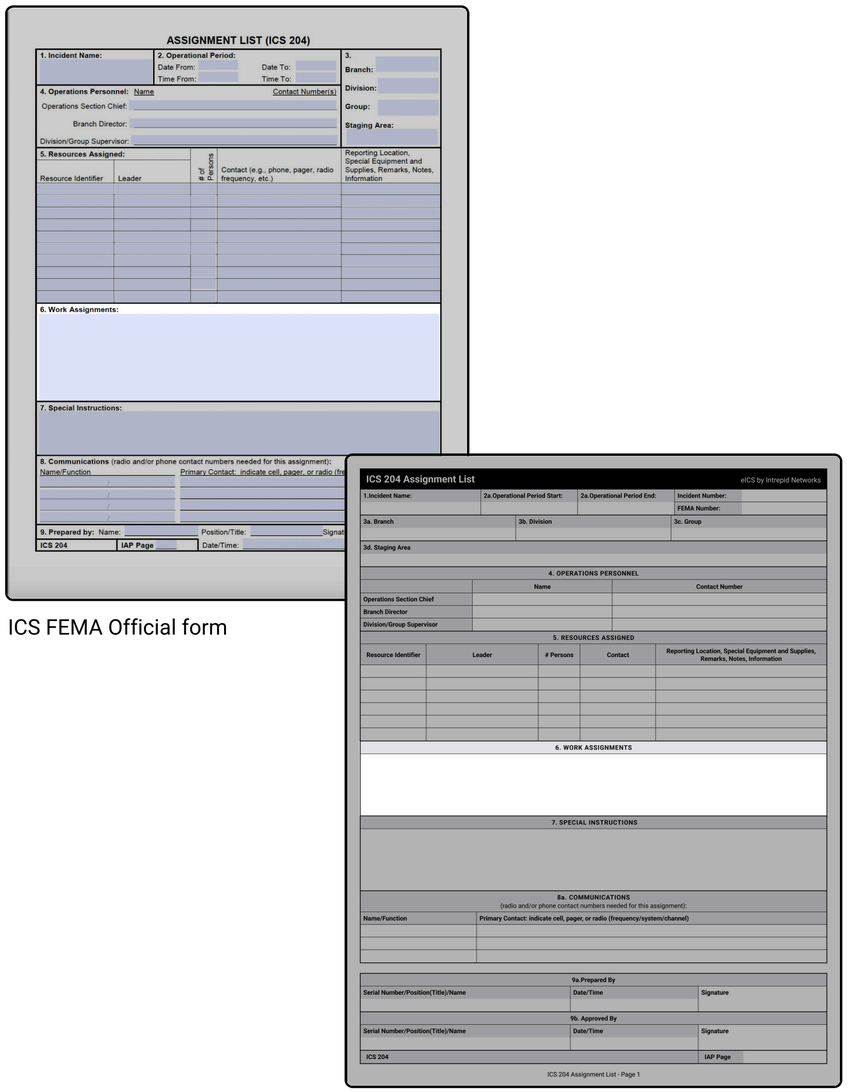
ICS FEMA Official form

PDF Generated by ICS Report



ICS Report Web

ICS 204



ASSIGNMENT LIST (ICS 204)

1. Incident Name:
2. Operational Period: Date From: Date To: Time From: Time To:
3. Branch: Division: Group: Staging Area:
4. Operations Personnel: Name Contact Number(s)
Operations Section Chief:
Branch Director:
Division/Group Supervisor:
5. Resources Assigned:
Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments:
7. Special Instructions:
8. Communications (radio and/or phone contact numbers needed for this assignment):
Name/Function | Primary Contact: indicate cell, pager, or radio (fre
9. Prepared by: Name: Position/Title: Signat
ICS 204 | IAP Page | Date/Time:

ICS FEMA Official form

ICS 204 Assignment List — eICS by Intrepid Networks

1.Incident Name: | 2a.Operational Period Start: | 2a.Operational Period End: | Incident Number: / FEMA Number:
3a. Branch | 3b. Division | 3c. Group
3d. Staging Area
4. OPERATIONS PERSONNEL

	Name	Contact Number
Operations Section Chief		
Branch Director		
Division/Group Supervisor		

5. RESOURCES ASSIGNED

Resource Identifier	Leader	# Persons	Contact	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. WORK ASSIGNMENTS
7. SPECIAL INSTRUCTIONS
8a. COMMUNICATIONS
(radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

9a.Prepared By

Serial Number/Position(Title)/Name	Date/Time	Signature

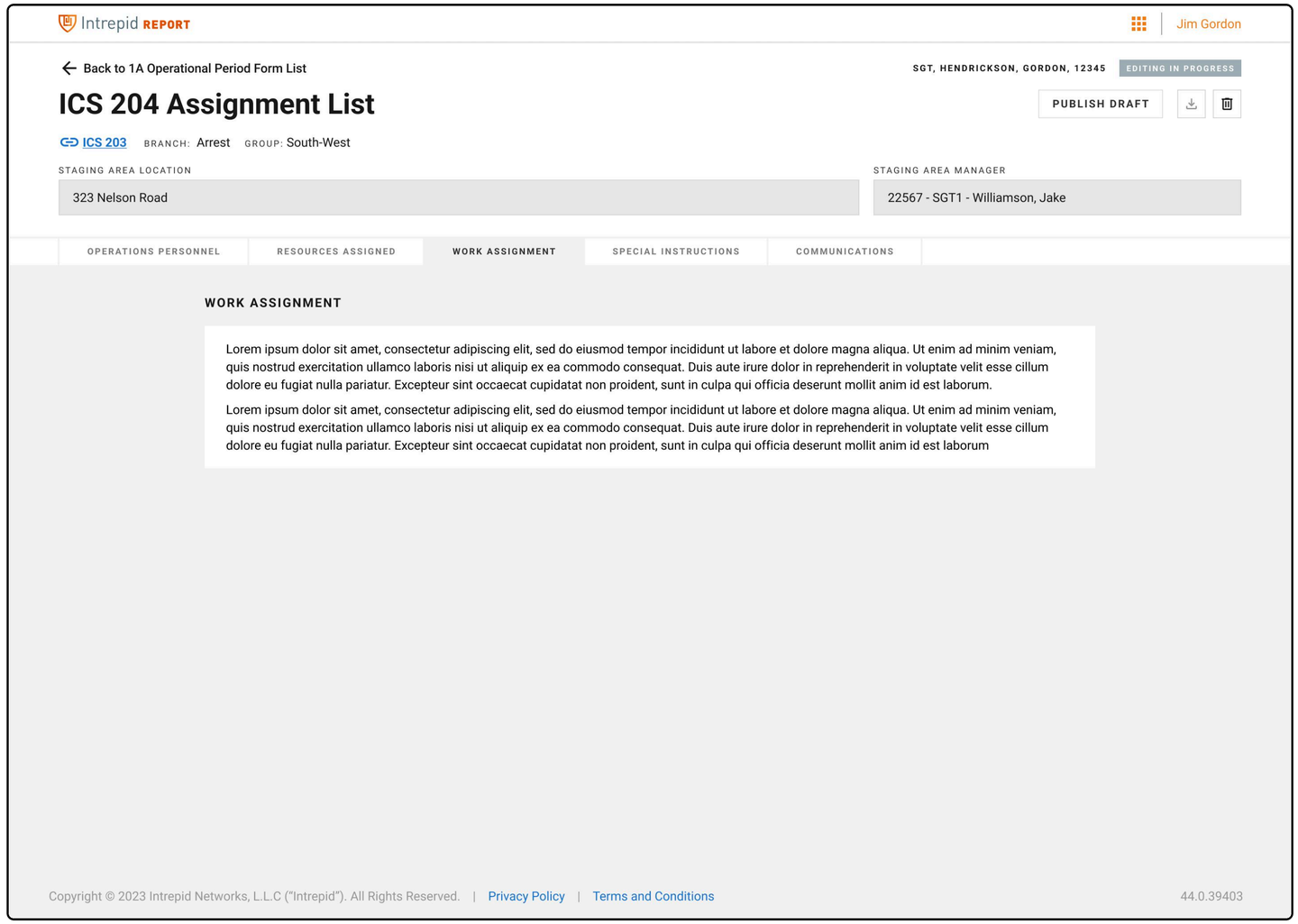
9b. Approved By

Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 204 | IAP Page

ICS 204 Assignment List - Page 1

PDF Generated by ICS Report



Intrepid REPORT — Jim Gordon

Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 EDITING IN PROGRESS

ICS 204 Assignment List

PUBLISH DRAFT

ICS 203 BRANCH: Arrest GROUP: South-West

STAGING AREA LOCATION: 323 Nelson Road

STAGING AREA MANAGER: 22567 - SGT1 - Williamson, Jake

OPERATIONS PERSONNEL | RESOURCES ASSIGNED | WORK ASSIGNMENT | SPECIAL INSTRUCTIONS | COMMUNICATIONS

WORK ASSIGNMENT

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

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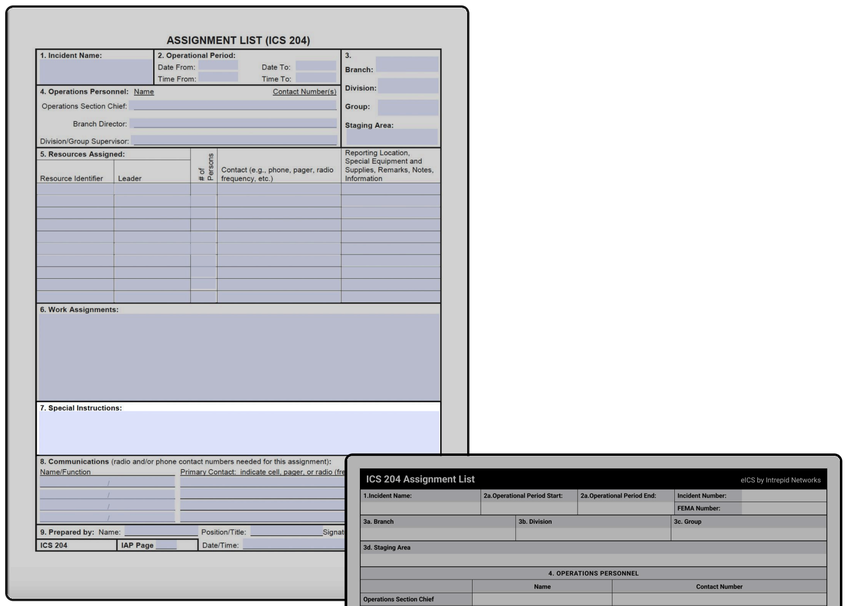
44.0.39403

ICS Report Web

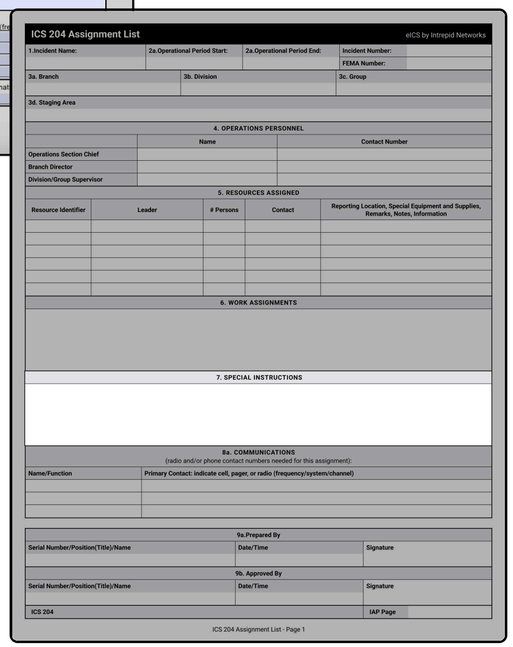
ICS 204



ASSIGNMENT LIST (ICS 204)

1. Incident Name:
2. Operational Period: Date From: Date To: Time From: Time To:
3. Branch: Division: Group: Staging Area:
4. Operations Personnel: Name Contact Number(s)
Operations Section Chief:
Branch Director:
Division/Group Supervisor:
5. Resources Assigned:
Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments:
7. Special Instructions:
8. Communications (radio and/or phone contact numbers needed for this assignment):
Name/Function | Primary Contact: indicate cell, pager, or radio (fre
9. Prepared by: Name: Position/Title: Signat
ICS 204 | IAP Page | Date/Time:

ICS FEMA Official form



ICS 204 Assignment List — eICS by Intrepid Networks

1.Incident Name: | 2a.Operational Period Start: | 2a.Operational Period End: | Incident Number: | FEMA Number:
3a. Branch | 3b. Division | 3c. Group
3d. Staging Area
4. OPERATIONS PERSONNEL

	Name	Contact Number
Operations Section Chief		
Branch Director		
Division/Group Supervisor		

5. RESOURCES ASSIGNED

Resource Identifier	Leader	# Persons	Contact	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. WORK ASSIGNMENTS

7. SPECIAL INSTRUCTIONS

8a. COMMUNICATIONS
(radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

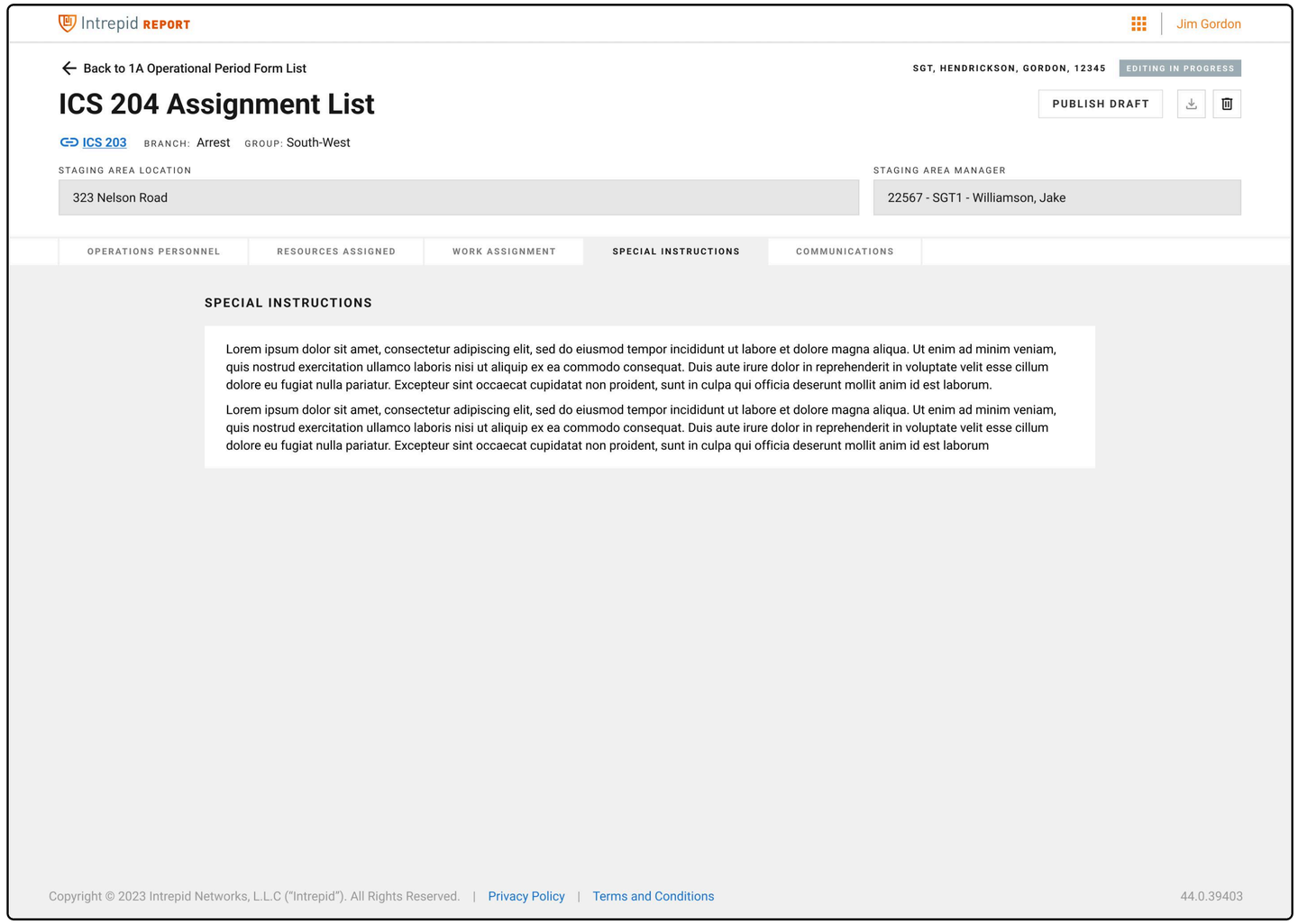
9a.Prepared By		
Serial Number/Position(Title)/Name	Date/Time	Signature

9b. Approved By		
Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 204 | IAP Page

ICS 204 Assignment List - Page 1

PDF Generated by ICS Report



Intrepid REPORT — Jim Gordon

← Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 — EDITING IN PROGRESS

ICS 204 Assignment List

PUBLISH DRAFT

ICS 203 BRANCH: Arrest GROUP: South-West

STAGING AREA LOCATION: 323 Nelson Road

STAGING AREA MANAGER: 22567 - SGT1 - Williamson, Jake

OPERATIONS PERSONNEL | RESOURCES ASSIGNED | WORK ASSIGNMENT | SPECIAL INSTRUCTIONS | COMMUNICATIONS

SPECIAL INSTRUCTIONS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum

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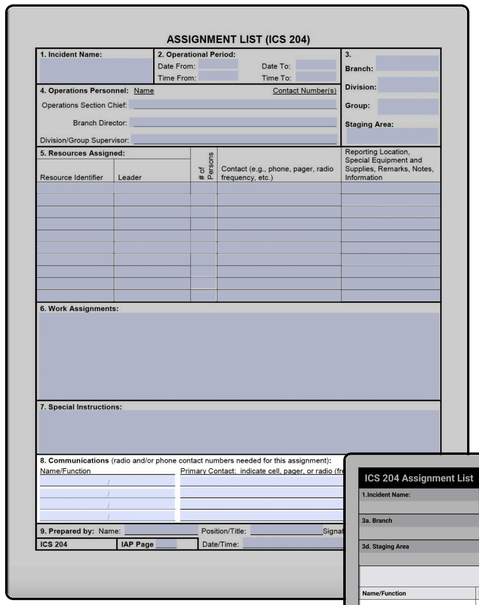
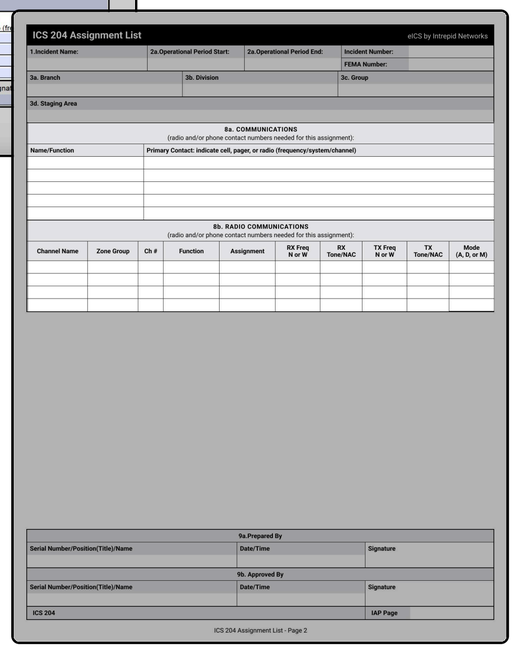
ICS Report Web

204/205 Radio Channels

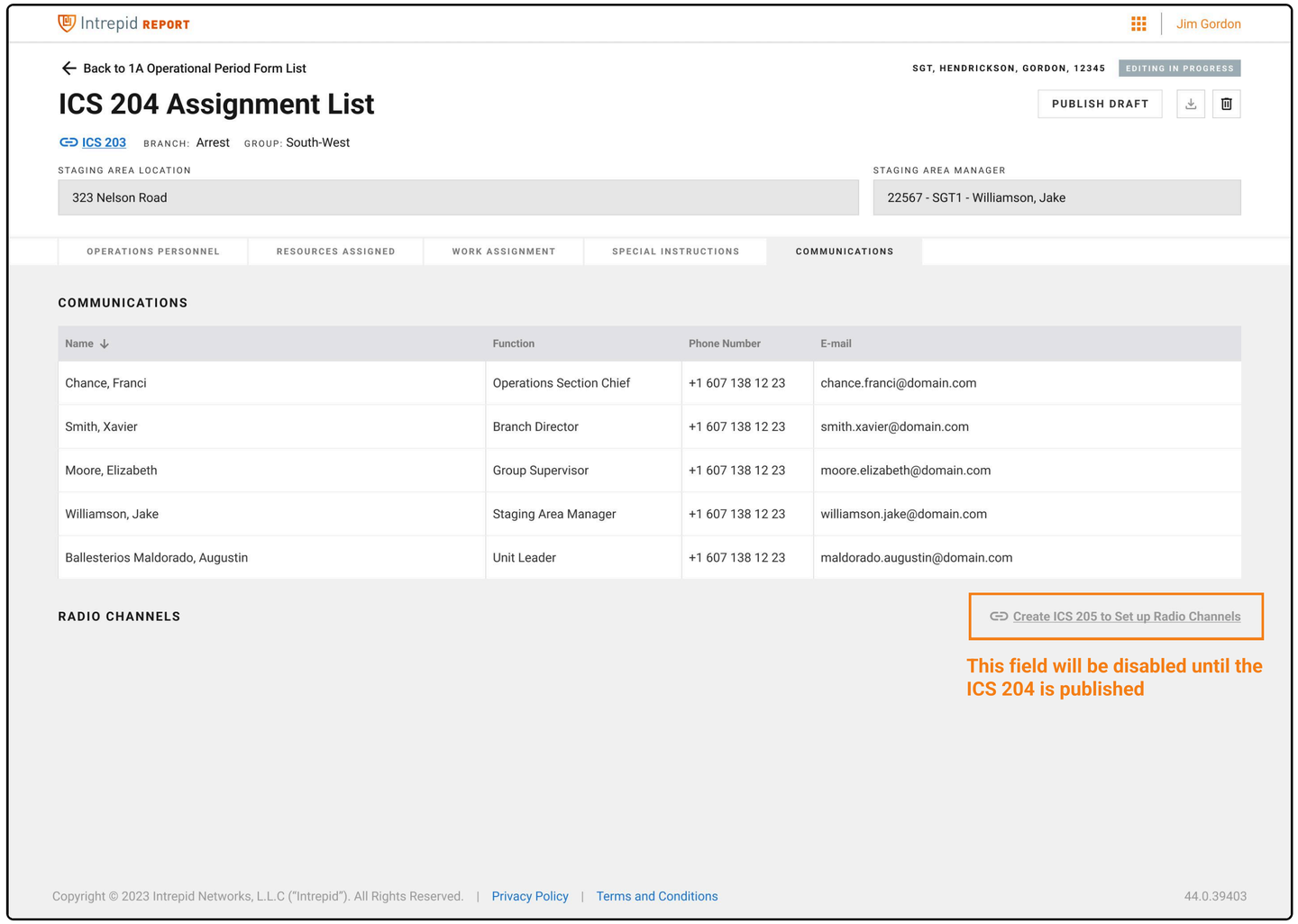
All users assigned in the ICS 204 form will automatically appear in the Communications table along with their contact details. To add radio channels, users need to publish ICS 204 form to create and link a new ICS 205 form.



