### Appendix H. Forms

The attached listing of forms are commonly used during a PSMFC response with the deployment of the Rapid Response Team and Technical Specialists.

**Form: Form Number**

ANS Initial Report Form PSMFC 1

Incident Action Plan Cover Sheet PSMFC 2

Incident Briefing ICS-201

Incident Objectives ICS-202

Organization Assignment List ICS-203

Division Assignment List ICS-204

Radio Communications Plan ICS-205

Phone Communication Plan ICS-205a

Medical Plan ICS-206

ICS Organization Chart ICS-207

Incident Status Summary ICS-209

Check In List ICS-211

General Message ICS-213

Resource Request Message ICS-213RR

Unit Log ICS-214

Operational Planning Worksheet ICS-215

Incident Meeting Schedule ICS-230

Resources At Risk ICS-232

Open Action Tracker ICS-233

Work Analysis ICS-234

Technical Specialist Report ICS-234a

Technical Specialist Analysis ICS-234b

| **1. Incident Name** | | | | **2. Prepared by:** (name)  Date: Time: | | | | INCIDENT BRIEFING  ICS 201 PSMFC RRT |
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| **3. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status) | | | | | | | | |
| **4. Current Situation** | | | | | | | | |
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| **5. Initial Response Objectives, Current Actions, Planned Actions, Potential** | | | | | | | | |
|  | **Objectives**: | | | | | | | |
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|  | **Priorities:** | | | | | | | |
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|  | **Current Actions**: | | | | | | | |
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|  | **Planned Actions**: | | | | | | | |
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|  | **Potential**: | | | | | | | |
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|  | **Key Decisions**: | | | | | | | |
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| **6. Current Organization** (fill in additional appropriate organization)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Command  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Safety Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Liaison Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Information Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Operations Section  Planning Section  Logistics Section  Finance Section  DIVS  DIVS  Situation Unit Ldr.  Resource Unit Ldr.  Supply Unit Ldr. | | | | | | | | |
| **7. Resources Summary**  Resource | | Resource Identifier | Date  Time  Ordered | | On-  Scene  ETA (X) | | NOTES: (Location/Assignment/Status) | |
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| **1. Incident Name** | **2. Operational Period to be covered by IAP (Date/Time)**  From:       To: | **IAP COVER SHEET PSMFC RRT** |
| **3. Approved by Incident Commander(s):**  ORG NAME  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_ | | |
| **INCIDENT ACTION PLAN**  The items checked below are included in this Incident Action Plan:  ICS 202 (Response Objectives)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 203 (Organization List)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 204's (Assignment Lists)  One Copy each of any ICS 204 attachments:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 205 (Communications Plan)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICS 206 (Medical Plan)  ICS 208 (Site Safety Plan) or Note SSP Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Map/Chart  Weather forecast / Tides/Currents  Other Attachments | | |
| **4. Prepared by:**       **Date/Time** | | |

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| **1. Incident Name** | **2. Operational Period (Date/Time)**  From:       To: | **INCIDENT OBJECTIVES**  **ICS 202 PSMFC RRT** |
| **3. Objective(s)** | | |
| **4. Operational Period Command Emphasis (**Safety Message, Priorities, Key Decisions/Directions) | | |
| **Approved Site Safety Plan Located at:** | | |
| **5. Prepared by: (Planning Section Chief)** **Date/Time** | | |

