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| 1. **INCIDENT NAME** |  | 1. **OPERATIONAL PERIOD** |
| **DATE: FROM:**       **TO:**  **TIME: FROM:**       **TO:** |
| 1. **CURRENT ORGANIZATION** | | |
| (Fill in additional positions as appropriate)   |  | | --- | | **INCIDENT COMMANDER** |  |  | | --- | | **LIAISON/PUBLIC INFORMATION OFFICER** |  |  | | --- | | **SAFETY OFFICER** |  |  | | --- | | **MEDICAL DIRECTOR/SPECIALIST** |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **OPERATIONS SECTION CHIEF** | |  | **PLANNING SECTION CHIEF** |  | **LOGISTICS SECTION CHIEF** |  | **FINANCE/ ADMINISTRATION SECTION CHIEF** | | |  | |  |  |  |  |  |  | | |  | **RESIDENT SERVICES BRANCH DIRECTOR** |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | **INFRASTRUCTURE BRANCH DIRECTOR** |  |  |  |  |  |  | | | |

**INSTRUCTIONS**

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| **PURPOSE:** | Provides a visual display of personnel assigned to the IMT positions. |
| **ORIGINATION:** | Incident Commander or designee at the incident onset and continually updated throughout an incident. |
| **COPIES TO:** | All IMT staff |
| **NOTES:** | Additions may be made to the form to meet the organization’s needs. Two versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat fillable PDF and Visio for customization. |

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| 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** | **Current Organization** | Enter the names of the individuals assigned to each position on the Incident Management Team (IMT) chart. Modify the chart as necessary, and add any lines/spaces needed for Command Staff assistants, agency representatives, and the organization of each of the General Staff sections. |