ICS FEMA Official form



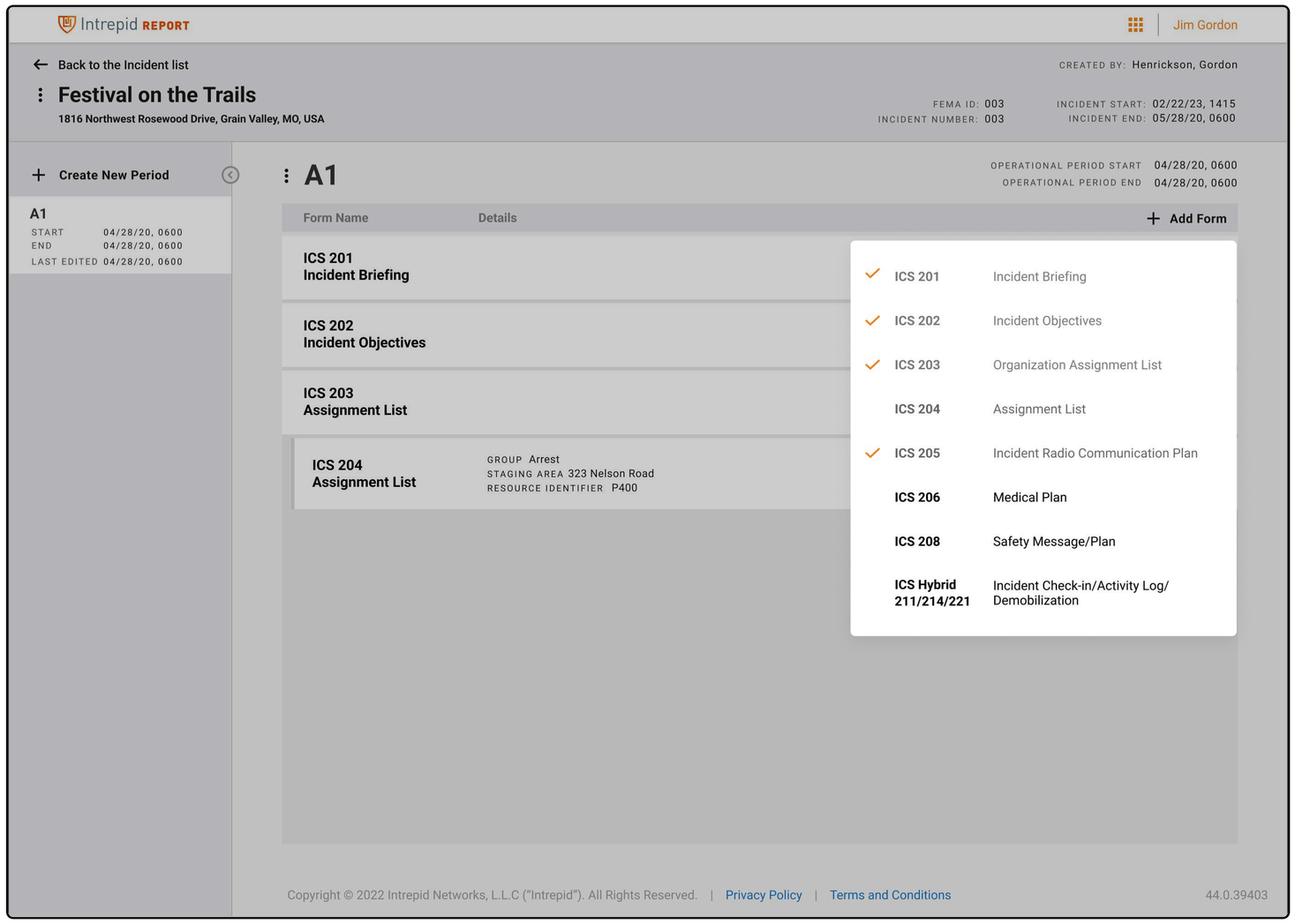
PDF Generated by ICS Report



ICS Report Web

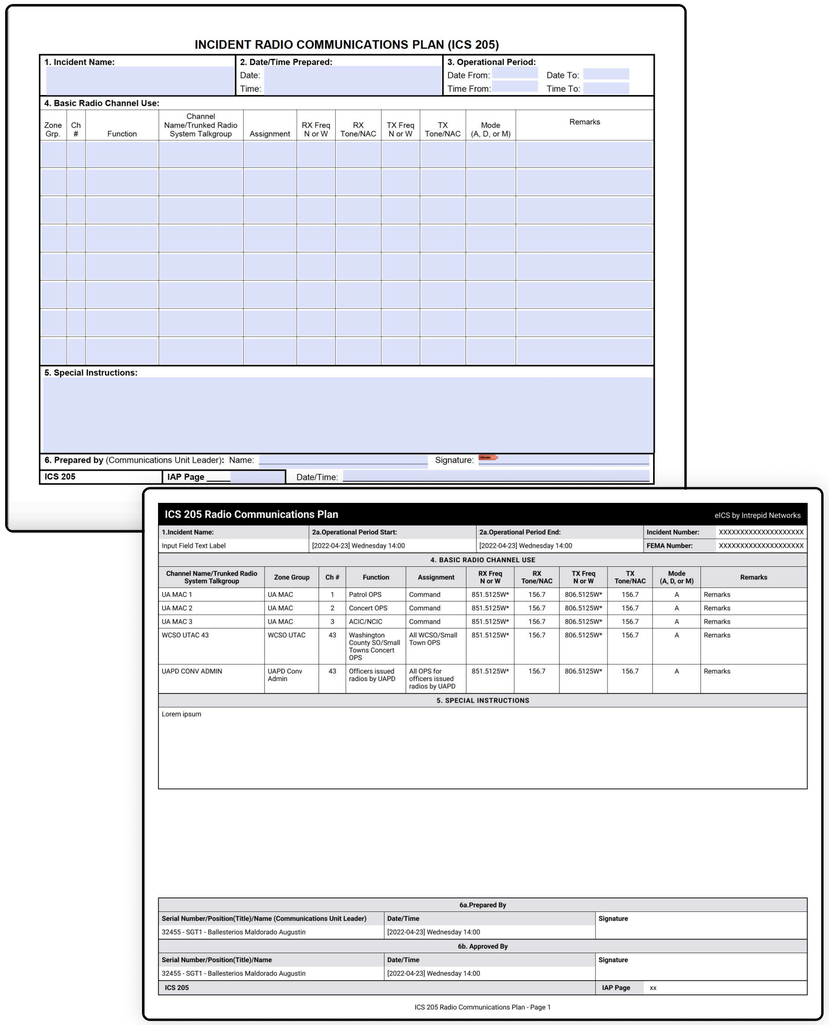
Creating a new ICS 205

Users can create ICS 205 form from the form drop down.



ICS 205

The ICS 205 will be populated by radio channels from the .csv database import. After creating an ICS 205, these channels will now be available to link back to the ICS 204.



INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared:	3. Operational Period:
	Date:	Date From: Date To:
	Time:	Time From: Time To:

4. Basic Radio Channel Use:

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

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: Signature:

ICS 205 | **IAP Page** ____ | Date/Time:

ICS 205 Radio Communications Plan — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:	XXXXXXXXXXXXXXXXXX
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-23] Wednesday 14:00	FEMA Number:	XXXXXXXXXXXXXXXXXX

4. BASIC RADIO CHANNEL USE

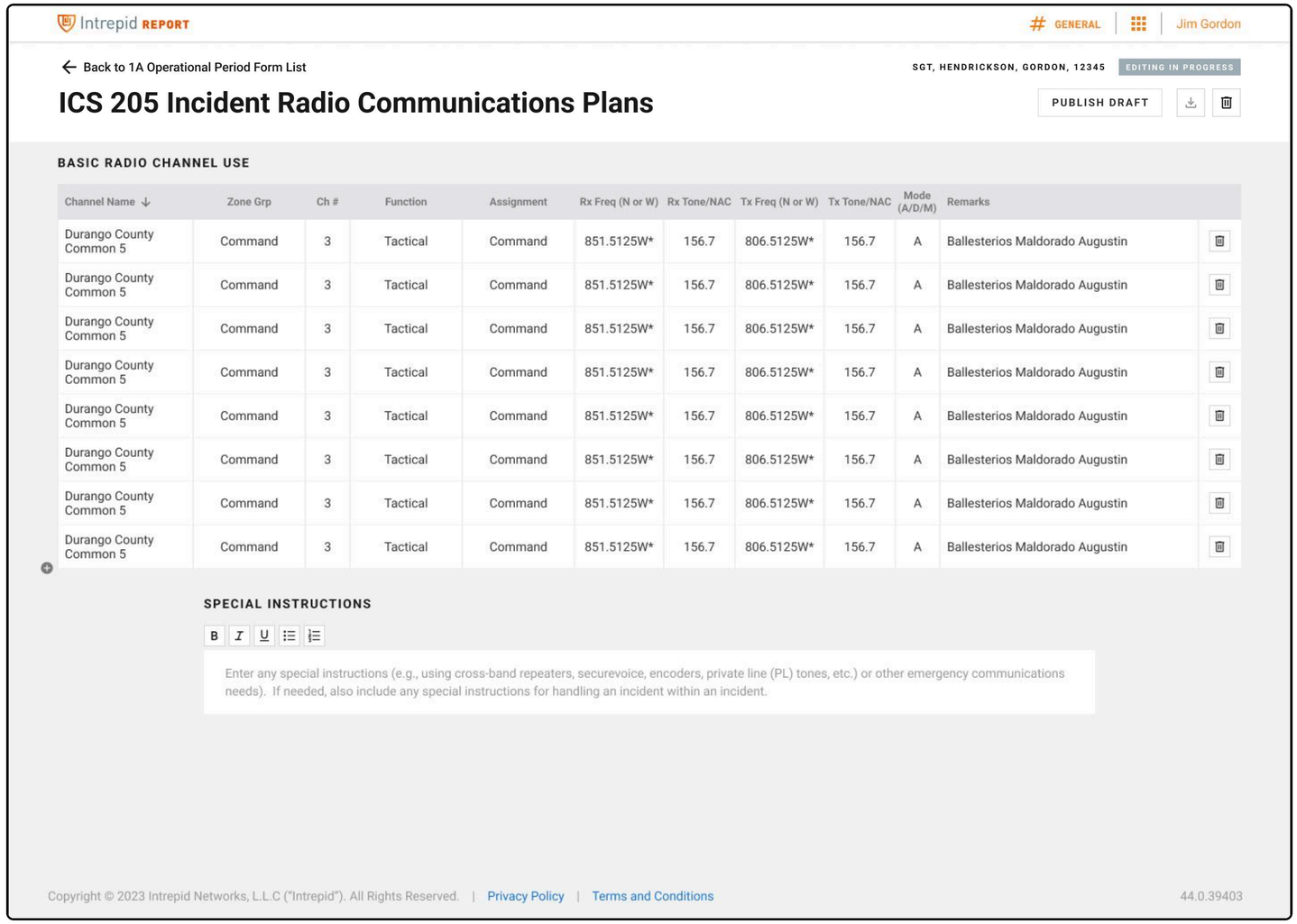
Channel Name/Trunked Radio System Talkgroup	Zone Group	Ch #	Function	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
UA MAC 1	UA MAC	1	Patrol OPS	Command	851.5125W*	156.7	806.5125W*	156.7	A	Remarks
UA MAC 2	UA MAC	2	Concert OPS	Command	851.5125W*	156.7	806.5125W*	156.7	A	Remarks
UA MAC 3	UA MAC	3	ACIC/NCIC	Command	851.5125W*	156.7	806.5125W*	156.7	A	Remarks
WCSO UTAC 43	WCSO UTAC	43	Washington County SO/Small Towns Concert OPS	All WCSO/Small Town OPS	851.5125W*	156.7	806.5125W*	156.7	A	Remarks
UAPD CONV ADMIN	UAPD Conv Admin	43	Officers issued radios by UAPD	All OPS for officers issued radios by UAPD	851.5125W*	156.7	806.5125W*	156.7	A	Remarks

5. SPECIAL INSTRUCTIONS

Lorem ipsum

6a.Prepared By		
Serial Number/Position(Title)/Name (Communications Unit Leader)	**Date/Time**	**Signature**
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	
6b. Approved By		
Serial Number/Position(Title)/Name	**Date/Time**	**Signature**
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	
ICS 205		**IAP Page** xx

ICS 205 Radio Communications Plan - Page 1



Intrepid REPORT — # GENERAL — Jim Gordon

← Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 EDITING IN PROGRESS

ICS 205 Incident Radio Communications Plans

PUBLISH DRAFT

BASIC RADIO CHANNEL USE

Channel Name ↓	Zone Grp	Ch #	Function	Assignment	Rx Freq (N or W)	Rx Tone/NAC	Tx Freq (N or W)	Tx Tone/NAC	Mode (A/D/M)	Remarks
Durango County Common 5	Command	3	Tactical	Command	851.5125W*	156.7	806.5125W*	156.7	A	Ballesterios Maldorado Augustin
Durango County Common 5	Command	3	Tactical	Command	851.5125W*	156.7	806.5125W*	156.7	A	Ballesterios Maldorado Augustin
Durango County Common 5	Command	3	Tactical	Command	851.5125W*	156.7	806.5125W*	156.7	A	Ballesterios Maldorado Augustin
Durango County Common 5	Command	3	Tactical	Command	851.5125W*	156.7	806.5125W*	156.7	A	Ballesterios Maldorado Augustin
Durango County Common 5	Command	3	Tactical	Command	851.5125W*	156.7	806.5125W*	156.7	A	Ballesterios Maldorado Augustin
Durango County Common 5	Command	3	Tactical	Command	851.5125W*	156.7	806.5125W*	156.7	A	Ballesterios Maldorado Augustin
Durango County Common 5	Command	3	Tactical	Command	851.5125W*	156.7	806.5125W*	156.7	A	Ballesterios Maldorado Augustin

SPECIAL INSTRUCTIONS

B I U

Enter any special instructions (e.g., using cross-band repeaters, securevoice, 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.

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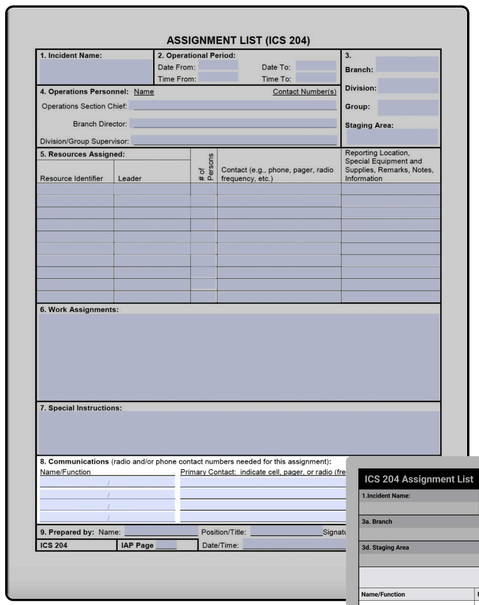
204/205 Radio Channels

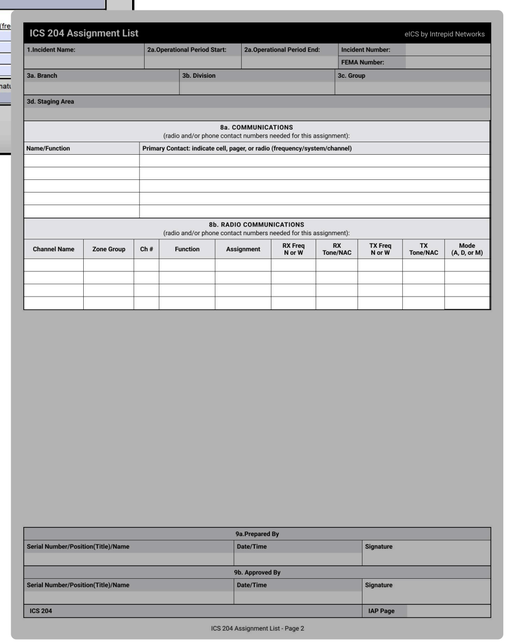
After creating an ICS 205, the ICS 204 radio channels section will now indicate a valid connection and allow radio channels to be added.



ASSIGNMENT LIST (ICS 204)

1. Incident Name:
2. Operational Period: Date From: Time From: Date To: Time To:
3. Branch: Division: Group: Staging Area:
4. Operations Personnel: Name Contact Number(s)
Operations Section Chief:
Branch Director:
Division/Group Supervisor:
5. Resources Assigned:
Resource Identifier | Leader | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments:
7. Special Instructions:
8. Communications (radio and/or phone contact numbers needed for this assignment):
Name/Function | Primary Contact: indicate cell, pager, or radio (fre
9. Prepared by: Name: Position/Title: Signatu
ICS 204 | IAP Page | Date/Time:

ICS FEMA Official form



ICS 204 Assignment List — eICS by Intrepid Networks

1.Incident Name: | 2a.Operational Period Start: | 2a.Operational Period End: | Incident Number: | FEMA Number:
3a. Branch | 3b. Division | 3c. Group
3d. Staging Area

8a. COMMUNICATIONS
(radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

8b. RADIO COMMUNICATIONS
(radio and/or phone contact numbers needed for this assignment):

Channel Name	Zone Group	Ch #	Function	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)

9a.Prepared By

Serial Number/Position(Title)/Name	Date/Time	Signature

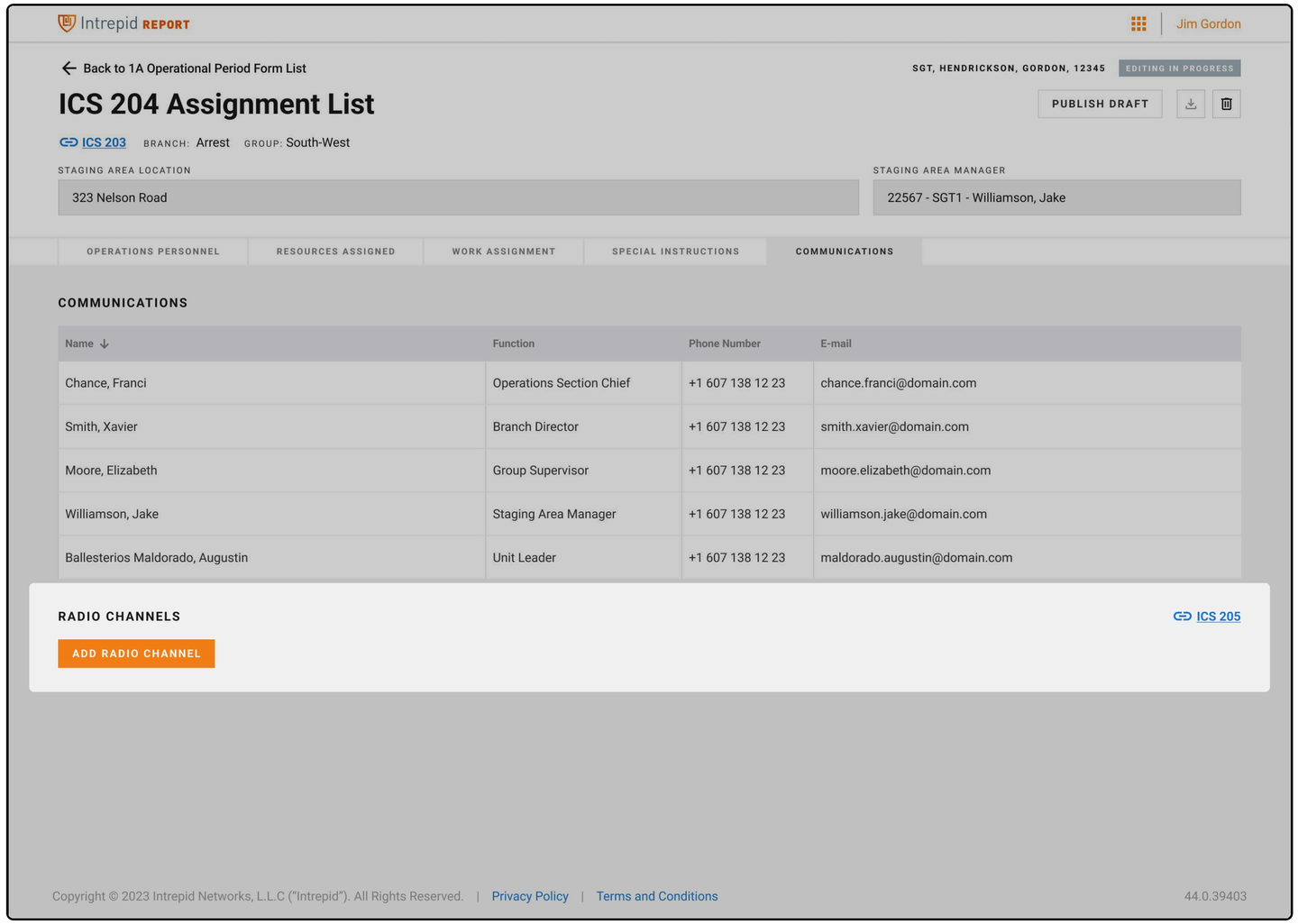
9b. Approved By

Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 204 | IAP Page

ICS 204 Assignment List - Page 2

PDF Generated by ICS Report



Intrepid REPORT — Jim Gordon

← Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 — EDITING IN PROGRESS

ICS 204 Assignment List

PUBLISH DRAFT

ICS 203 BRANCH: Arrest GROUP: South-West

STAGING AREA LOCATION: 323 Nelson Road

STAGING AREA MANAGER: 22567 - SGT1 - Williamson, Jake

OPERATIONS PERSONNEL | RESOURCES ASSIGNED | WORK ASSIGNMENT | SPECIAL INSTRUCTIONS | COMMUNICATIONS

COMMUNICATIONS

Name ↓	Function	Phone Number	E-mail
Chance, Franci	Operations Section Chief	+1 607 138 12 23	chance.franci@domain.com
Smith, Xavier	Branch Director	+1 607 138 12 23	smith.xavier@domain.com
Moore, Elizabeth	Group Supervisor	+1 607 138 12 23	moore.elizabeth@domain.com
Williamson, Jake	Staging Area Manager	+1 607 138 12 23	williamson.jake@domain.com
Ballesterios Maldorado, Augustin	Unit Leader	+1 607 138 12 23	maldorado.augustin@domain.com

RADIO CHANNELS

ICS 205

ADD RADIO CHANNEL

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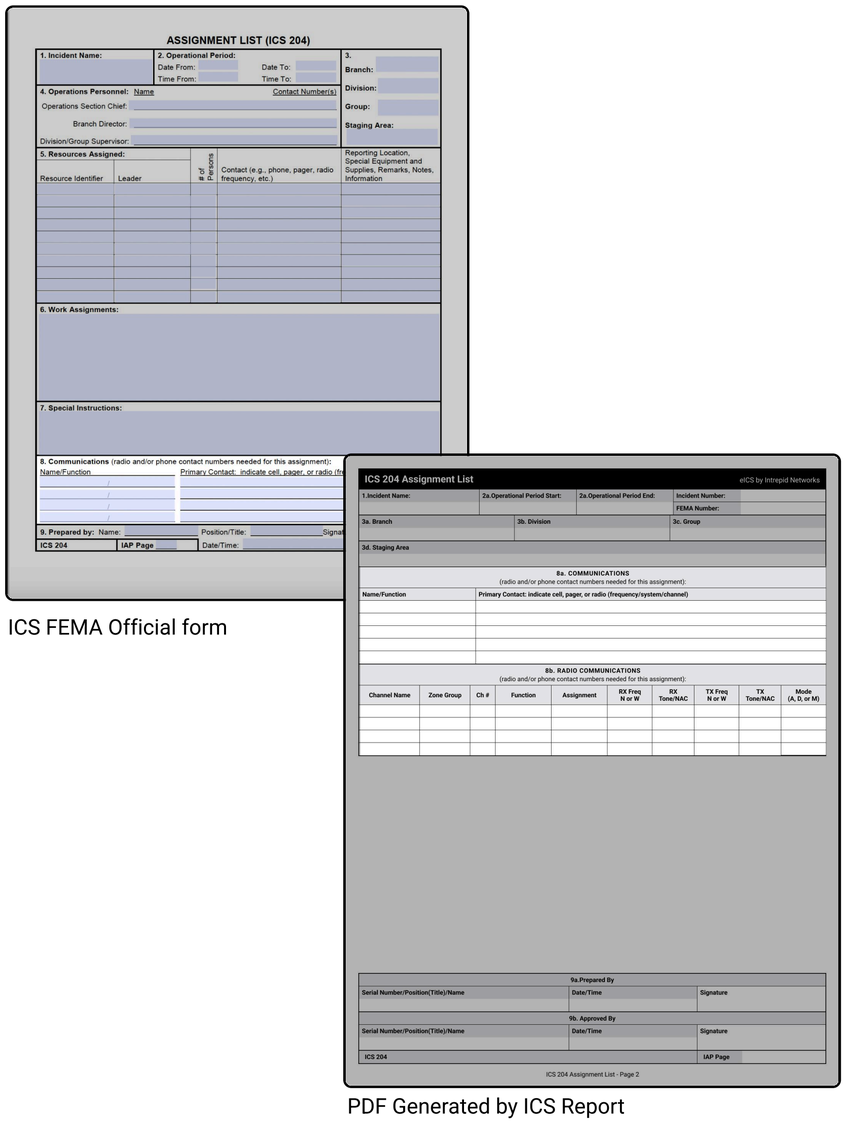
44.0.39403