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| **1. Incident Name** | | | | | **2. Operational Period (Date/Time)**  From:       To: | | | **ORGANIZATION ASSIGNMENT LIST**  **ICS 203 PSMFC RRT** |
| **3. Incident Commander(s) and Staff** | | | | | **7. OPERATION SECTION** | | | |
| Agency | IC | | | Deputy | Chief | |  | |
|  |  | | |  | Deputy | |  | |
|  |  | | |  | Deputy | |  | |
|  |  | | |  | Staging Area Manager | |  | |
|  |  | | |  | Staging Area Manager | |  | |
|  |  | | |  | Staging Area Manager | |  | |
| Safety Officer: | |  | | |  | |  | |
| Information Officer: | |  | | |  | |  | |
| Liaison Officer: | |  | | |  | |  | |
|  | |  | | | **a. Branch – Division Groups** | | | |
| **4. Agency Representatives** | | | | | Branch Director | |  | |
| Agency | Name | | | | Deputy | |  | |
|  |  | | | | Division Group |  |  | |
|  |  | | | | Division Group |  |  | |
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|  |  | | | | Division/Group |  |  | |
|  |  | | | | Division/Group |  |  | |
| **5. PLANNING/INTEL SECTION** | | | | | **b. Branch – Division/Groups** | | | |
| Chief | | |  | | Branch Director | |  | |
| Deputy | | |  | | Deputy | |  | |
| Resources Unit | | |  | | Division/Group |  |  | |
| Situation Unit | | |  | | Division/Group |  |  | |
| Documentation Unit | | |  | | Division/Group |  |  | |
| Demobilization Unit | | |  | | Division/Group |  |  | |
|  | | |  | | Division/Group |  |  | |
|  | | |  | | **c. Branch – Division/Groups** | | | |
| Technical Specialists | | |  | | Branch Director | |  | |
|  | | |  | | Deputy | |  | |
|  | | |  | | Division/Group |  |  | |
|  | | |  | | Division/Group |  |  | |
| **6. LOGISTICS SECTION** | | | | | Division/Group |  |  | |
| Chief | |  | | | Division/Group |  |  | |
| Deputy | |  | | | Division/Group |  |  | |
| **a. Support Branch** | | | | | **d. Air Operations Branch** | |  | |
| Director | |  | | | Air Operations Br. Dir | |  | |
| Supply Unit | |  | | | Helicopter Coordinator | |  | |
| Facilities Unit | |  | | | **8. FINANCE/ADMINISTRATION SECTION** | | | |
| Ground Support Unit | |  | | |  | |  | |
|  | |  | | | Chief | |  | |
|  | |  | | | Deputy | |  | |
| **b. Service Branch** | | | | | Time Unit | |  | |
| Director | |  | | | Procurement Unit | |  | |
| Communications Unit | |  | | | Compensation/Claims Unit | |  | |
| Medical Unit | |  | | | Cost Unit | |  | |
| Food Unit | |  | | |  | |  | |
| **9. Prepared By: (Resources Unit) Date/Time** | | | | | | | | |

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| **1. Incident Name** | | | | | **2. Operational Period (Date/Time)**  From:       To: | | | | **Assignment List**  **ICS 204 PSMFC RRT** | |
| **3. Branch** | | | **4. Division/Group/Staging** | | | | | | | |
| **5. Operations Personnel** Name Affiliation Contact # (s)  Operations Section Chief:  Branch Director:  Division/Group Supervisor/STAM: | | | | | | | | | | |
| **6. Resources Assigned** “X” indicates 204a attachment with additional instructions | | | | | | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | | | Contact Info. # | | # of Persons | | Reporting Info/Notes/Remarks | | |
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| **7. Work Assignments** | | | | | | | | | | |
| **8. Special Instructions** | | | | | | | | | | |
| **9. Communications (radio and/or phone contact numbers needed for this assignment)**  Name/Function Radio: Freq. /System/Channel Phone Cell/Pager \_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  **Emergency Communications**  Medical       Evacuation       Other | | | | | | | | | | |
| **10. Prepared by Date/Time** | | **11. Reviewed by (PSC) Date/Time** | | | | | **12. Reviewed by (OSC) Date/Time** | | | |

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| **1. Incident Name** | | | **2. Operational Period (Date / Time)**  From:       To: | | | **INCIDENT RADIO COMMUNICATIONS PLAN**  **ICS 205 PSMFC RRT** | |
| **3. BASIC RADIO CHANNEL USE** | | | | | | | |
| **SYSTEM / CACHE** | **CHANNEL** | **FUNCTION** | | **FREQUENCY** | **ASSIGNMENT** | | **REMARKS** |
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| **4. Prepared by: (Communications Unit) Date / Time** | | | | | | | |
| INCIDENT RADIO COMMUNICATIONS PLAN ICS 205 PSMFC RRT | | | | | | | |

