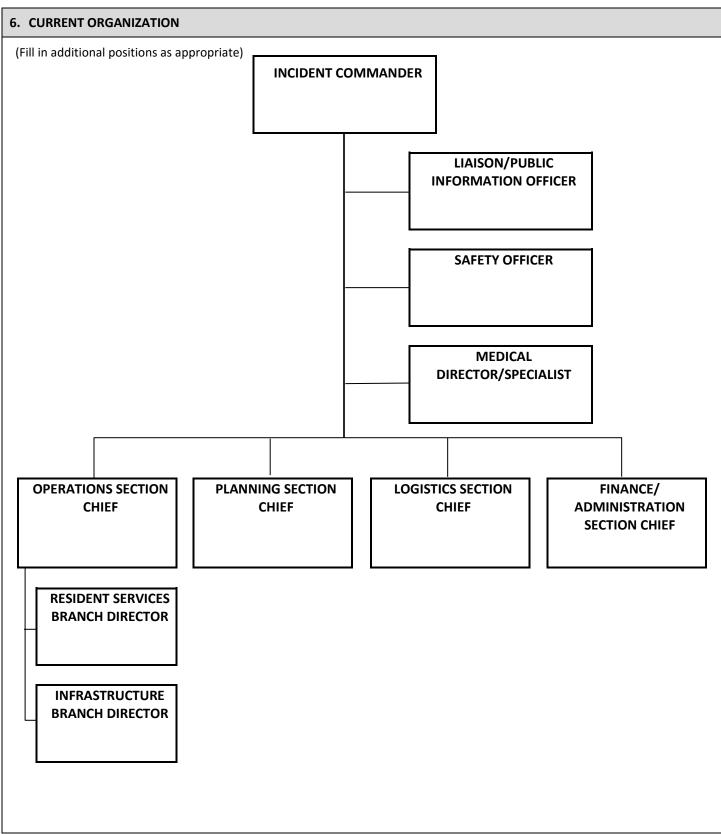




			2. OPERATIONAL PERIOD			
1.	INCIDENT NAME		DATE:	FROM:	TO:	
			TIME:	FROM:	то:	
3.	SITUATION SUMM	ARY (for briefings or transfer of comman	d)			
4	LIFALTH AND CAF	TTV DDIFFING 11 100 11 11 11 11		.		,
4.		ETY BRIEFING Identify potential inciden onal protective equipment, warn people o				
1.						
2.						
3.						
4.						
5.		ach sketch showing the total area of c cs depicting situational status and res			a/ impacted and threat	tened areas,
	See Attached					







7. INCIDENT OBJECTIVES		
8. SUMMARY OF CURRENT AND	PLANNED ACTIONS	
TIME	ACTIONS	
	1	



9. SUMMARY OF RESOURCES REQUESTED AND ASSIGNED					
RESOUR	CE	DATE/TIME ORDERED	ETA	DATE/TIME ARRIVED	NOTES (LOCATION/ ASSIGNMENT/ STATUS)
10. PREPARED BY	PRINT NAME	RINT NAME: SIGNATURE:			
DATE/TIME:				_ FACILITY:	



INSTRUCTIONS

PURPOSE: Provides the Incident Management Team (IMT) with basic information regarding the

incident, current situation, and the resources allocated to the response.

ORIGINATION: Incident Commander (or designee) for presentation to the staff or later to the incoming

Incident Commander along with a detailed oral briefing.

COPIES TO: All IMT staff

NOTES: If additional pages are needed for any form page, use a blank NHICS 201 and repaginate as

needed. Additions may be made to the form to meet the organization's needs.

* Three versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat

fillable PDF, Visio and Microsoft Word.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Concise statement of the status and information regarding the current situation.
4	Health and Safety Briefing	Enter the summary of health and safety issues and instructions.
5	Map / Sketch	Attach as necessary: floor plans, maps, sketches of impacted area, or response diagrams. North should be at the top of the page unless noted otherwise.
6	Current Organization	Enter the names of the individuals assigned to each position directly onto the Incident Management Team (IMT) chart.
7	Incident Objectives	Enter the objectives used for the incident.
8	Summary of Current and Planned Actions	Enter the current and planned actions and time (24-hour clock) they may or did occur. If additional pages are needed, use a blank sheet or another NHICS 201, and adjust page numbers accordingly.
9	Summary of Resources Requested and Assigned	Enter information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another NHICS 201 (page 4), and adjust page numbers accordingly.



NUMBER	TITLE	INSTRUCTIONS
	Resource	Enter the number and category, kind, or type of resource ordered.
	Date / Time Ordered	Enter the date (m/d/y) and time (24-hour clock) the resource was ordered.
	ЕТА	Enter the estimated time of arrival (ETA) to the incident (24-hour clock).
	Date / Time Arrived	Enter the date (m/d/y) and time (24-hour clock) the resource arrived.
	Notes	Enter notes such as the assigned location of the resource and/or the actual assignment and status.
10	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.