ICS Report Web

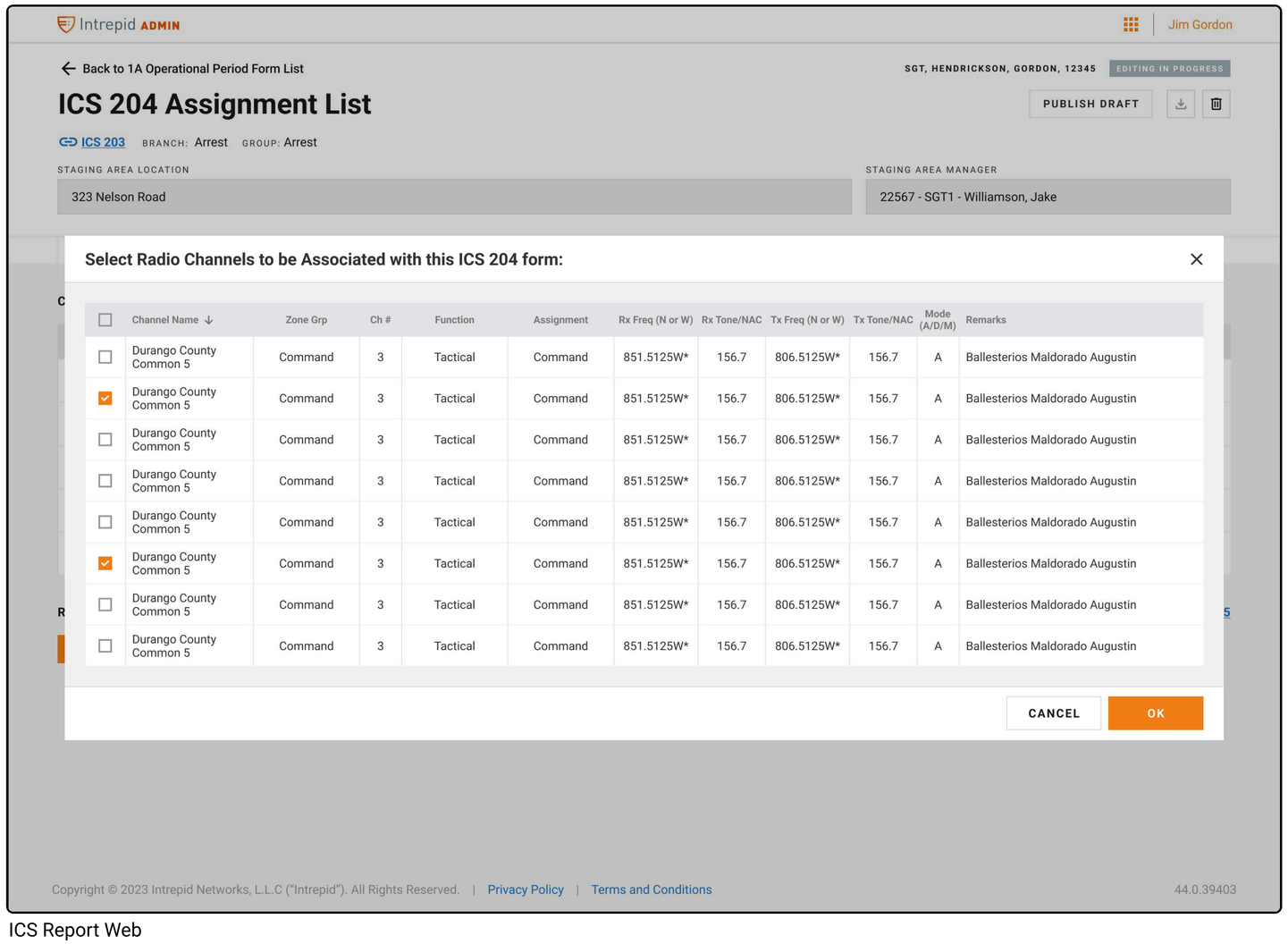
204/205 Radio Channels

Upon clicking “add radio channels,” users will now be able to add any of the radio channels that are listed in the ICS 205.



ICS FEMA Official form

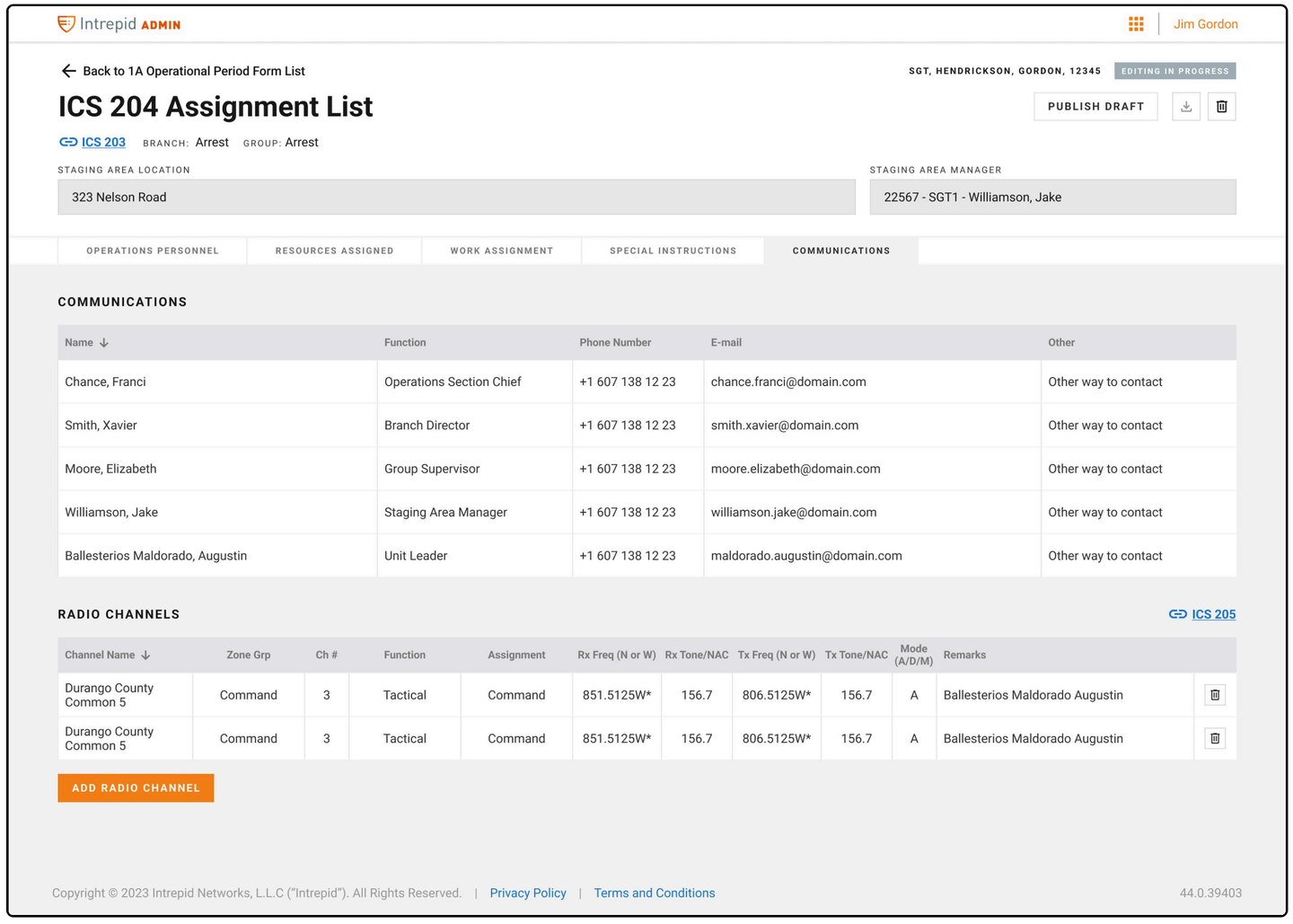
PDF Generated by ICS Report



ICS Report Web

204/205 Radio Channels

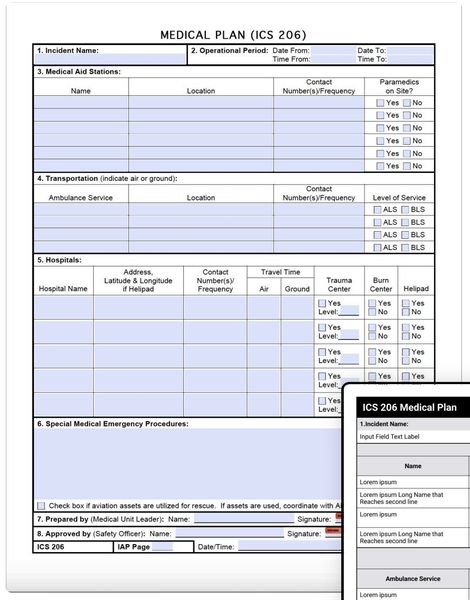
Once radio channels have been added to an ICS 204, they will be displayed under the “radio channels” section. They can be edited at any time through the same window from clicking “add radio channel.”



ICS Report Web

ICS 206

ICS 206 automates the process of completing the table by allowing you to select ambulances and hospitals from a pre-uploaded CSV database, while also providing the option to manually input Medical Aid Stations.



MEDICAL PLAN (ICS 206)

1. Incident Name: | 2. Operational Period: Date From: Time From: | Date To: Time To:

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
					☐ Yes Level:___	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:___	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:___	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:___	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:___	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

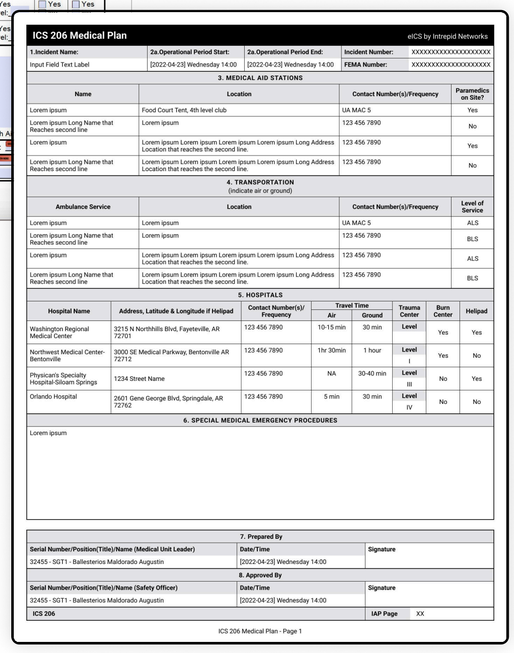
☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with A

7. Prepared by (Medical Unit Leader): Name: Signature:

8. Approved by (Safety Officer): Name: Signature:

ICS 206 | IAP Page | Date/Time:

ICS FEMA Official form



ICS 206 Medical Plan — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:	XXXXXXXXXXXXXXXXXX
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-23] Wednesday 14:00	FEMA Number:	XXXXXXXXXXXXXXXXXX

3. MEDICAL AID STATIONS

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Lorem ipsum	Food Court Tent, 4th level club	UA MAC 5	Yes
Lorem ipsum Long Name that Reaches second line	Lorem ipsum	123 456 7890	No
Lorem ipsum	Lorem ipsum Lorem ipsum Lorem ipsum Lorem ipsum Long Address Location that reaches the second line.	123 456 7890	Yes
Lorem ipsum Long Name that Reaches second line	Lorem ipsum Lorem ipsum Lorem ipsum Lorem ipsum Long Address Location that reaches the second line.	123 456 7890	No

4. TRANSPORTATION (indicate air or ground)

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Lorem ipsum	Lorem ipsum	UA MAC 5	ALS
Lorem ipsum Long Name that Reaches second line	Lorem ipsum	123 456 7890	BLS
Lorem ipsum	Lorem ipsum Lorem ipsum Lorem ipsum Lorem ipsum Long Address Location that reaches the second line.	123 456 7890	ALS
Lorem ipsum Long Name that Reaches second line	Lorem ipsum Lorem ipsum Lorem ipsum Lorem ipsum Long Address Location that reaches the second line.	123 456 7890	BLS

5. HOSPITALS

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
Washington Regional Medical Center	3215 N Northhills Blvd, Fayeteville, AR 72701	123 456 7890	10-15 min	30 min	Level I	Yes	Yes
Northwest Medical Center-Bentonville	3000 SE Medical Parkway, Bentonville AR 72712	123 456 7890	1hr 30min	1 hour	Level I	Yes	No
Physican's Specialty Hospital-Siloam Springs	1234 Street Name	123 456 7890	NA	30-40 min	Level III	No	Yes
Orlando Hospital	2601 Gene George Blvd, Springdale, AR 72762	123 456 7890	5 min	30 min	Level IV	No	No

6. SPECIAL MEDICAL EMERGENCY PROCEDURES

Lorem ipsum

7. Prepared By

Serial Number/Position(Title)/Name (Medical Unit Leader)	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

8. Approved By

Serial Number/Position(Title)/Name (Safety Officer)	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

ICS 206 | IAP Page XX

ICS 206 Medical Plan - Page 1

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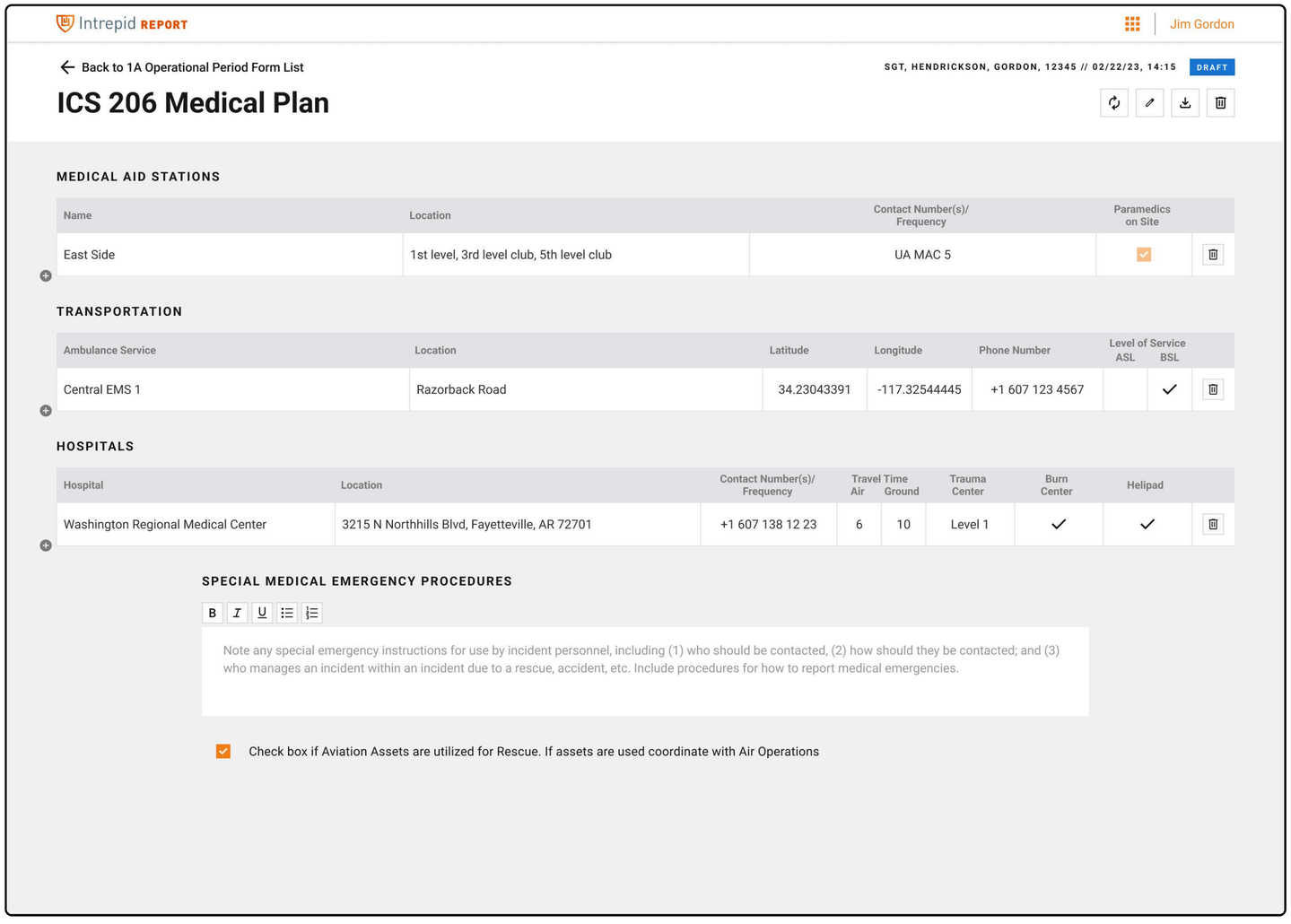


Intrepid REPORT | Jim Gordon

← Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 // 02/22/23, 14:15 DRAFT

ICS 206 Medical Plan

MEDICAL AID STATIONS

Name	Location	Contact Number(s)/ Frequency	Paramedics on Site
East Side	1st level, 3rd level club, 5th level club	UA MAC 5	☑

TRANSPORTATION

Ambulance Service	Location	Latitude	Longitude	Phone Number	Level of Service ASL	Level of Service BSL
Central EMS 1	Razorback Road	34.23043391	-117.32544445	+1 607 123 4567		✓

HOSPITALS

Hospital	Location	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
Washington Regional Medical Center	3215 N Northhills Blvd, Fayetteville, AR 72701	+1 607 138 12 23	6	10	Level 1	✓	✓

SPECIAL MEDICAL EMERGENCY PROCEDURES

B I U

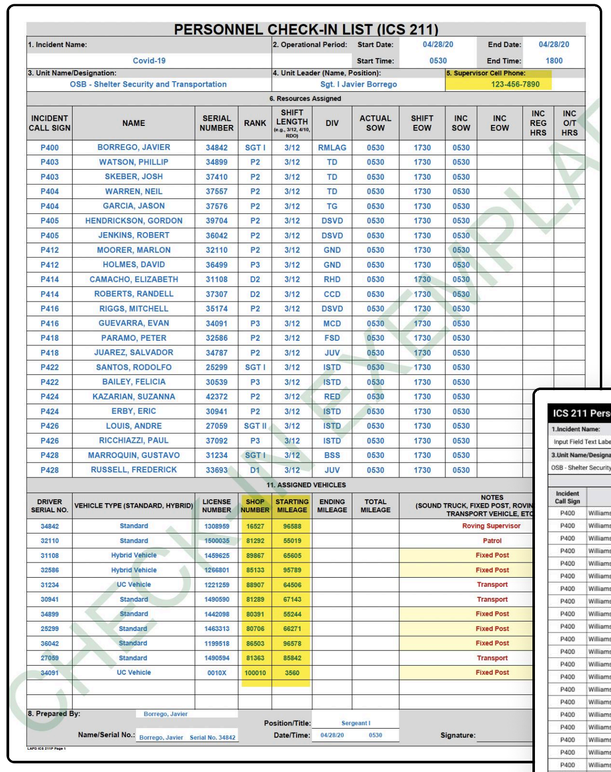
Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.

☑ Check box if Aviation Assets are utilized for Rescue. If assets are used coordinate with Air Operations

ICS Report Web

ICS 211/214/221 Hybrid

When an ICS 211 is created first, it will allow for the Incident Staging Area and Staging Area Managers to be defined there. If an ICS 203 and ICS 204 are created first, the Staging Area and Staging Area Managers will be defined by the ICS 203.



PERSONNEL CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Operational Period:	Start Date:	04/28/20	End Date:	04/28/20
Covid-19		Start Time:	0530	End Time:	1800
3. Unit Name/Designation:	4. Unit Leader (Name, Position):			5. Supervisor Cell Phone:	
OSB - Shelter Security and Transportation	Sgt. I Javier Borrego			123-456-7890	

6. Resources Assigned

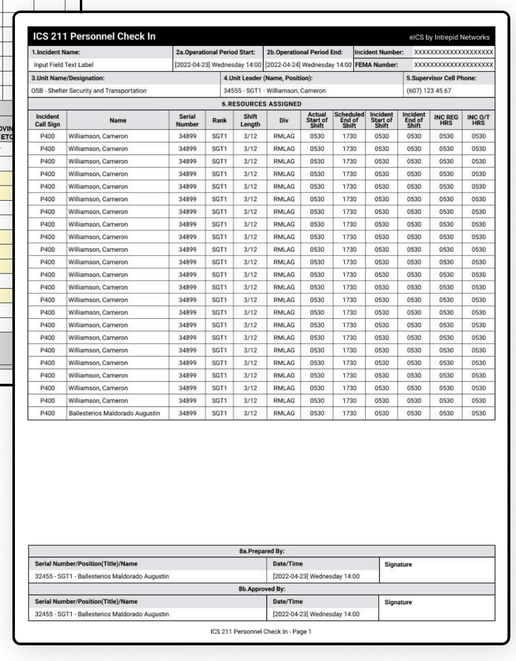
INCIDENT CALL SIGN	NAME	SERIAL NUMBER	RANK	SHIFT LENGTH (e.g., 3/12, 4/10, 8DO)	DIV	ACTUAL SOW	SHIFT EOW	INC SOW	INC EOW	INC REG HRS	INC O/T HRS
P400	BORREGO, JAVIER	34842	SGT I	3/12	RMLAG	0530	1730	0530			
P403	WATSON, PHILLIP	34899	P2	3/12	TD	0530	1730	0530			
P403	SKEBER, JOSH	37410	P2	3/12	TD	0530	1730	0530			
P404	WARREN, NEIL	37557	P2	3/12	TD	0530	1730	0530			
P404	GARCIA, JASON	37576	P2	3/12	TG	0530	1730	0530			
P405	HENDRICKSON, GORDON	39704	P2	3/12	DSVD	0530	1730	0530			
P405	JENKINS, ROBERT	36042	P2	3/12	DSVD	0530	1730	0530			
P412	MOORER, MARLON	32110	P2	3/12	GND	0530	1730	0530			
P412	HOLMES, DAVID	36499	P3	3/12	GND	0530	1730	0530			
P414	CAMACHO, ELIZABETH	31108	D2	3/12	RHD	0530	1730	0530			
P414	ROBERTS, RANDELL	37307	D2	3/12	CCD	0530	1730	0530			
P416	RIGGS, MITCHELL	35174	P2	3/12	DSVD	0530	1730	0530			
P416	GUEVARRA, EVAN	34091	P3	3/12	MCD	0530	1730	0530			
P418	PARAMO, PETER	32586	P2	3/12	FSD	0530	1730	0530			
P418	JUAREZ, SALVADOR	34787	P2	3/12	JUV	0530	1730	0530			
P422	SANTOS, RODOLFO	26299	SGT I	3/12	ISTD	0530	1730	0530			
P422	BAILEY, FELICIA	30539	P3	3/12	ISTD	0530	1730	0530			
P424	KAZARIAN, SUZANNA	42372	P2	3/12	RED	0530	1730	0530			
P424	ERBY, ERIC	30941	P2	3/12	ISTD	0530	1730	0530			
P426	LOUIS, ANDRE	27059	SGT II	3/12	ISTD	0530	1730	0530			
P426	RICCHIAZZI, PAUL	37092	P3	3/12	ISTD	0530	1730	0530			
P428	MARROQUIN, GUSTAVO	31234	SGT I	3/12	BSS	0530	1730	0530			
P428	RUSSELL, FREDERICK	33693	D1	3/12	JUV	0530	1730	0530			

11. ASSIGNED VEHICLES

DRIVER SERIAL NO.	VEHICLE TYPE (STANDARD, HYBRID)	LICENSE NUMBER	SHOP NUMBER	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	NOTES (SOUND TRUCK, FIXED POST, ROVING, TRANSPORT VEHICLE, ETC)
34842	Standard	1308959	16527	96588			Roving Supervisor
32110	Standard	1500035	81292	55019			Patrol
31108	Hybrid Vehicle	1459625	89867	65605			Fixed Post
32586	Hybrid Vehicle	1266801	85133	95789			Fixed Post
31234	UC Vehicle	1221259	88907	64506			Transport
30941	Standard	1490590	81289	67143			Transport
34899	Standard	1442098	80391	55244			Fixed Post
25299	Standard	1463313	80706	66271			Fixed Post
36042	Standard	1199518	86503	96578			Fixed Post
27059	Standard	1490594	81363	85842			Transport
34091	UC Vehicle	0010X	100010	3560			Fixed Post