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| **1. Incident Name** | | **2. Operational Period (Date / Time)**  From:       To: | | **COMMUNICATIONS PHONE LIST**  **ICS 205a**  **PSMFC RRT** |
| **3. Basic Local Communications Information** | | | | |
| Assignment | Name | | Method(s) of contact (radio frequency, phone, pager, cell #(s), etc. ) | |
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| **4. Prepared by: (Communications Unit)** **Date / Time** | | | | |
| COMMUNICATIONS LIST ICS 205a PSMFC RRT | | | | |

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| **1. Incident Name** | | | **2. Operational Period (Date / Time)**  From:       To: | | | | | | **MEDICAL PLAN**  **ICS 206**  **PSMFC RRT** | | |
| **3. Medical Aid Stations** | | | | | | | | | | | |
| Name | | Location | | | | Contact # | | | | Paramedics On site (Y/N) | |
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| **4. Transportation** | | | | | | | | | | | |
| Ambulance Service | | Address | | | | Contact # | | | | Paramedics  On board (Y/N) | |
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| **5. Hospitals** | | | | | | | | | | | |
| Hospital Name | Address | | | | Contact # | | Travel Time | | | Burn Ctr? | Heli- Pad? |
| Air | Ground | |
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| **6. Special Medical Emergency Procedures** | | | | | | | | | | | |
| **7. Prepared by: (Medical Unit Leader) Date/Time** | | | | **8. Reviewed by: (Safety Officer) Date/Time** | | | | | | | |
| MEDICAL PLAN ICS 206 PSMFC RRT | | | | | | | | | | | |

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| **1. Incident Name** | **2. Operational Period (Date/Time)**  From: To: | **INCIDENT ORGANIZATION**  **CHART ICS 207 PSMFC RRT** |
| **INCIDENT COMMAND**  INFORMATION OFFICER  SAFETY OFFICER  LIAISON OFFICER  OPERATIONS SECTION CHIEF  PLANNING SECTION CHIEF  LOGISTICS SECTION CHIEF  FINANCE/ADMIN SECTION CHIEF  STAGING AREA MANAGER  BRANCH DIRECTOR  BRANCH DIRECTOR  AIR OPERATIONS BRANCH DIRECTOR  DIVS  DIVS  DIVS  DIVS  DIVS  DIVS  DIVS  DIVS  DIVS  DIVS  TECHNICAL SPECIALISTS  SITUATION UNIT LEADER  RESOURCE UNIT LEADER  DOCUMENTATION UNIT LEADER  DEMOBILIZATION UNIT LEADER  ENVIRONMENTAL UNIT LEADER  SUPPORT BRANCH DIRECTOR  SUPPLY UNIT LEADER  FACILITIES UNIT LEADER  VESSEL SUPPORT UNIT LEADER  GROUND SUPPORT UNIT LEADER  SERVICE BRANCH DIRECTOR  FOOD UNIT LEADER  MEDICAL UNIT LEADER  COMMUNICATIONS UNIT LEADER  COST UNIT LEADER  TIME UNIT LEADER  PROCUREMENT UNIT LEADER  COMPENSATION UNIT LEADER | | |
| **INCIDENT ORGANIZATION CHART ICS 207 PSMFC RRT** | | |