8. Prepared By: Borrego, Javier — Name/Serial No.: Borrego, Javier Serial No. 34842 — Position/Title: Sergeant I — Date/Time: 04/28/20 0530 — Signature:

LAPD 211/214/221
Hybrid PDF



ICS 211 Personnel Check In — eICS by Intrepid Networks

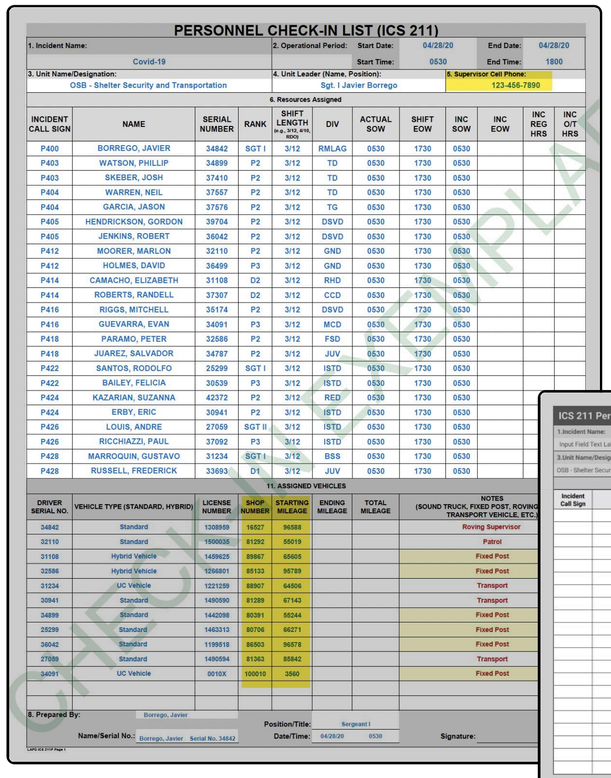
1.Incident Name:	2a.Operational Period Start:	2b.Operational Period End:	Incident Number:
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-24] Wednesday 14:00	XXXXXXXXXXXXXXXXXX
3.Unit Name/Designation:	4.Unit Leader (Name, Position):		FEMA Number: XXXXXXXXXXXXXXXXXX
OSB - Shelter Security and Transportation	34555 - SGT1 - Williamson, Camreon		5.Supervisor Cell Phone: (607) 123 45 67

6.RESOURCES ASSIGNED

Incident Call Sign	Name	Serial Number	Rank	Shift Length	Div	Actual Start of Shift	Scheduled End of Shift	Incident Start of Shift	Incident End of Shift	INC REG HRS	INC O/T HRS
P400	Williamson, Camreon	34899	SGT1	3/12	RMLAG	0530	1730	0530	0530	0530	0530

ICS 211/214/221 Hybrid

Assigning a **Unit Leader** will grant them special permissions within the mobile app, including the ability to update timestamps, manage check-ins, and handle demobilization. The **Unit Leader** must be part of the User Database, and cannot be assigned any other concurrent roles for this incident. A small flag icon will be shown on ICS web to indicate the **Unit Leader.**



PERSONNEL CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Operational Period:	Start Date:	04/28/20	End Date:	04/28/20
Covid-19		Start Time:	0530	End Time:	1800
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OSB - Shelter Security and Transportation	Sgt. I Javier Borrego		123-456-7890		

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INCIDENT CALL SIGN	NAME	SERIAL NUMBER	RANK	SHIFT LENGTH (e.g., 3/12, 4/10, 8DOS)	DIV	ACTUAL SOW	SHIFT EOW	INC SOW	INC EOW	INC REG HRS	INC O/T HRS
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P414	ROBERTS, RANDELL	37307	D2	3/12	CCD	0530	1730	0530			
P416	RIGGS, MITCHELL	35174	P2	3/12	DSVD	0530	1730	0530			
P416	GUEVARRA, EVAN	34091	P3	3/12	MCD	0530	1730	0530			
P418	PARAMO, PETER	32586	P2	3/12	FSD	0530	1730	0530			
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P422	SANTOS, RODOLFO	26299	SGT I	3/12	ISTD	0530	1730	0530			
P422	BAILEY, FELICIA	30539	P3	3/12	ISTD	0530	1730	0530			
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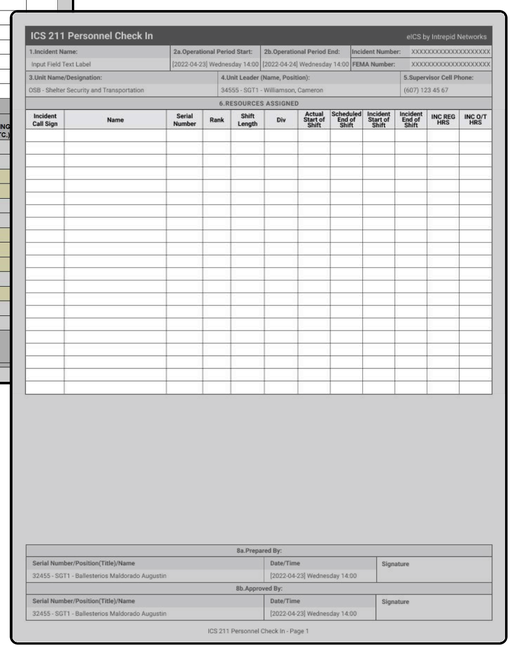
36042	Standard	1199518	86503	96578			Fixed Post
27059	Standard	1490594	81363	85842			Transport
34091	UC Vehicle	0010X	100010	3560			Fixed Post

8. Prepared By: Borrego, Javier — Position/Title: Sergeant I — Name/Serial No.: Borrego, Javier Serial No. 34842 — Date/Time: 04/28/20 0530 — Signature:

SAMPLE

LAPD 211/214/221
Hybrid PDF



ICS 211 Personnel Check In — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2b.Operational Period End:	Incident Number:
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-24] Wednesday 14:00	FEMA Number:
3.Unit Name/Designation:	4.Unit Leader (Name, Position):		5.Supervisor Cell Phone:
OSB - Shelter Security and Transportation	34555 - SGT1 - Williamson, Cameron		(607) 123 45 67

6.RESOURCES ASSIGNED

Incident Call Sign	Name	Serial Number	Rank	Shift Length	Div	Actual Start of Shift	Scheduled End of Shift	Incident Start of Shift	Incident End of Shift	INC REG HRS	INC O/T HRS

8a.Prepared By:

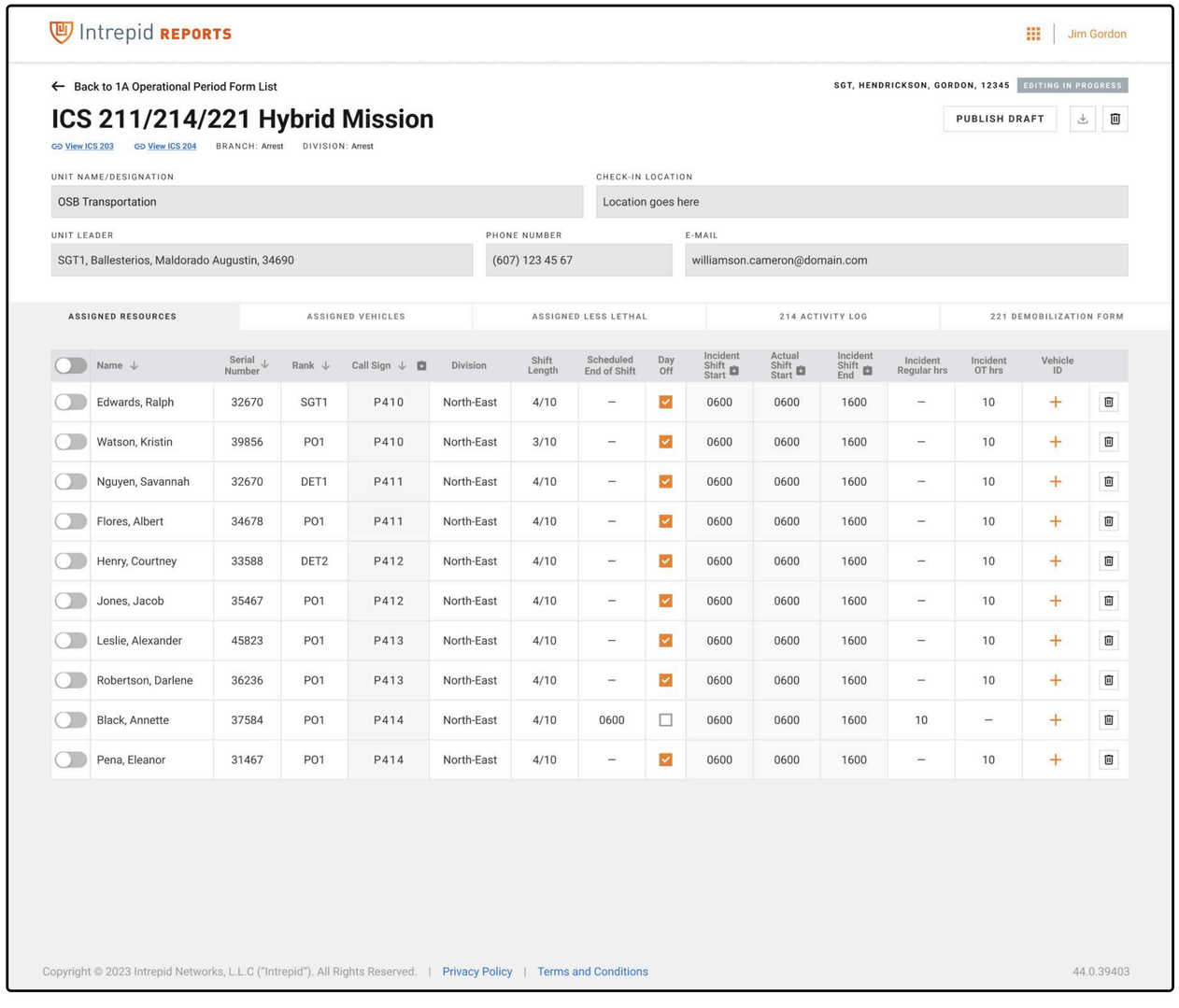
Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

8b.Approved By:

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

ICS 211 Personnel Check In - Page 1

PDF Generated by ICS Report



Intrepid REPORTS — Jim Gordon

← Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 EDITING IN PROGRESS

ICS 211/214/221 Hybrid Mission

PUBLISH DRAFT

View ICS 203 | View ICS 204 | BRANCH: Arrest | DIVISION: Arrest

UNIT NAME/DESIGNATION: OSB Transportation

CHECK-IN LOCATION: Location goes here

UNIT LEADER: SGT1, Ballesterios, Maldorado Augustin, 34690

PHONE NUMBER: (607) 123 45 67

E-MAIL: williamson.cameron@domain.com

ASSIGNED RESOURCES | ASSIGNED VEHICLES | ASSIGNED LESS LETHAL | 214 ACTIVITY LOG | 221 DEMOBILIZATION FORM

Name	Serial Number	Rank	Call Sign	Division	Shift Length	Scheduled End of Shift	Day Off	Incident Shift Start	Actual Shift Start	Incident Shift End	Incident Regular hrs	Incident OT hrs	Vehicle ID
Edwards, Ralph	32670	SGT1	P410	North-East	4/10	–	☑	0600	0600	1600	–	10	+
Watson, Kristin	39856	PO1	P410	North-East	3/10	–	☑	0600	0600	1600	–	10	+
Nguyen, Savannah	32670	DET1	P411	North-East	4/10	–	☑	0600	0600	1600	–	10	+
Flores, Albert	34678	PO1	P411	North-East	4/10	–	☑	0600	0600	1600	–	10	+
Henry, Courtney	33588	DET2	P412	North-East	4/10	–	☑	0600	0600	1600	–	10	+
Jones, Jacob	35467	PO1	P412	North-East	4/10	–	☑	0600	0600	1600	–	10	+
Leslie, Alexander	45823	PO1	P413	North-East	4/10	–	☑	0600	0600	1600	–	10	+
Robertson, Darlene	36236	PO1	P413	North-East	4/10	–	☑	0600	0600	1600	–	10	+
Black, Annette	37584	PO1	P414	North-East	4/10	0600	☐	0600	0600	1600	10	–	+
Pena, Eleanor	31467	PO1	P414	North-East	4/10	–	☑	0600	0600	1600	–	10	+

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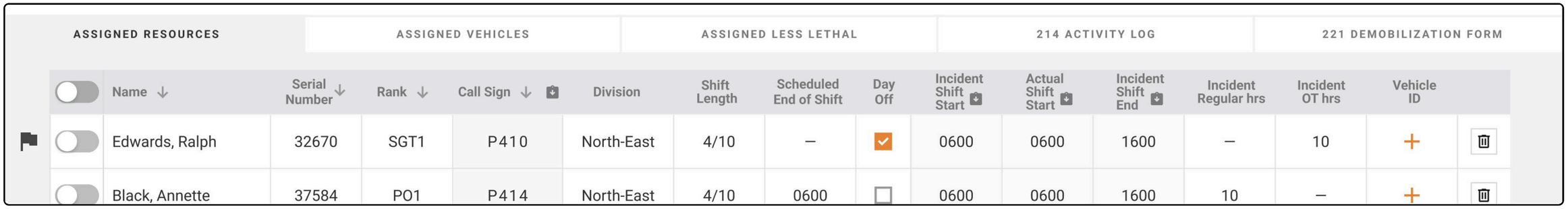
ICS Report Web

ICS 211/214/221 Hybrid

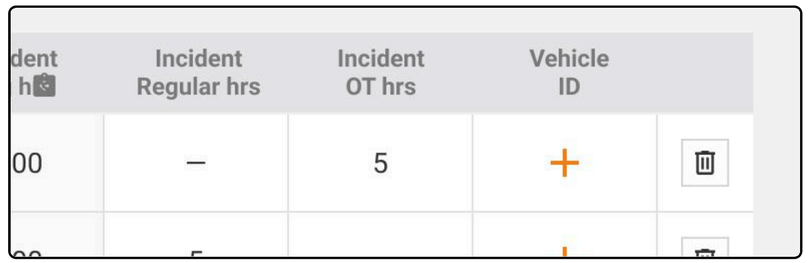
When a **Unit Member** is assigned to an incident during a day off on their schedule, it will be indicated as such on the Assigned Resources tab. In this scenario, all hours dedicated to the incident will be converted from incident regular hours to overtime hours, as indicated on the table.

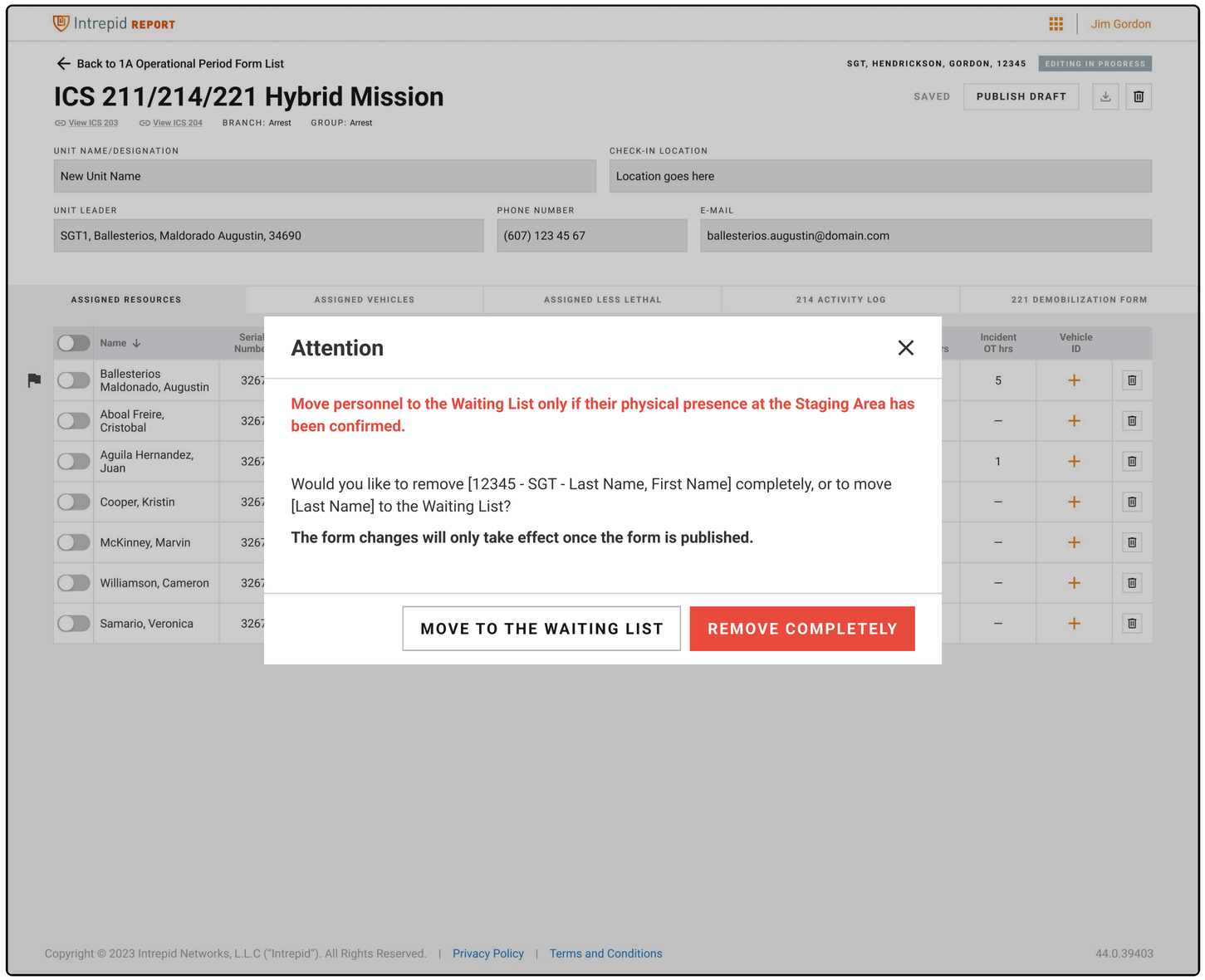


Name	Serial Number	Rank	Call Sign	Division	Shift Length	Scheduled End of Shift	Day Off	Incident Shift Start	Actual Shift Start	Incident Shift End	Incident Regular hrs	Incident OT hrs	Vehicle ID
Edwards, Ralph	32670	SGT1	P410	North-East	4/10	–	☑	0600	0600	1600	–	10	+
Black, Annette	37584	PO1	P414	North-East	4/10	0600	☐	0600	0600	1600	10	–	+

ICS 211/214/221 Hybrid Waiting List

Unit Leaders also have the ability to move **Unit Members** from the unit to the Waiting List, or remove them from the incident completely. They also have the ability to bring **Unit Members** back from the Waiting List to the unit.

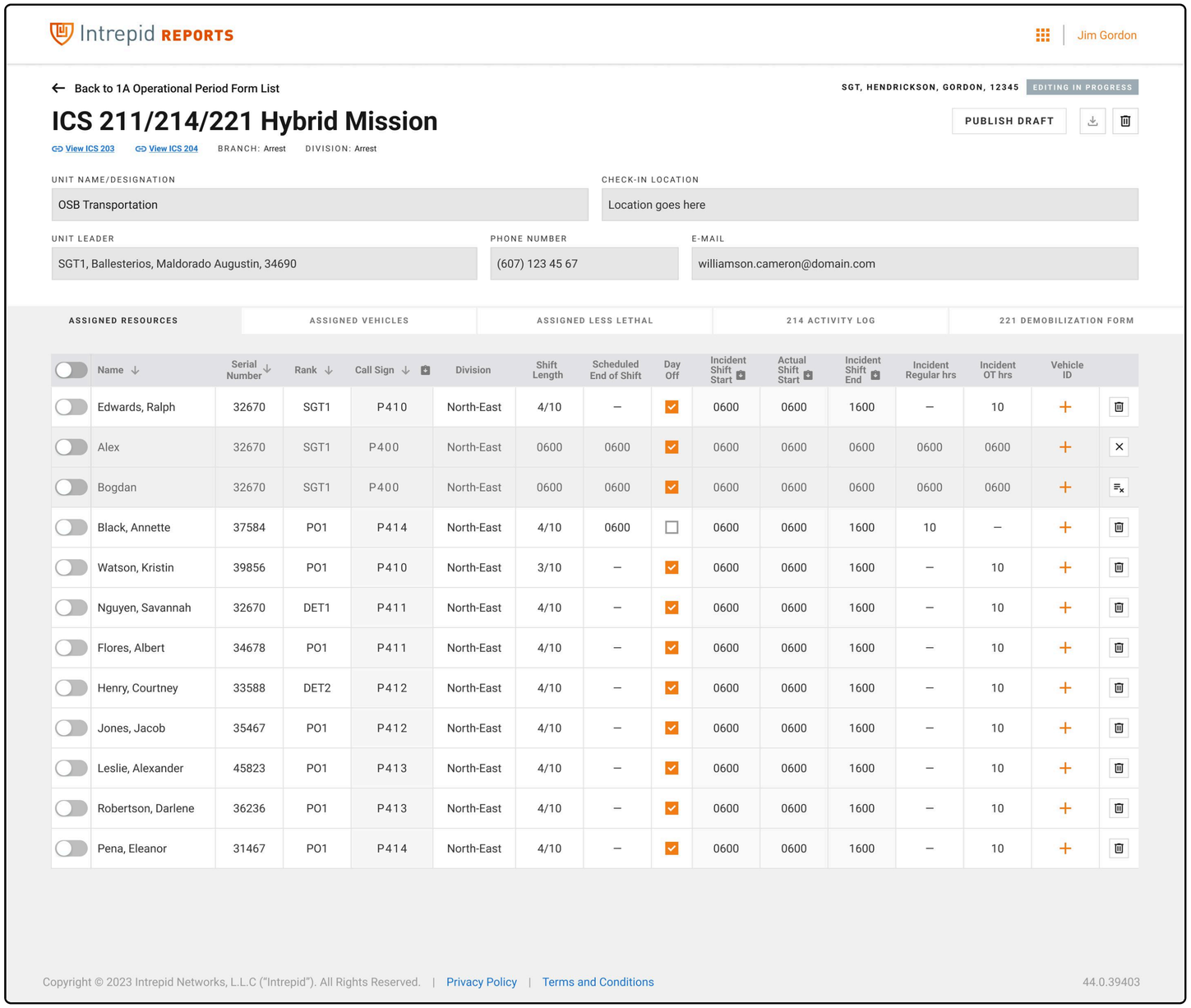




ICS 211/214/221 Hybrid Waiting List

When a **Unit Member** is removed from the unit by a **Unit Leader**, there are two possible states before the form is published.

The first state* indicates that a user has been moved to the waiting list, whereas the second state** indicates that a user has been removed from the incident completely. During either of these states, a **Unit Leader** can add them back to the unit.



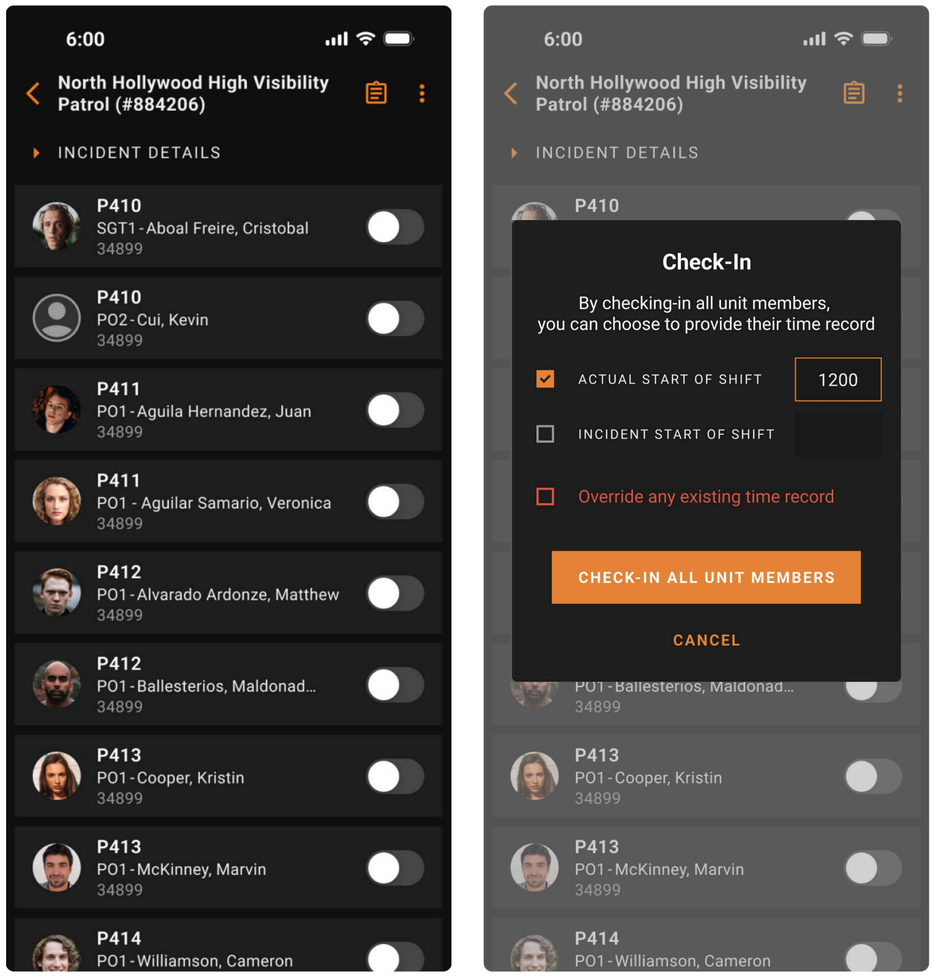
**This is the state created by clicking "remove completely." Users can either confirm this action by publishing the form, or undo this action by clicking the "x" button before the form is published.

*This is the state created by clicking "move to waiting list." Users can confirm this action by publishing the form as well, or undo by clicking the "menu x" button before publishing.

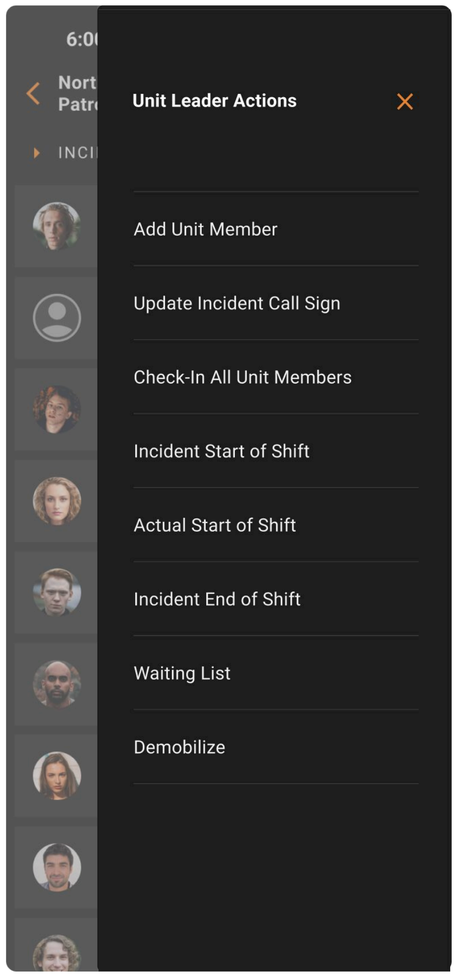
Unit Leader Permissions

Unit Leader permissions are tailored for managing **Unit Members** during an incident, facilitating the check-in and check-out process, and updating time records. More details can be found in the ICS Report mobile guide.

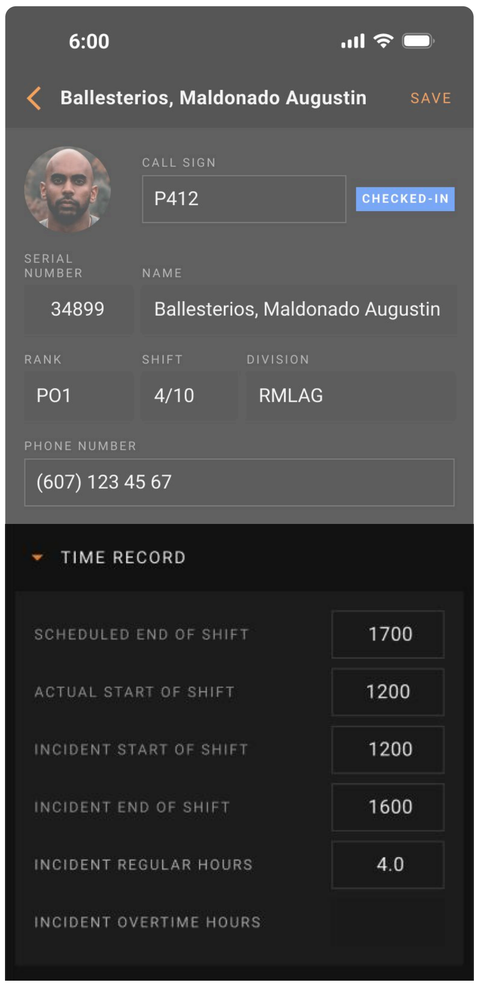
Check-in and Check-out Unit Members



Manage Unit Members and Call Signs

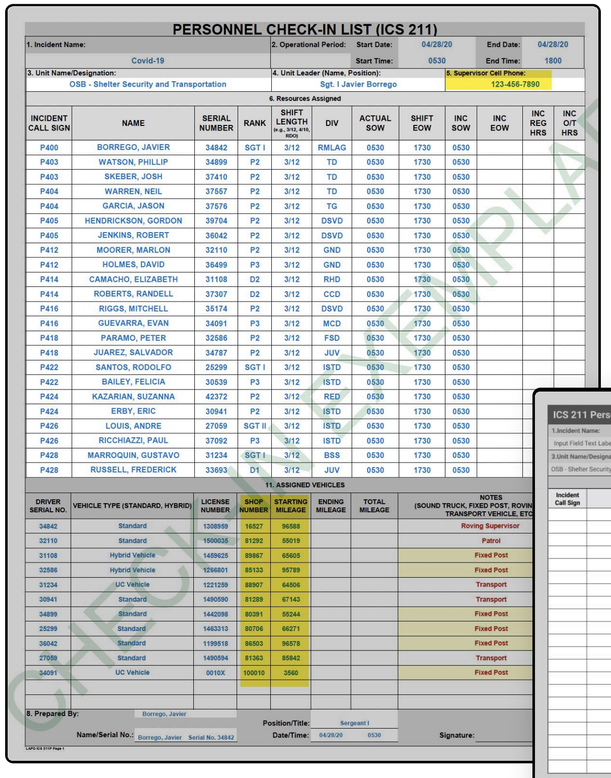


Update Unit Member Time Records



ICS 211/214/221 Hybrid

After assigning a **Unit Leader**, **Unit Members** can be assigned from the database of users. To search for personnel, users must type part of their serial number, or last name, and press enter to return matching results. Once a user is selected, the remaining columns will automatically update based on the information stored for that user in the database.



PERSONNEL CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Operational Period:	Start Date:	04/28/20	End Date:	04/28/20
Covid-19		Start Time:	0530	End Time:	1800
3. Unit Name/Designation:	4. Unit Leader (Name, Position):			5. Supervisor Cell Phone:	
OSB - Shelter Security and Transportation	Sgt. I Javier Borrego			123-456-7890	

6. Resources Assigned

INCIDENT CALL SIGN	NAME	SERIAL NUMBER	RANK	SHIFT LENGTH (e.g., 3/12, 4/10, 8DO)	DIV	ACTUAL SOW	SHIFT EOW	INC SOW	INC EOW	INC REG HRS	INC O/T HRS
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11. Assigned Vehicles

DRIVER SERIAL NO.	VEHICLE TYPE (STANDARD, HYBRID)	LICENSE NUMBER	SHOP NUMBER	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	NOTES (SOUND TRUCK, FIXED POST, ROVING, TRANSPORT VEHICLE, ETC)
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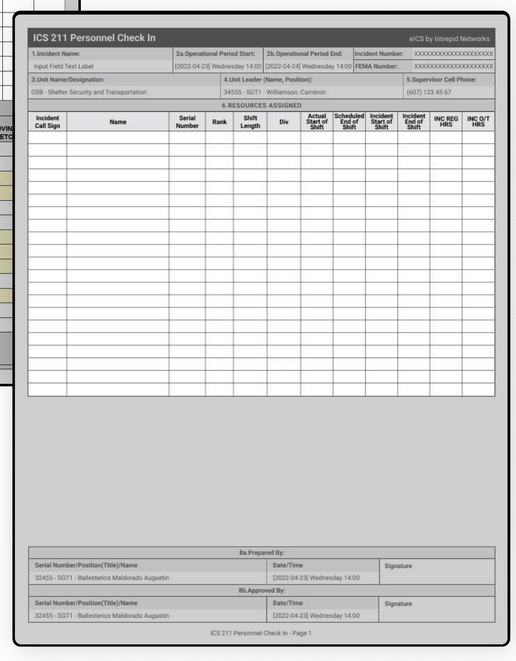
8. Prepared By: Borrego, Javier

Name/Serial No.: Borrego, Javier Serial No. 34842 | Position/Title: Sergeant I | Date/Time: 04/28/20 0530 | Signature:

eICS PLATFORM

LAPD 211/214/221
Hybrid PDF



ICS 211 Personnel Check In — eICS by Intrepid Networks

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Incident Call Sign	Name	Serial Number	Rank	Shift Length	Div	Actual Start of Shift	Scheduled End of Shift	Incident Start of Shift	Incident End of Shift	INC REG HRS	INC O/T HRS

8a.Prepared By:

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

8b.Approved By:

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

ICS 211 Personnel Check In - Page 1

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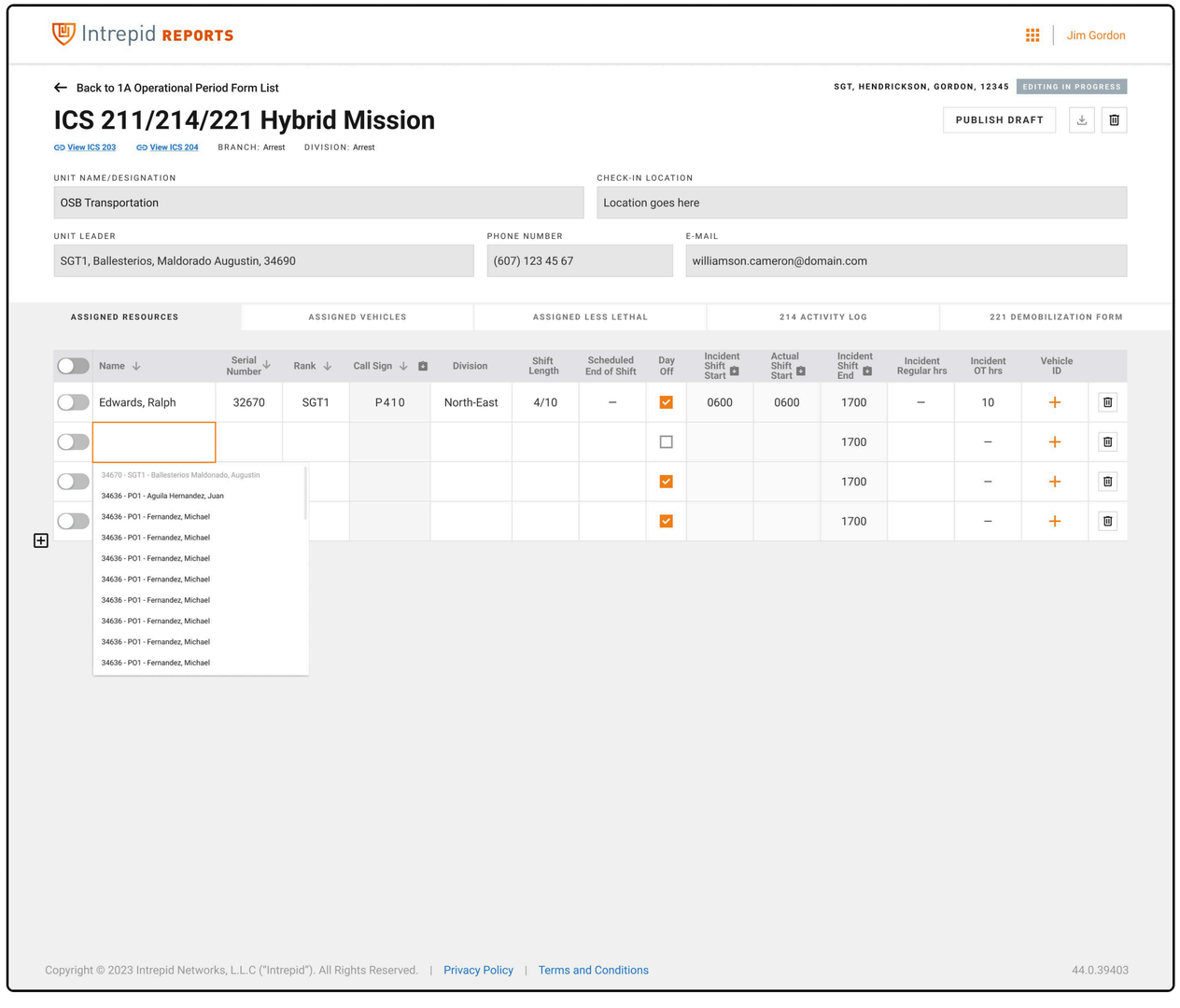

Intrepid REPORTS — Jim Gordon

← Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 EDITING IN PROGRESS

ICS 211/214/221 Hybrid Mission

PUBLISH DRAFT

View ICS 203 | View ICS 204 | BRANCH: Arrest | DIVISION: Arrest

UNIT NAME/DESIGNATION: OSB Transportation

CHECK-IN LOCATION: Location goes here

UNIT LEADER: SGT1, Ballesterios, Maldorado Augustin, 34690

PHONE NUMBER: (607) 123 45 67

E-MAIL: williamson.cameron@domain.com

ASSIGNED RESOURCES | ASSIGNED VEHICLES | ASSIGNED LESS LETHAL | 214 ACTIVITY LOG | 221 DEMOBILIZATION FORM

Name	Serial Number	Rank	Call Sign	Division	Shift Length	Scheduled End of Shift	Day Off	Incident Shift Start	Actual Shift Start	Incident Shift End	Incident Regular hrs	Incident OT hrs	Vehicle ID
Edwards, Ralph	32670	SGT1	P410	North-East	4/10	–	☑	0600	0600	1700	–	10	+
							☐			1700		–	+
							☑			1700		–	+
							☑			1700		–	+

34670 - SGT1 - Ballesterios Maldonado, Augustin
34636 - PO1 - Aguila Hernandez, Juan
34636 - PO1 - Fernandez, Michael
34636 - PO1 - Fernandez, Michael
34636 - PO1 - Fernandez, Michael
34636 - PO1 - Fernandez, Michael
34636 - PO1 - Fernandez, Michael
34636 - PO1 - Fernandez, Michael
34636 - PO1 - Fernandez, Michael
34636 - PO1 - Fernandez, Michael

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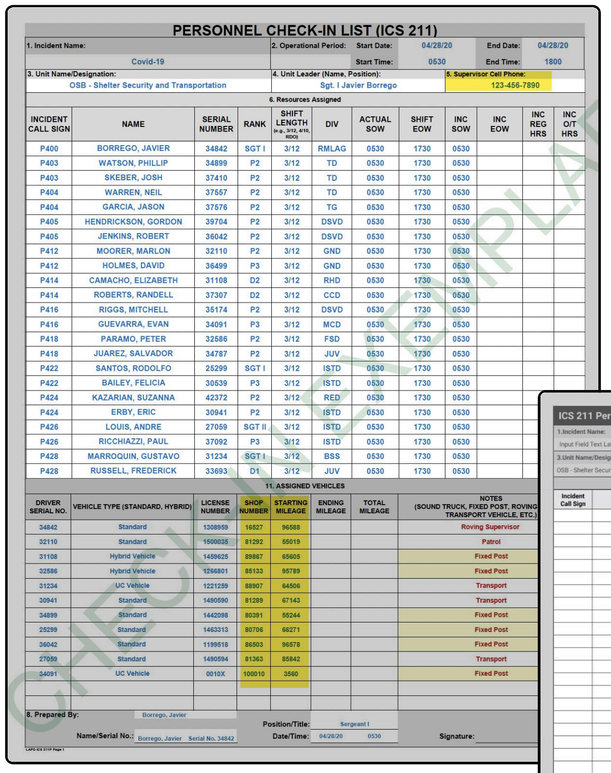
ICS Report Web

ICS 211/214/221 Hybrid

Once a **Unit Leader** and all **Unit Members** have been completely assigned to an ICS 211/214/211, **Unit Leaders** and **Group Supervisors** may assign call signs to all units for this operational period.

The call sign identifier and number of **Unit Members** that share a call sign can then be customized from this window.



PERSONNEL CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Operational Period:	Start Date:	04/28/20	End Date:	04/28/20
Covid-19		Start Time:	0530	End Time:	1800
3. Unit Name/Designation:	4. Unit Leader (Name, Position):		5. Supervisor Cell Phone:		
OSB - Shelter Security and Transportation	Sgt. I Javier Borrego		123-456-7890		

6. Resources Assigned

INCIDENT CALL SIGN	NAME	SERIAL NUMBER	RANK	SHIFT LENGTH (e.g., 3/12, 4/10, 8DO)	DIV	ACTUAL SOW	SHIFT EOW	INC SOW	INC EOW	INC REG HRS	INC O/T HRS
P400	BORREGO, JAVIER	34842	SGT I	3/12	RMLAG	0530	1730	0530			
P403	WATSON, PHILLIP	34899	P2	3/12	TD	0530	1730	0530			
P403	SKEBER, JOSH	37410	P2	3/12	TD	0530	1730	0530			
P404	WARREN, NEIL	37557	P2	3/12	TD	0530	1730	0530			
P404	GARCIA, JASON	37576	P2	3/12	TG	0530	1730	0530			
P405	HENDRICKSON, GORDON	39704	P2	3/12	DSVD	0530	1730	0530			
P405	JENKINS, ROBERT	36042	P2	3/12	DSVD	0530	1730	0530			
P412	MOORER, MARLON	32110	P2	3/12	GND	0530	1730	0530			
P412	HOLMES, DAVID	36499	P3	3/12	GND	0530	1730	0530			
P414	CAMACHO, ELIZABETH	31108	D2	3/12	RHD	0530	1730	0530			
P414	ROBERTS, RANDELL	37307	D2	3/12	CCD	0530	1730	0530			
P416	RIGGS, MITCHELL	35174	P2	3/12	DSVD	0530	1730	0530			
P416	GUEVARRA, EVAN	34091	P3	3/12	MCD	0530	1730	0530			
P418	PARAMO, PETER	32586	P2	3/12	FSD	0530	1730	0530			
P418	JUAREZ, SALVADOR	34787	P2	3/12	JUV	0530	1730	0530			
P422	SANTOS, RODOLFO	25299	SGT I	3/12	ISTD	0530	1730	0530			
P422	BAILEY, FELICIA	30539	P3	3/12	ISTD	0530	1730	0530			
P424	KAZARIAN, SUZANNA	42372	P2	3/12	RED	0530	1730	0530			
P424	ERBY, ERIC	30941	P2	3/12	ISTD	0530	1730	0530			
P426	LOUIS, ANDRE	27059	SGT II	3/12	ISTD	0530	1730	0530			
P426	RICCHIAZZI, PAUL	37092	P3	3/12	ISTD	0530	1730	0530			
P428	MARROQUIN, GUSTAVO	31234	SGT I	3/12	BSS	0530	1730	0530			
P428	RUSSELL, FREDERICK	33693	D1	3/12	JUV	0530	1730	0530			

11. ASSIGNED VEHICLES

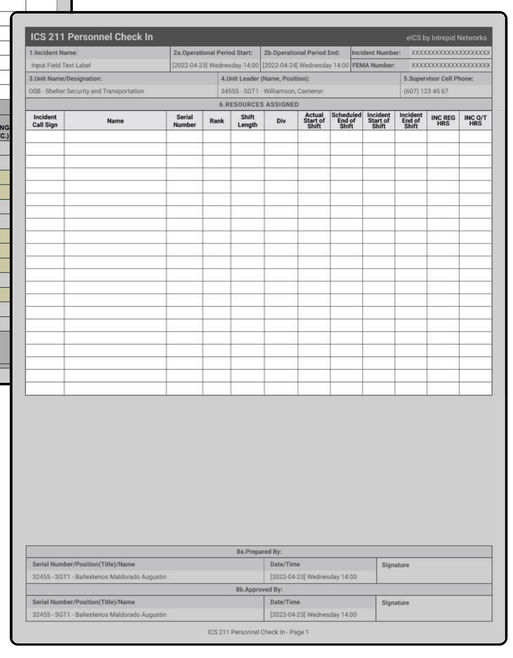
DRIVER SERIAL NO.	VEHICLE TYPE (STANDARD, HYBRID)	LICENSE NUMBER	SHOP NUMBER	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	NOTES (SOUND TRUCK, FIXED POST, ROVING, TRANSPORT VEHICLE, ETC.)
34842	Standard	1308959	16527	96588			Roving Supervisor
32110	Standard	1500035	81292	55019			Patrol
31108	Hybrid Vehicle	1459625	89867	65605			Fixed Post
32586	Hybrid Vehicle	1266801	85133	95789			Fixed Post
31234	UC Vehicle	1221259	88907	64506			Transport
30941	Standard	1490590	81289	67143			Transport
34899	Standard	1442098	80391	55244			Fixed Post
25299	Standard	1463313	80706	66271			Fixed Post
36042	Standard	1199518	86503	96578			Fixed Post
27059	Standard	1490594	81363	85842			Transport
34091	UC Vehicle	0010X	100010	3560			Fixed Post

8. Prepared By: Borrego, Javier

Name/Serial No.: Borrego, Javier Serial No. 34842 | Position/Title: Sergeant I | Date/Time: 04/28/20 0530 | Signature:

SAMPLE

LAPD 211/214/221
Hybrid PDF



ICS 211 Personnel Check In

eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2b.Operational Period End:	Incident Number:	XXXXXXXXXXXXXXXXXX
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-24] Wednesday 14:00	FEMA Number:	XXXXXXXXXXXXXXXXXX
3.Unit Name/Designation:	4.Unit Leader (Name, Position):		5.Supervisor Cell Phone:	
OSB - Shelter Security and Transportation	34555 - SGT1 - Williamson, Cameron		(607) 123 45 67	

6.RESOURCES ASSIGNED

Incident Call Sign	Name	Serial Number	Rank	Shift Length	Div	Actual Start of Shift	Scheduled End of Shift	Incident Start of Shift	Incident End of Shift	INC REG HRS	INC O/T HRS

8a.Prepared By:

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

8b.Approved By:

Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	

ICS 211 Personnel Check In - Page 1

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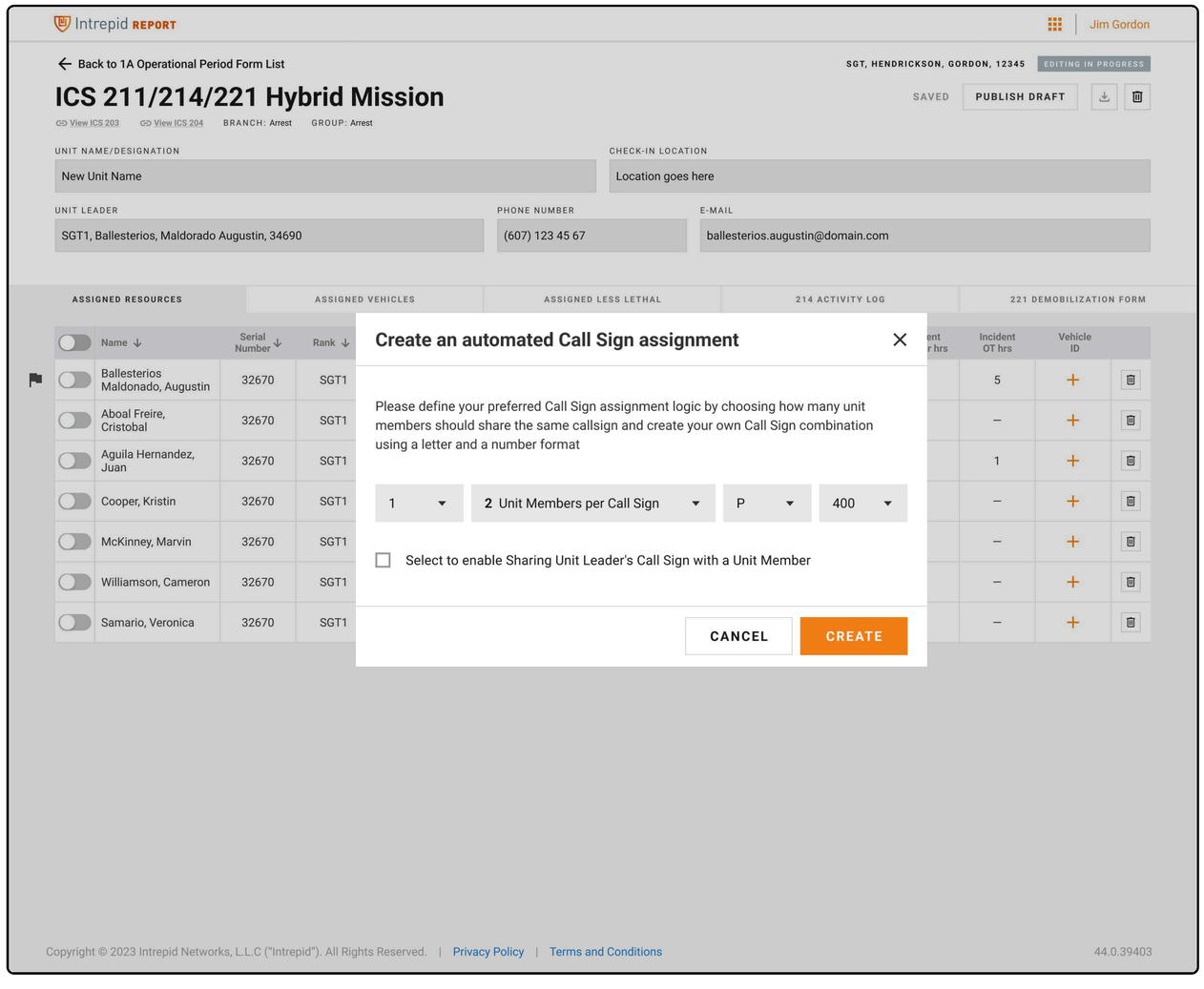
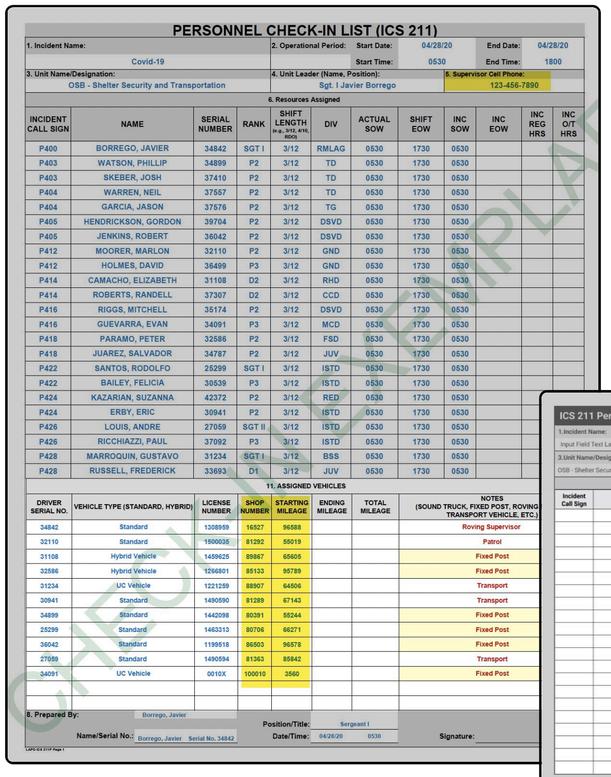


ICS Report Web

ICS 211/214/221 Hybrid Vehicle Assignments

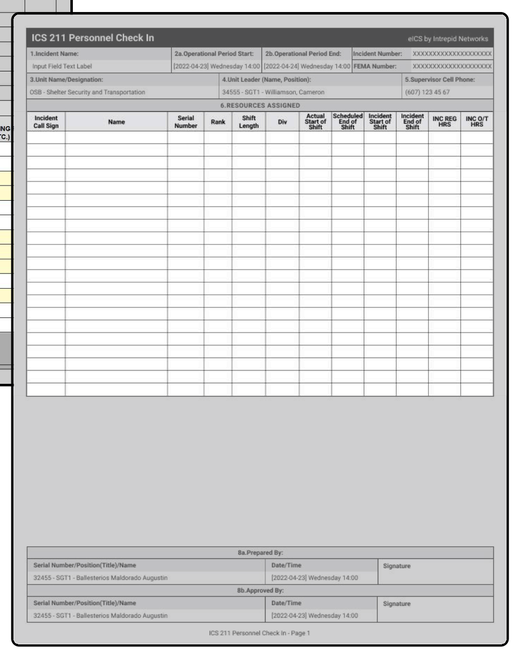
Vehicle assignments should also be made on the Assigned Resources tab. To add a vehicle to a **Unit Member** or **Unit Leader**, use the plus icon on the right side of the table.

The popup window will then allow users to fill out details about the vehicle a **Unit Member** may be utilizing, including Vehicle ID, Vehicle Type, and any additional notes.



LAPD 211/214/221
Hybrid PDF





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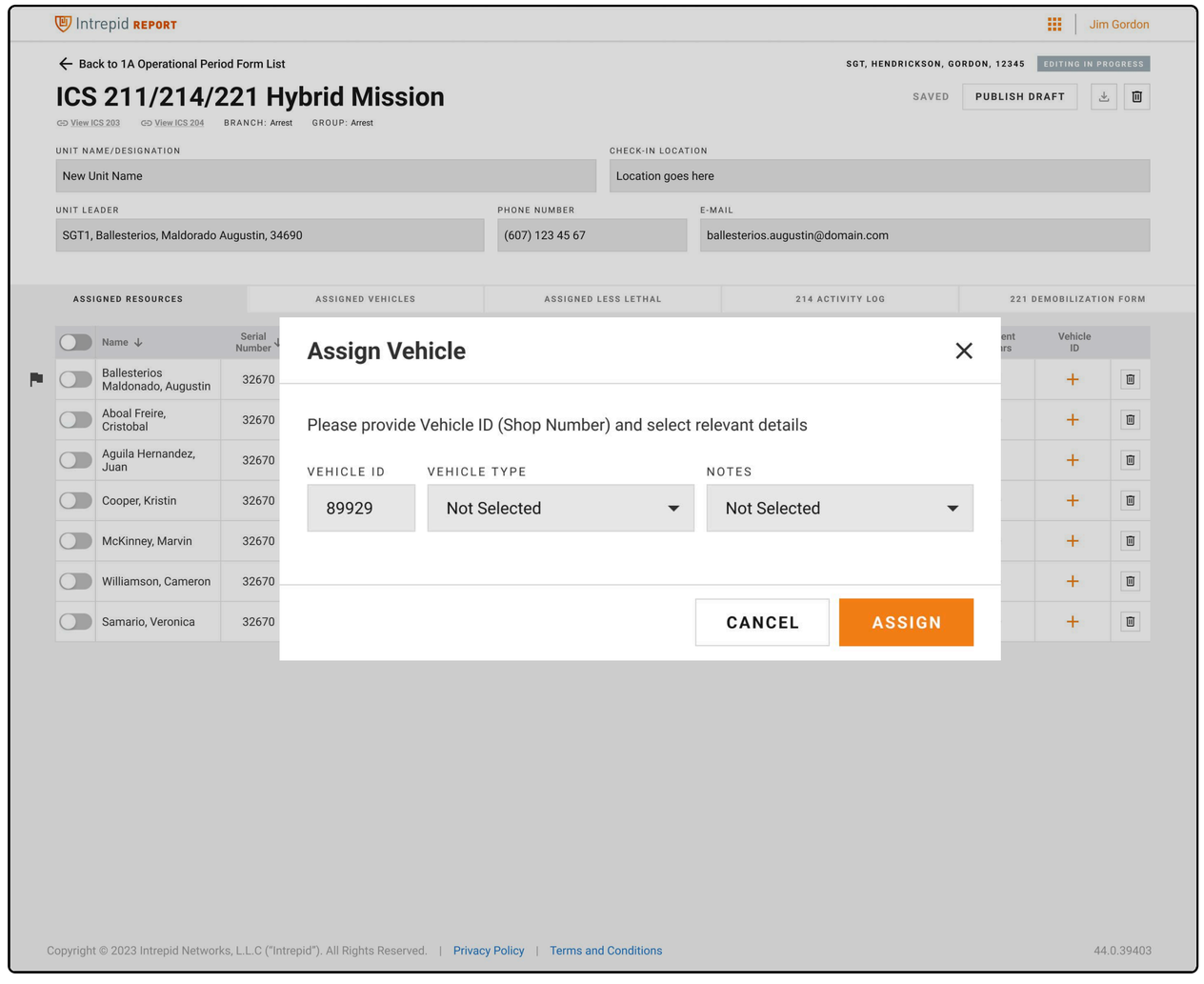
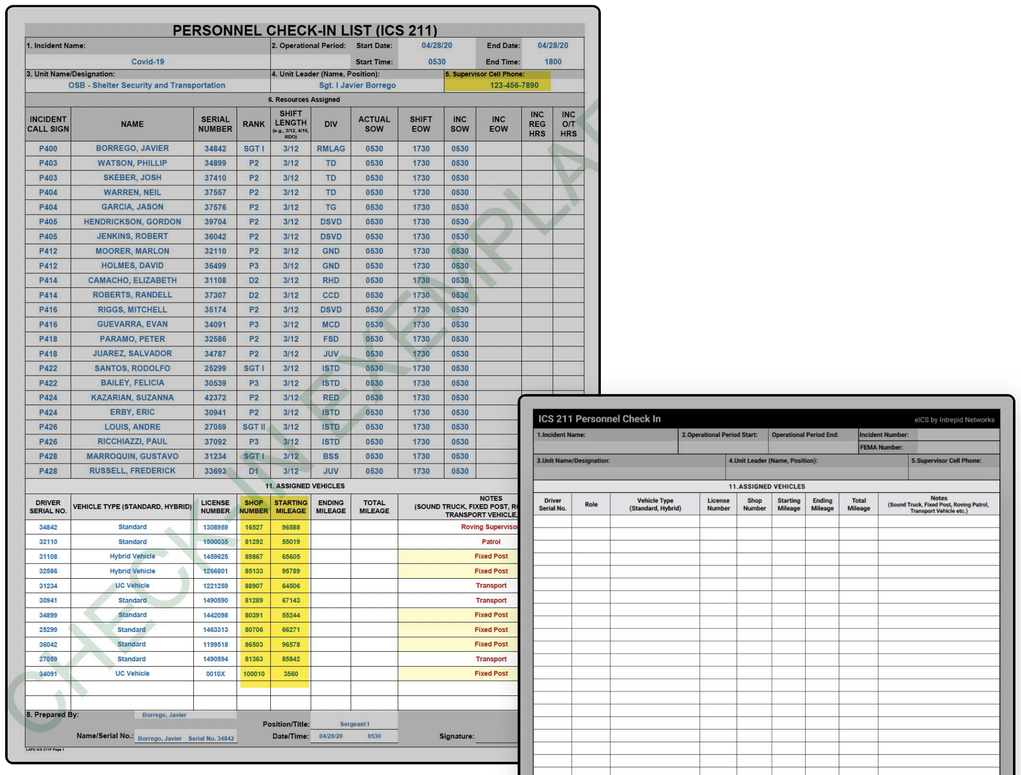


ICS Report Web

ICS 211/214/221 Hybrid

Full vehicle details can be viewed on the next tab, Assigned Vehicles, where users can track mileage for each vehicle assignment. Once the initial and ending mileage are entered, the total mileage will be automatically calculated.



PERSONNEL CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Operational Period:	Start Date:	04/28/20	End Date:	04/28/20
Covid-19		Start Time:	0530	End Time:	1800
3. Unit Name/Designation:	4. Unit Leader (Name, Position):			5. Supervisor Cell Phone:	
OSB - Shelter Security and Transportation	Sgt. I Javier Borrego			123-456-7890	

6. Resources Assigned

INCIDENT CALL SIGN	NAME	SERIAL NUMBER	RANK	SHIFT LENGTH (e.g., 3/12, 4/10, 8DO)	DIV	ACTUAL SOW	SHIFT EOW	INC SOW	INC EOW	INC REG HRS	INC O/T HRS
P400	BORREGO, JAVIER	34842	SGT I	3/12	RMLAG	0530	1730	0530			
P403	WATSON, PHILLIP	34899	P2	3/12	TD	0530	1730	0530			
P403	SKEBER, JOSH	37410	P2	3/12	TD	0530	1730	0530			
P404	WARREN, NEIL	37557	P2	3/12	TD	0530	1730	0530			
P404	GARCIA, JASON	37576	P2	3/12	TG	0530	1730	0530			
P405	HENDRICKSON, GORDON	39704	P2	3/12	DSVD	0530	1730	0530			
P405	JENKINS, ROBERT	36042	P2	3/12	DSVD	0530	1730	0530			
P412	MOORER, MARLON	32110	P2	3/12	GND	0530	1730	0530			
P412	HOLMES, DAVID	36499	P3	3/12	GND	0530	1730	0530			
P414	CAMACHO, ELIZABETH	31108	D2	3/12	RHD	0530	1730	0530			
P414	ROBERTS, RANDELL	37307	D2	3/12	CCD	0530	1730	0530			
P416	RIGGS, MITCHELL	35174	P2	3/12	DSVD	0530	1730	0530			
P416	GUEVARRA, EVAN	34091	P3	3/12	MCD	0530	1730	0530			
P418	PARAMO, PETER	32586	P2	3/12	FSD	0530	1730	0530			
P418	JUAREZ, SALVADOR	34787	P2	3/12	JUV	0530	1730	0530			
P422	SANTOS, RODOLFO	25299	SGT I	3/12	ISTD	0530	1730	0530			
P422	BAILEY, FELICIA	30539	P3	3/12	ISTD	0530	1730	0530			
P424	KAZARIAN, SUZANNA	42372	P2	3/12	RED	0530	1730	0530			
P424	ERBY, ERIC	30941	P2	3/12	ISTD	0530	1730	0530			
P426	LOUIS, ANDRE	27059	SGT II	3/12	ISTD	0530	1730	0530			
P426	RICCHIAZZI, PAUL	37092	P3	3/12	ISTD	0530	1730	0530			
P428	MARROQUIN, GUSTAVO	31234	SGT I	3/12	BSS	0530	1730	0530			
P428	RUSSELL, FREDERICK	33693	D1	3/12	JUV	0530	1730	0530			

11. ASSIGNED VEHICLES

DRIVER SERIAL NO.	VEHICLE TYPE (STANDARD, HYBRID)	LICENSE NUMBER	SHOP NUMBER	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	NOTES (SOUND TRUCK, FIXED POST, RO TRANSPORT VEHICLE
34842	Standard	1308959	16827	96588			Roving Supervisor
32110	Standard	1500035	81292	55019			Patrol
31108	Hybrid Vehicle	1459625	89867	66605			Fixed Post
32586	Hybrid Vehicle	1266801	85133	96789			Fixed Post
31234	UC Vehicle	1221259	88907	64506			Transport
30941	Standard	1490590	81289	67143			Transport
34899	Standard	1442098	80391	55244			Fixed Post
25299	Standard	1463313	80706	66271			Fixed Post
36042	Standard	1199518	86503	96578			Fixed Post
27059	Standard	1490594	81363	85842			Transport
34091	UC Vehicle	0010X	100010	3560			Fixed Post

8. Prepared By: Borrego, Javier

Name/Serial No.: Borrego, Javier Serial No. 34842 | Position/Title: Sergeant I | Date/Time: 04/28/20 0530 | Signature:

SAMPLE

LAPD 211/214/221 Hybrid PDF

ICS 211 Personnel Check In — eICS by Intrepid Networks

1.Incident Name:	2.Operational Period Start:	Operational Period End:	Incident Number: / FEMA Number:
3.Unit Name/Designation:	4.Unit Leader (Name, Position):		5.Supervisor Cell Phone:

11.ASSIGNED VEHICLES

Driver Serial No.	Role	Vehicle Type (Standard, Hybrid)	License Number	Shop Number	Starting Mileage	Ending Mileage	Total Mileage	Notes (Sound Truck, Fixed Post, Roving Patrol, Transport Vehicle etc.)

8.Prepared By:

Serial Number/Position(Title)/Name	Date/Time	Signature

9.Approved By:

Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 211: Hybrid - Page 2

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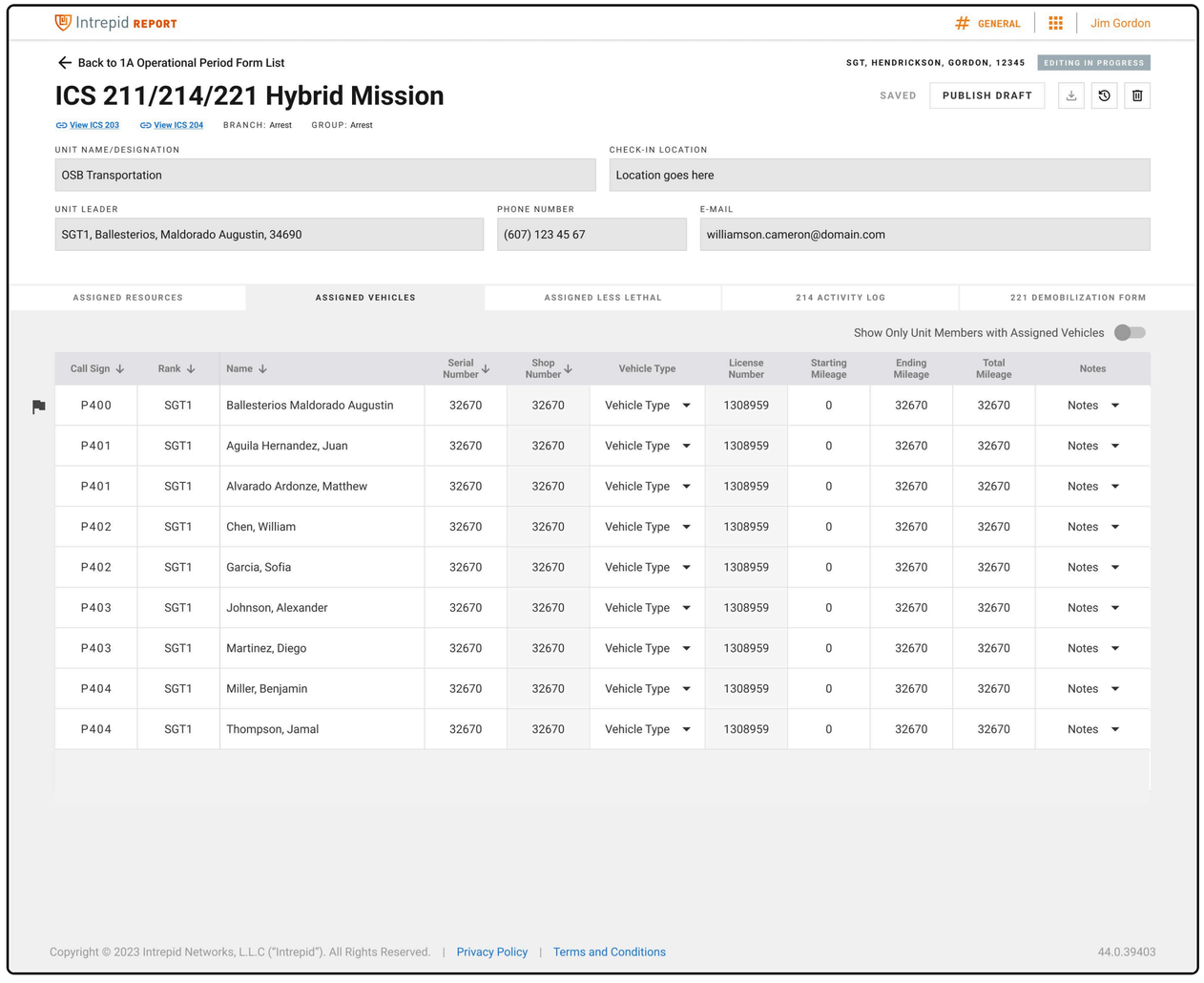

Intrepid REPORT — # GENERAL — Jim Gordon

← Back to 1A Operational Period Form List

SGT, HENDRICKSON, GORDON, 12345 | EDITING IN PROGRESS

ICS 211/214/221 Hybrid Mission

SAVED | PUBLISH DRAFT

View ICS 203 | View ICS 204 | BRANCH: Arrest | GROUP: Arrest

UNIT NAME/DESIGNATION: OSB Transportation

CHECK-IN LOCATION: Location goes here

UNIT LEADER: SGT1, Ballesterios, Maldorado Augustin, 34690

PHONE NUMBER: (607) 123 45 67

E-MAIL: williamson.cameron@domain.com

ASSIGNED RESOURCES | ASSIGNED VEHICLES | ASSIGNED LESS LETHAL | 214 ACTIVITY LOG | 221 DEMOBILIZATION FORM

Show Only Unit Members with Assigned Vehicles

Call Sign	Rank	Name	Serial Number	Shop Number	Vehicle Type	License Number	Starting Mileage	Ending Mileage	Total Mileage	Notes
P400	SGT1	Ballesterios Maldorado Augustin	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes
P401	SGT1	Aguila Hernandez, Juan	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes
P401	SGT1	Alvarado Ardonze, Matthew	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes
P402	SGT1	Chen, William	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes
P402	SGT1	Garcia, Sofia	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes
P403	SGT1	Johnson, Alexander	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes
P403	SGT1	Martinez, Diego	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes
P404	SGT1	Miller, Benjamin	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes
P404	SGT1	Thompson, Jamal	32670	32670	Vehicle Type	1308959	0	32670	32670	Notes

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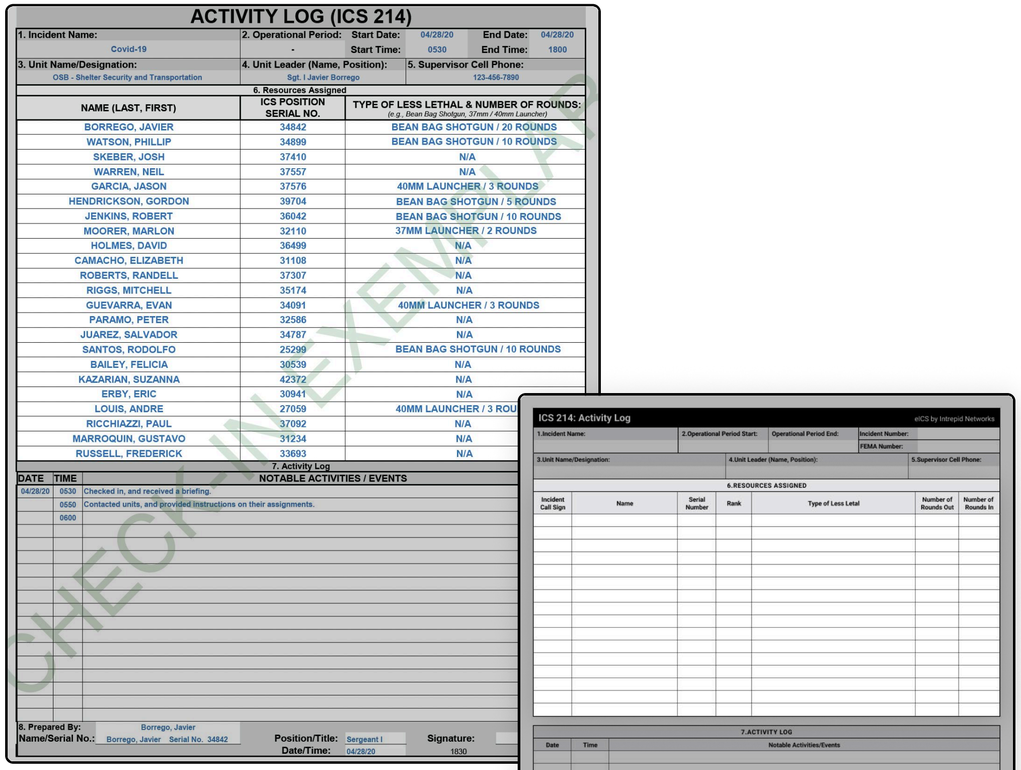
ICS Report Web

ICS 211/214/221 Hybrid

When assigning less lethals to unit members, the checkbox for “assign” must first be marked before the number of rounds can be entered in the “OUT” field. The “IN” field tracks how many rounds are checked back in, and, by default, will automatically match the “OUT” field. However, as significant actions are added to the activity log, the IN field will automatically subtract the number of rounds utilized.



ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period:	Start Date:	04/28/20	End Date:	04/28/20
Covid-19	-	Start Time:	0530	End Time:	1800
3. Unit Name/Designation:	4. Unit Leader (Name, Position):		5. Supervisor Cell Phone:		
OSB - Shelter Security and Transportation	Sgt. I Javier Borrego		123-456-7890		

6. Resources Assigned

NAME (LAST, FIRST)	ICS POSITION SERIAL NO.	TYPE OF LESS LETHAL & NUMBER OF ROUNDS: (e.g., Bean Bag Shotgun, 37mm / 40mm Launcher)
BORREGO, JAVIER	34842	BEAN BAG SHOTGUN / 20 ROUNDS
WATSON, PHILLIP	34899	BEAN BAG SHOTGUN / 10 ROUNDS
SKEBER, JOSH	37410	N/A
WARREN, NEIL	37557	N/A
GARCIA, JASON	37576	40MM LAUNCHER / 3 ROUNDS
HENDRICKSON, GORDON	39704	BEAN BAG SHOTGUN / 5 ROUNDS
JENKINS, ROBERT	36042	BEAN BAG SHOTGUN / 10 ROUNDS
MOORER, MARLON	32110	37MM LAUNCHER / 2 ROUNDS
HOLMES, DAVID	36499	N/A
CAMACHO, ELIZABETH	31108	N/A
ROBERTS, RANDELL	37307	N/A
RIGGS, MITCHELL	35174	N/A
GUEVARRA, EVAN	34091	40MM LAUNCHER / 3 ROUNDS
PARAMO, PETER	32586	N/A
JUAREZ, SALVADOR	34787	N/A
SANTOS, RODOLFO	25299	BEAN BAG SHOTGUN / 10 ROUNDS
BAILEY, FELICIA	30539	N/A
KAZARIAN, SUZANNA	42372	N/A
ERBY, ERIC	30941	N/A
LOUIS, ANDRE	27059	40MM LAUNCHER / 3 ROU
RICCHIAZZI, PAUL	37092	N/A
MARROQUIN, GUSTAVO	31234	N/A
RUSSELL, FREDERICK	33693	N/A

7. Activity Log

DATE	TIME	NOTABLE ACTIVITIES / EVENTS
04/28/20	0530	Checked in, and received a briefing.
	0550	Contacted units, and provided instructions on their assignments.
	0600	

8. Prepared By: Borrego, Javier
Name/Serial No.: Borrego, Javier Serial No. 34842 Position/Title: Sergeant I Signature:
Date/Time: 04/28/20 1830

CHECK-IN LEXEW

LAPD 211/214/221
Hybrid PDF

ICS 214: Activity Log — eICS by Intrepid Networks

1.Incident Name:	2.Operational Period Start:	Operational Period End:	Incident Number: / FEMA Number:
3.Unit Name/Designation:	4.Unit Leader (Name, Position):		5.Supervisor Cell Phone:

6.RESOURCES ASSIGNED

Incident Call Sign	Name	Serial Number	Rank	Type of Less Letal	Number of Rounds Out	Number of Rounds In

7.ACTIVITY LOG

Date	Time	Notable Activities/Events

8.Prepared By:

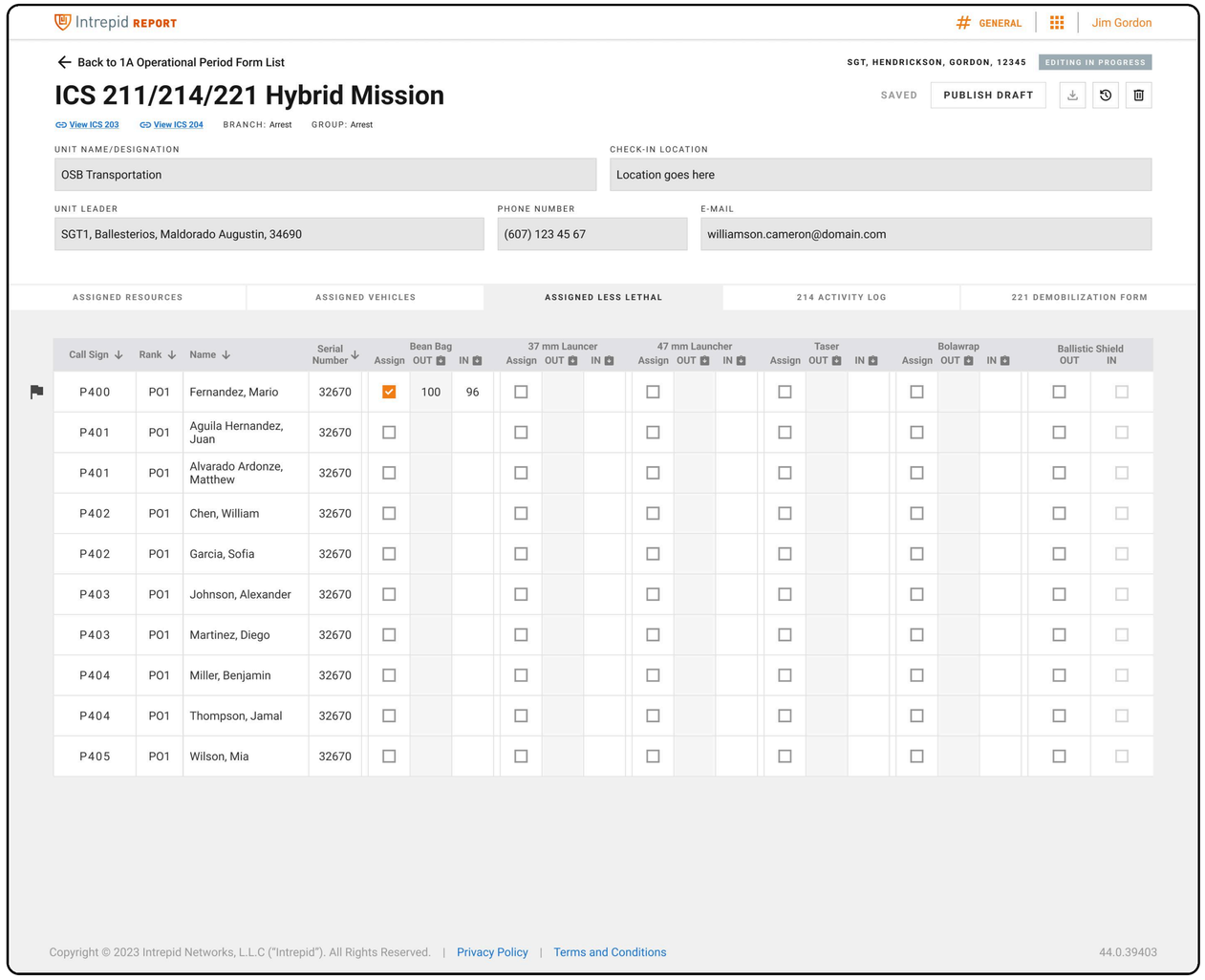
Serial Number/Position(Title)/Name	Date/Time	Signature

9.Approved By:

Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 214: Activity Log - Page 1

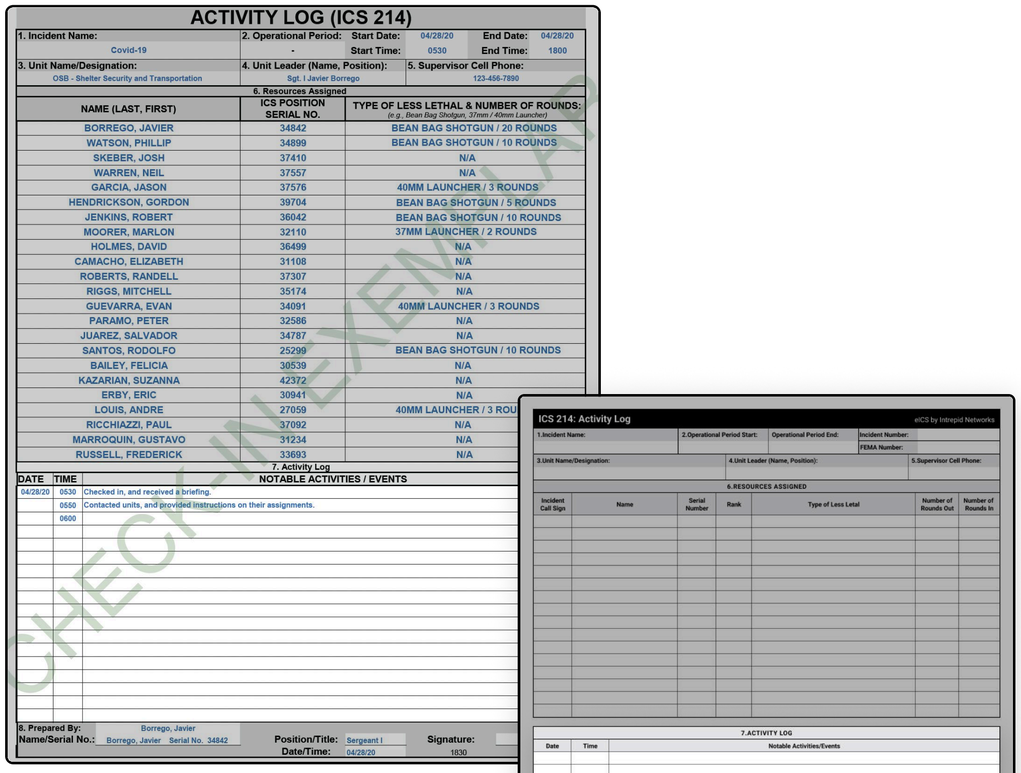
PDF Generated by ICS Report



ICS Report Web

211/214/221 Activity Log

To facilitate efficient communication between team members, any unit member can make entries in the activity log. When an entry is posted from the mobile app with location services enabled, it will also capture the geolocation of the user at the time of the post. In order to add/edit Activity Log Entries, ICS 211 Hybrid form should be published.



ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period:	Start Date:	04/28/20	End Date:	04/28/20
Covid-19	-	Start Time:	0530	End Time:	1800
3. Unit Name/Designation:	4. Unit Leader (Name, Position):		5. Supervisor Cell Phone:		
OSB - Shelter Security and Transportation	Sgt. I Javier Borrego		123-456-7890		

6. Resources Assigned

NAME (LAST, FIRST)	ICS POSITION SERIAL NO.	TYPE OF LESS LETHAL & NUMBER OF ROUNDS: (e.g., Bean Bag Shotgun, 37mm / 40mm Launcher)
BORREGO, JAVIER	34842	BEAN BAG SHOTGUN / 20 ROUNDS
WATSON, PHILLIP	34899	BEAN BAG SHOTGUN / 10 ROUNDS
SKEBER, JOSH	37410	N/A
WARREN, NEIL	37557	N/A
GARCIA, JASON	37576	40MM LAUNCHER / 3 ROUNDS
HENDRICKSON, GORDON	39704	BEAN BAG SHOTGUN / 5 ROUNDS
JENKINS, ROBERT	36042	BEAN BAG SHOTGUN / 10 ROUNDS
MOORER, MARLON	32110	37MM LAUNCHER / 2 ROUNDS
HOLMES, DAVID	36499	N/A
CAMACHO, ELIZABETH	31108	N/A
ROBERTS, RANDELL	37307	N/A
RIGGS, MITCHELL	35174	N/A
GUEVARRA, EVAN	34091	40MM LAUNCHER / 3 ROUNDS
PARAMO, PETER	32586	N/A
JUAREZ, SALVADOR	34787	N/A
SANTOS, RODOLFO	25299	BEAN BAG SHOTGUN / 10 ROUNDS
BAILEY, FELICIA	30539	N/A
KAZARIAN, SUZANNA	42372	N/A
ERBY, ERIC	30941	N/A
LOUIS, ANDRE	27059	40MM LAUNCHER / 3 ROU
RICCHIAZZI, PAUL	37092	N/A
MARROQUIN, GUSTAVO	31234	N/A
RUSSELL, FREDERICK	33693	N/A

7. Activity Log

DATE	TIME	NOTABLE ACTIVITIES / EVENTS
04/28/20	0530	Checked in, and received a briefing.
	0550	Contacted units, and provided instructions on their assignments.
	0600	

8. Prepared By: Borrego, Javier
Name/Serial No.: Borrego, Javier Serial No. 34842 Position/Title: Sergeant I Signature:
Date/Time: 04/28/20 1830

CHECK-IN LEX

LAPD 211/214/221
Hybrid PDF

ICS 214: Activity Log — eICS by Intrepid Networks

1.Incident Name:	2.Operational Period Start:	Operational Period End:	Incident Number: / FEMA Number:

3.Unit Name/Designation:	4.Unit Leader (Name, Position):	5.Supervisor Cell Phone:

6.RESOURCES ASSIGNED

Incident Call Sign	Name	Serial Number	Rank	Type of Less Letal	Number of Rounds Out	Number of Rounds In

7.ACTIVITY LOG

Date	Time	Notable Activities/Events

8.Prepared By:

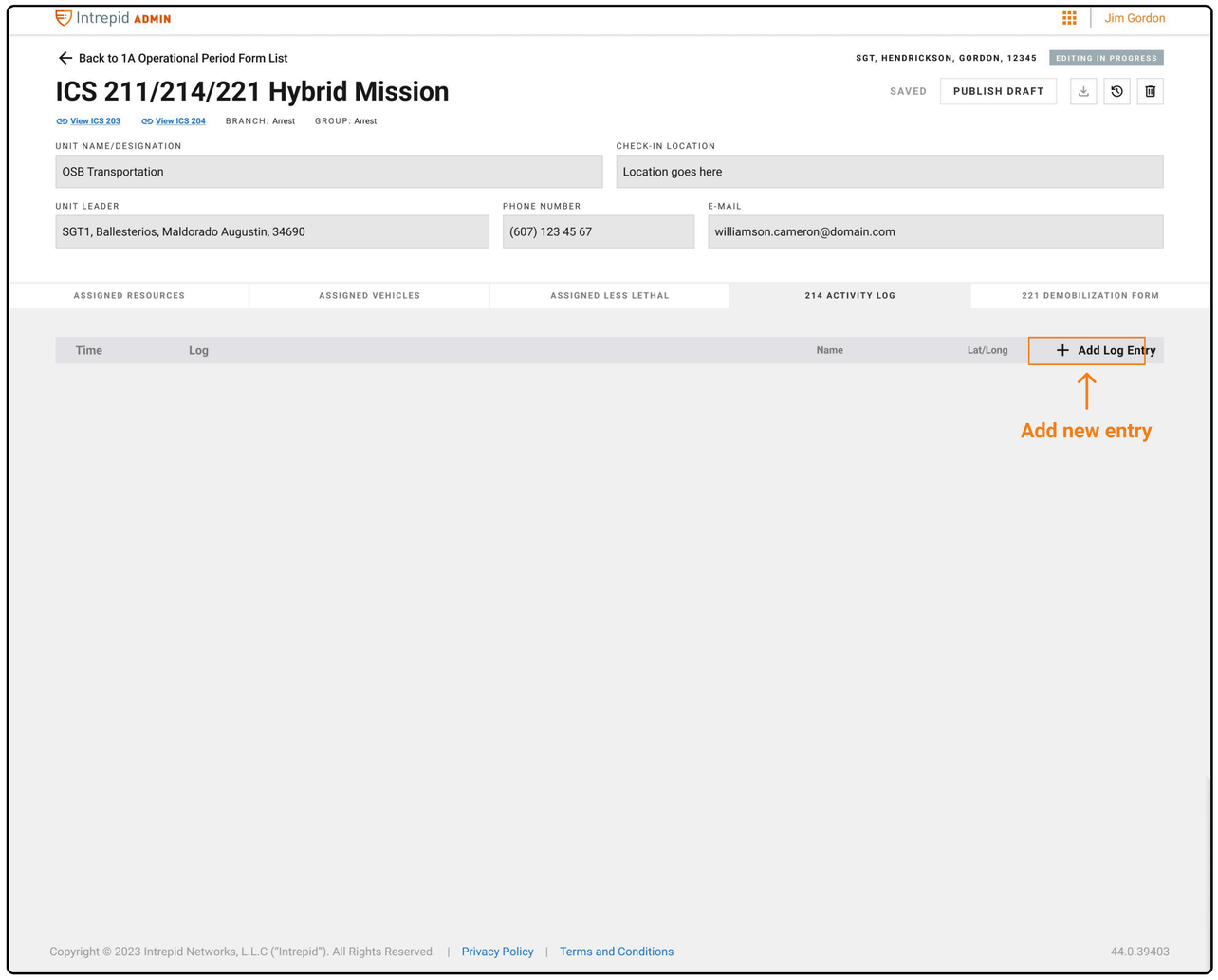
Serial Number/Position(Title)/Name	Date/Time	Signature

9.Approved By:

Serial Number/Position(Title)/Name	Date/Time	Signature

ICS 214: Activity Log - Page 1

PDF Generated by ICS Report

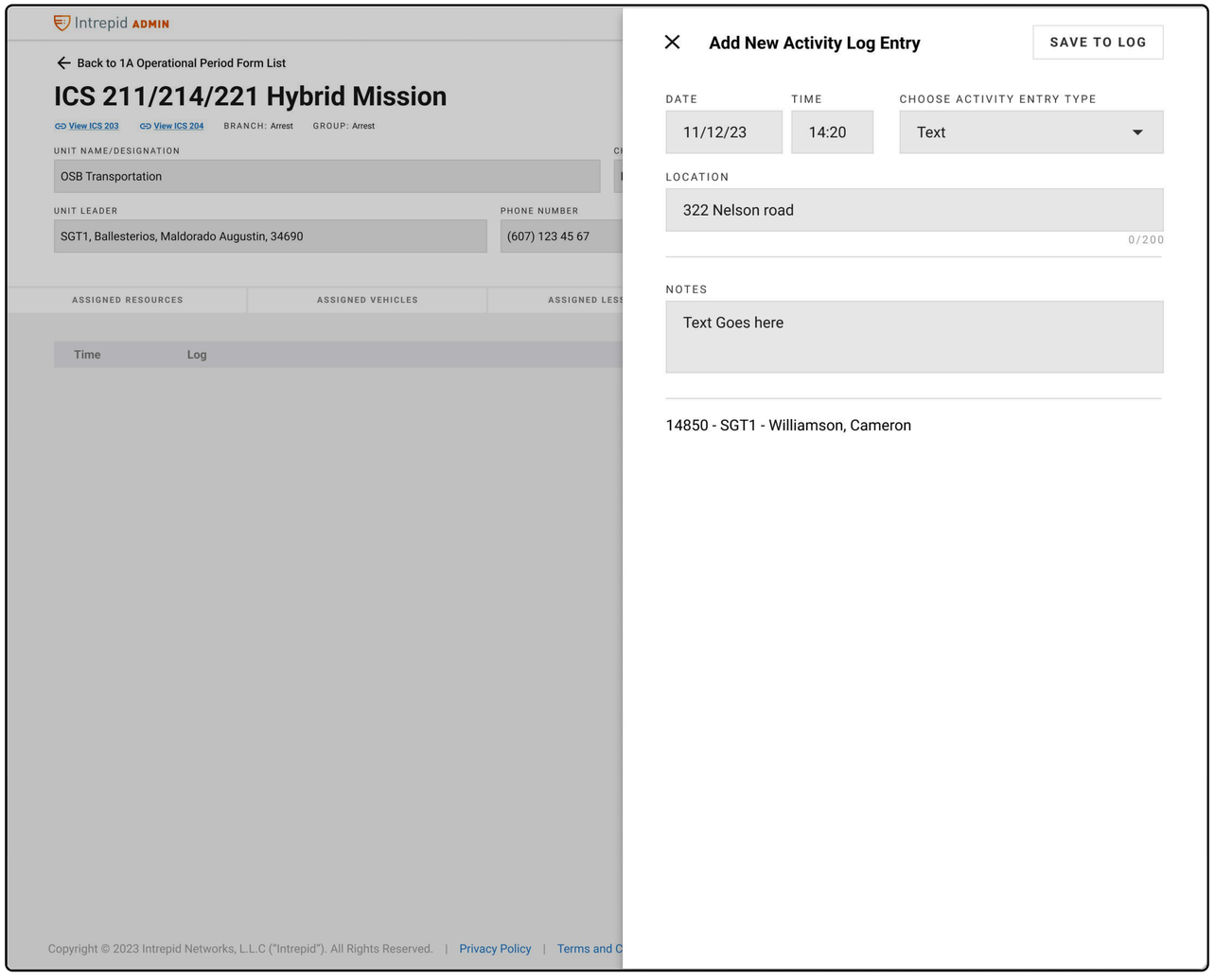


ICS Report Web

Adding an Entry

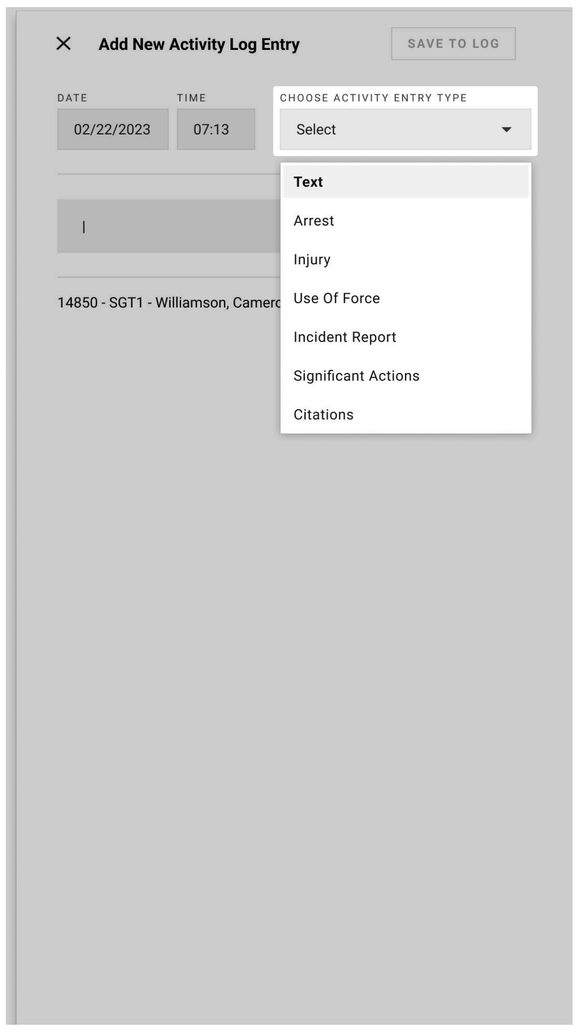
When adding a new activity log entry, a side menu will overlap the screen. Users can choose from seven categories, improving categorization. Date, Time and Location can be updated at any time.

Side Menu



Entry Types:

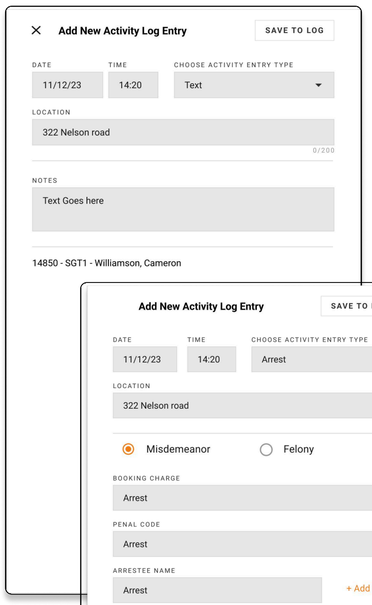
- Plain Text
- Arrest
- Injury
- Use of Force
- Incident Report
- Significant Actions
- Citations



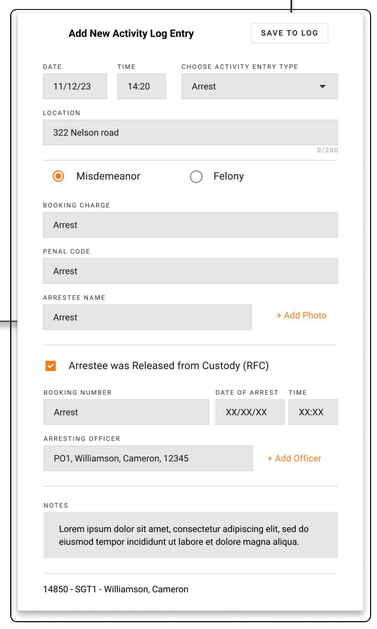
Activity Log Entry Types

Each category has unique fields that are relevant to the category that users must fill out. This ensures all of the proper and necessary information is captured, and reduces errors in classification.

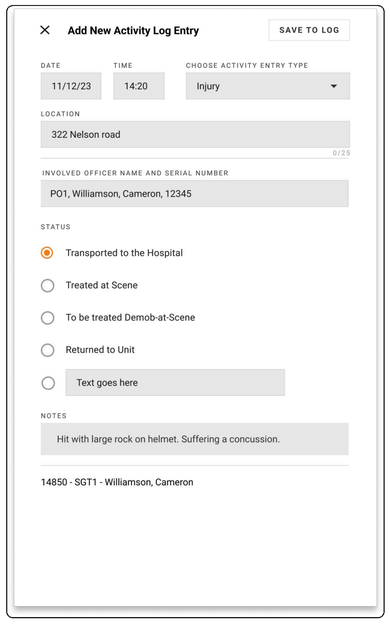
Text



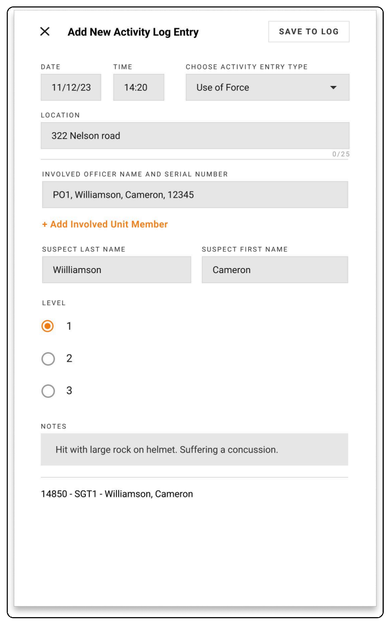
Arrest



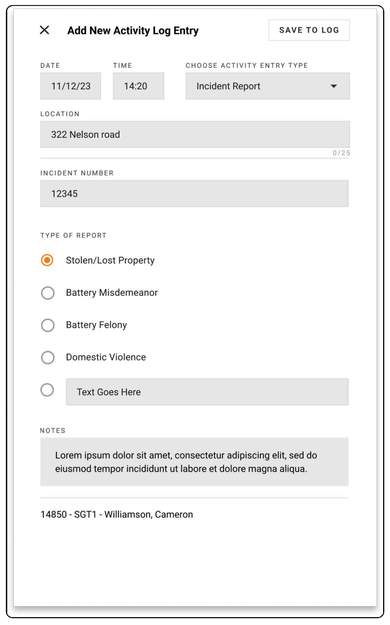
Injury



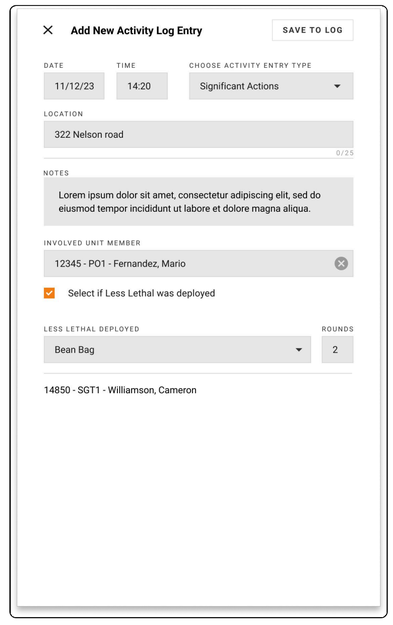
Use of Force



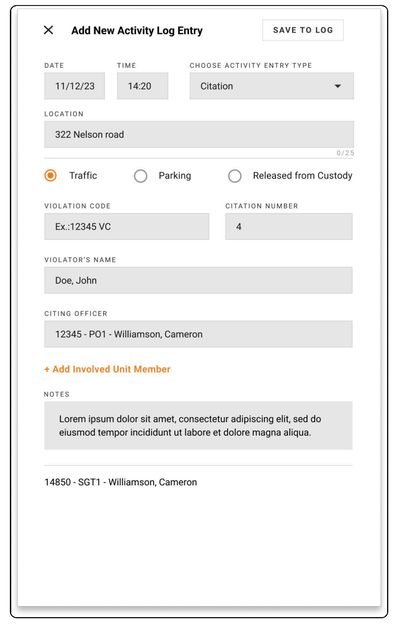
Incident Report



Significant Actions

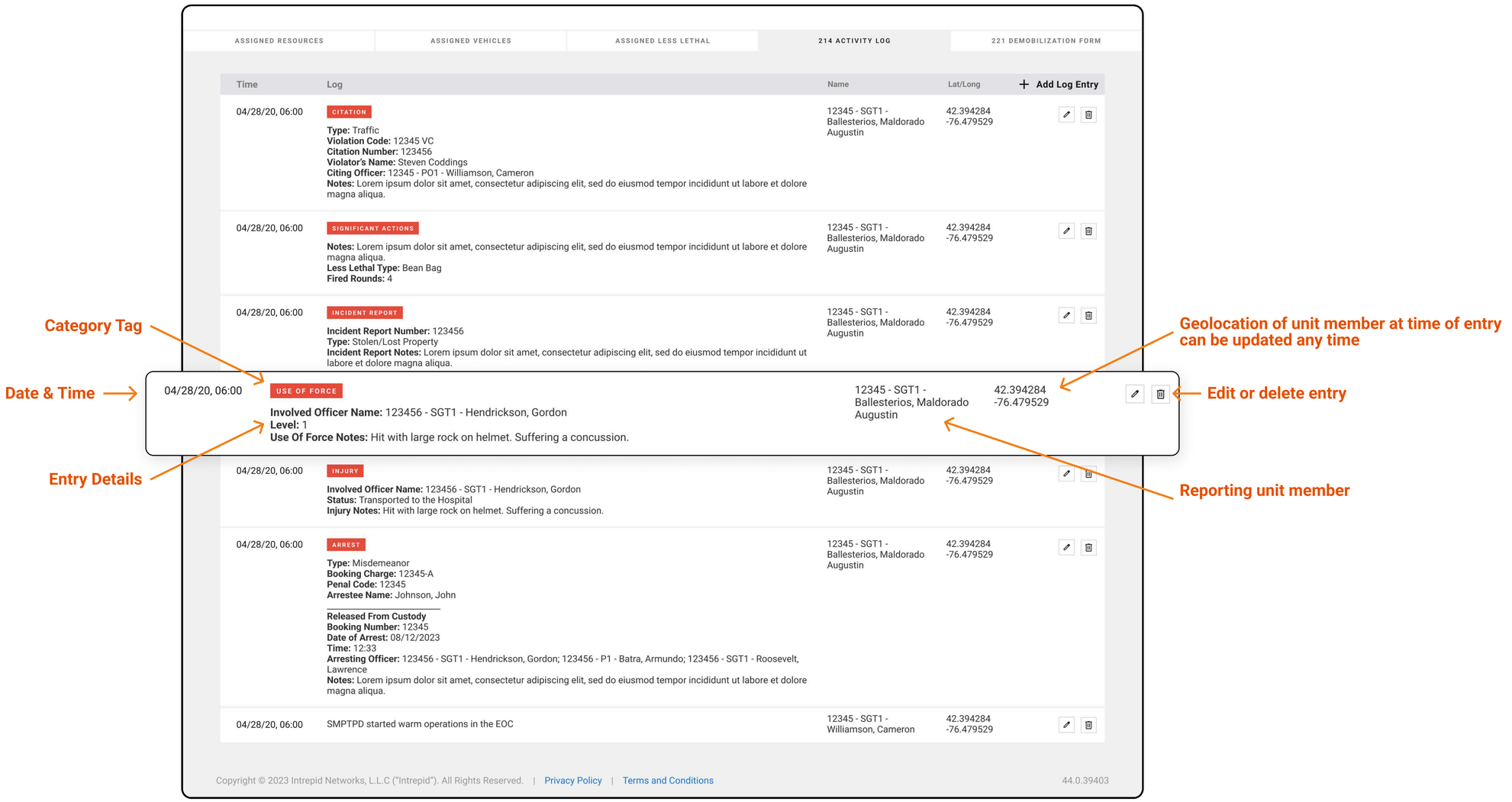


Citation



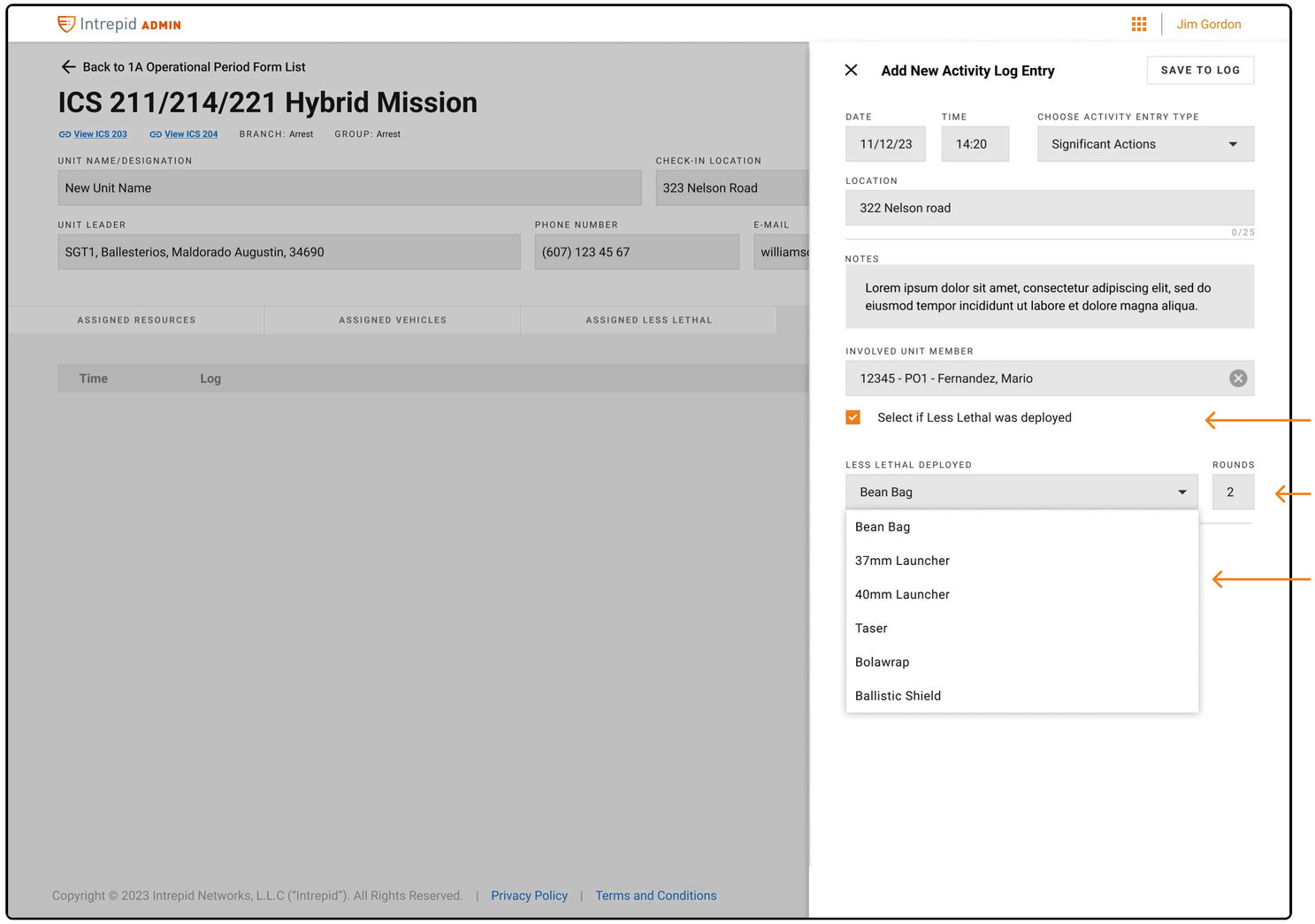
Activity Log Entry Types

When the activity is populated with activities, all categories (except text) will be assigned a tag to indicate the type of entry they represent.



Significant Actions

The Significant Action Activity Log records any significant actions taken during an operational period. It tracks rounds and ensures they are accurately reflected in the Less Lethal Assigned Table and the Demobilization 221 Critical Information Section.



The fields below will only appear if this checkbox is checked.

The number of rounds here will be automatically subtracted from the rounds assigned

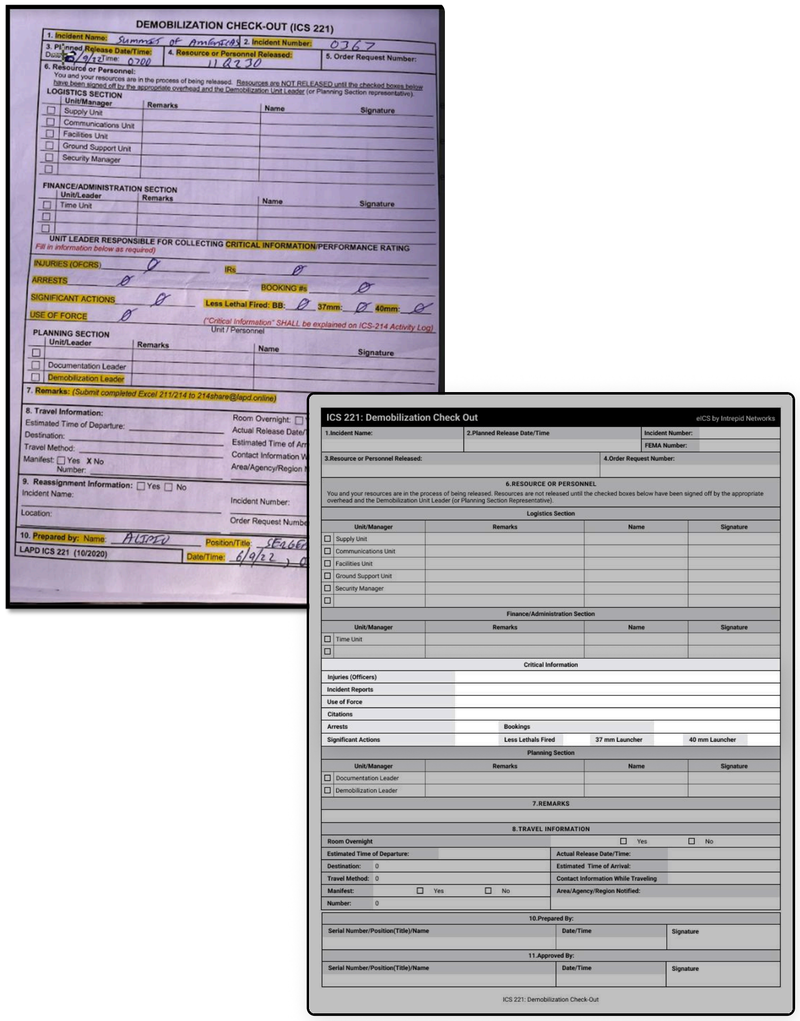
If users select a taser or ballistic shield, rounds will not apply

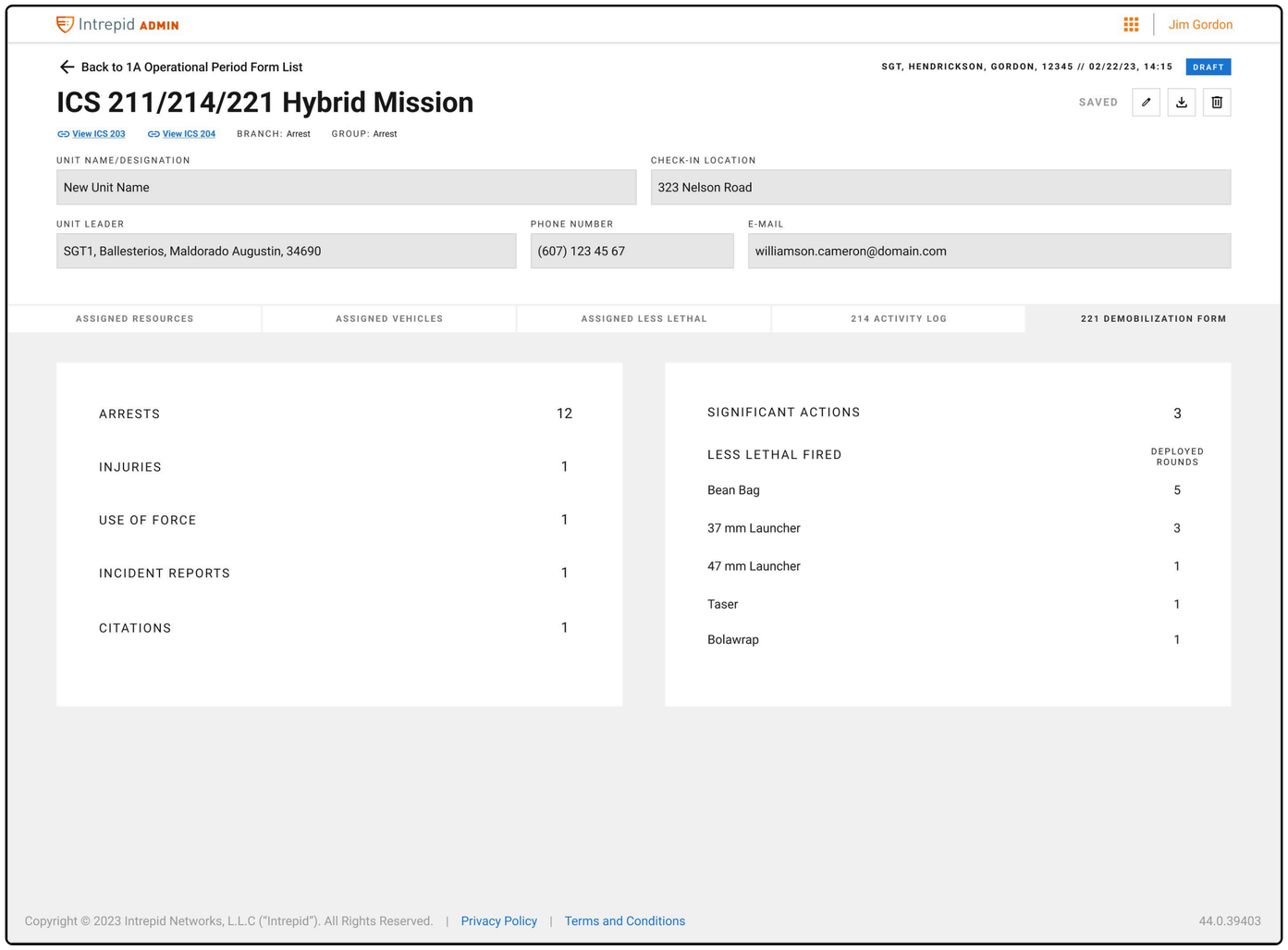
SIGNIFICANT ACTIONS	3
LESS LETHAL FIRED	DEPLOYED ROUNDS
Bean Bag	5
37 mm Launcher	3
47 mm Launcher	1
Taser	1
Bolawrap	1

	Call Sign	Rank	Name	Serial Number	Bean Bag Assign	Bean Bag OUT	Bean Bag IN
⚑	P400	PO1	Fernandez, Mario	32670	☑	100	96

ICS 211/214/221 Demobilization

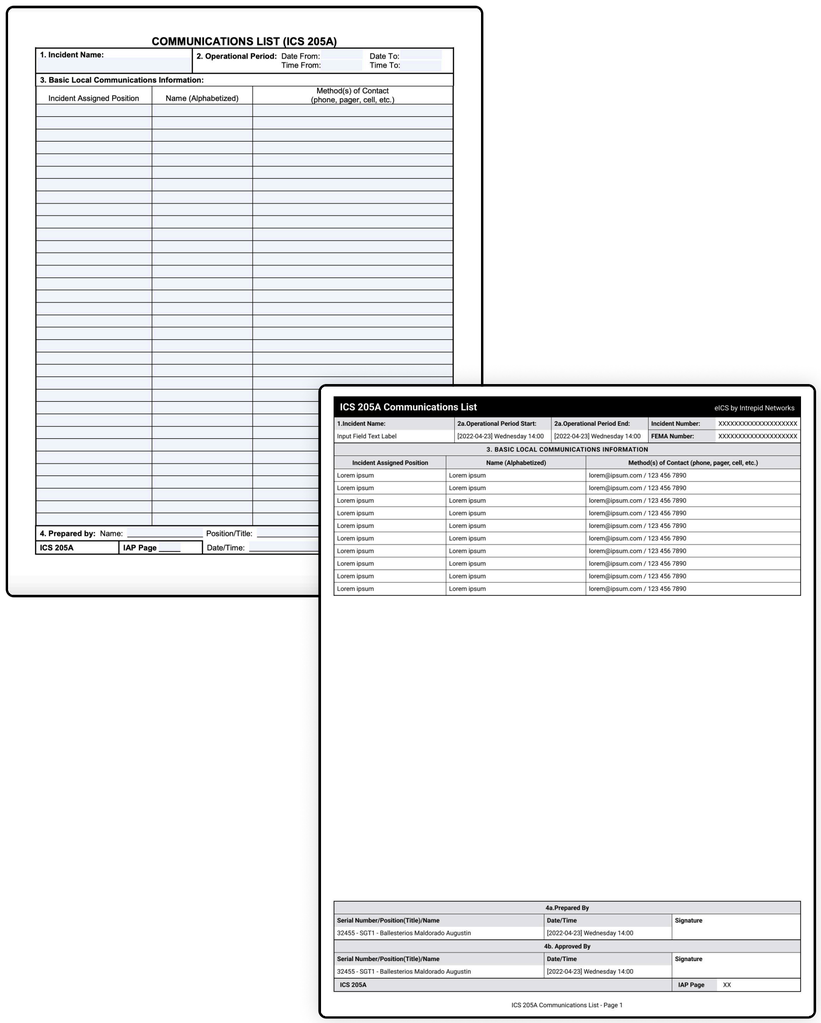
Demobilization is managed by the unit leader via the mobile app, which guarantees that all equipment and actions are properly accounted for, ensuring consistency and minimizing errors.





ICS 205A

ICS 205A is automatically generated for each Operational Period and includes all personnel contact details for the Personnel assigned to an incident.



COMMUNICATIONS LIST (ICS 205A)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: Time To:
3. Basic Local Communications Information:		

Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)

4. Prepared by: Name: _____ Position/Title: _____

ICS 205A | IAP Page ____ | Date/Time: _____

ICS 205A Communications List — eICS by Intrepid Networks

1.Incident Name:	2a.Operational Period Start:	2a.Operational Period End:	Incident Number:	XXXXXXXXXXXXXXXXXX
Input Field Text Label	[2022-04-23] Wednesday 14:00	[2022-04-23] Wednesday 14:00	FEMA Number:	XXXXXXXXXXXXXXXXXX

3. BASIC LOCAL COMMUNICATIONS INFORMATION

Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890
Lorem ipsum	Lorem ipsum	lorem@ipsum.com / 123 456 7890

4a.Prepared By		
Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	
4b. Approved By		
Serial Number/Position(Title)/Name	Date/Time	Signature
32455 - SGT1 - Ballesterios Maldorado Augustin	[2022-04-23] Wednesday 14:00	
ICS 205A		IAP Page XX

ICS 205A Communications List - Page 1