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| **1. Incident Name** | | | | **2. Operational Period (Date / Time)**  From: To: Time of Report  | | | | | | | **INCIDENT STATUS SUMMARY ICS 209 PSMFC RRT** | |
| **3. Type of Incident** | | | | | | | | | | | |
|  | Oil Spill |  | HAZMAT | | | |  | |  | | |
|  | Marine Disaster |  | SI/Terrorism | | | |  | |  | | |
|  | Civil Disturbance |  | Natural Disaster | | | |  | |  | | |
|  | Planned Event | **X** | ANS Discovery | | | |  | |  | | |
| **4. Situation Summary as of Time of Report:** | | | | | | | | | | | |
| **5. Future Outlook/Goals/Needs/Issues:** | | | | | | | | | | | |
| **6. Status Summary** | | | | | | | | | | | |
|  | | | | | Since Last Report | Adjustments To Previous Op Period | | | | | Total |
| Mussel Finds | | | | |  |  | | | | |  |
| Zebra Mussel Confirmation | | | | |  |  | | | | |  |
| Vessels Involved | | | | |  |  | | | | |  |
| Facilities Involved | | | | |  |  | | | | |  |
| Responder Injuries | | | | |  |  | | | | |  |
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| **7. Property Damage Summary** | | | | | | | | | | | |
| Vessel | | | | | | | | $ Unknown | | | |
| Cargo | | | | | | | | $ Unknown | | | |
| Facility | | | | | | | | $ Unknown | | | |
| Other | | | | | | | | $ Unknown | | | |
| **8. Attachments with clarifying information** | | | | | | | | | | | |
|  | Costs |  |  | | | |  | |  | | |
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| **9. Equipment Resources** | | | | | | | |
| Kind | Notes | # Ordered | | | # Available | # Assigned | # Out of Service |
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| **10. Personnel Resources** | | | | | | | |
| **Agency** | | | | **Total # of People** | | | |
| WDFW | | | |  | | | |
| WA-SCS | | | |  | | | |
| USCG | | | |  | | | |
| USFW | | | |  | | | |
| PSMFC | | | |  | | | |
| State | | | |  | | | |
| Local | | | |  | | | |
| Contractors | | | |  | | | |
| Other | | | |  | | | |
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| Total Personnel Resources Used From all Organizations: | | | |  | | | |
| **11. Prepared by:** | | | **Date/Time Prepared:** | | | | |

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| CHECK-IN LIST | | 1. INCIDENT NAME | | | | | 2. CHECK-IN LOCATION | | | | | | 3. DATE/TIME | | |
| CHECK-IN INFORMATION | | | | | | | | | | | | | | | |
| 4. LIST PERSONNEL (OVERHEAD) BY AGENCY NAME –  OR LIST EQUIPEMENT BY THE FOLLOWING FORMAT:  S=Supplies H=Helicopter  O=Overhead VL=Vessels  E=Equipment C=Crew  A=Aircraft VH=Vehicle | | | | 5.  ORDER/  NUMBER | 6.  DATE/TIME  CHECK-IN | 7.  LEADER’S  NAME | | 8.  TOTAL NO.  PERSONNEL | 9.  INCIDENT  CONTACT  INFORMATION | 10.  INCIDENT LODGING  INFO/CONTACT INFO | 11.  HOME  UNIT | 12.  METHOD  OF  TRAVEL | | 13.  INCIDENT  ASSIGNMENT | 14.  SENT TO  RESTAT  TIME/INT. |
| AGENCY | **RESOURCE**  **IDENTIFIER** | | KIND |  |  |  | |  |  |  |  |  | |  |  |
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| 15.  ICS 211-CG PAGE \_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_ | | | | 16. PREPARED BY (Name and Position) USE BACK FOR REMARKS OR COMMENTS | | | | | | | | | | | |

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| **1. Incident Name** | **2. Date and Time of Message** | **GENERAL MESSAGE ICS 213 PSMFC RRT** |
| **3. TO:**       ICS Position | | |
| **4. FROM:**      ICS Position | | |
| **5. Subject:** | | |
| **6. Message** | | |
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| **8. Signature/Position (person replying)**       **Date/Time of reply** | | |
| GENERAL MESSAGE ICS 213 PSMFC RRT | | |

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| **1. Incident Name** | | **2. Operational Period (Date/Time)**  From:       To: | | | **UNIT LOG**  **ICS 214 PSMFC RRT** |
| **3. Unit Name/Designators** | | | **4. Unit Leader (Name and ICS Position)** | | |
| **5. Personnel Assigned** | | | | | |
| NAME | | ICS POSITION | | HOME BASE | |
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| **6. Activity Log (Continue on Reverse)** | | | | | |
| TIME | MAJOR EVENTS | | | | |
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| **7. Prepared by:       Date/Time** | | | | | |
| UNIT LOG ICS 214 PSMFC RRT | | | | | |

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| **1. Incident Name** | | **2. Operational Period (Date/Time)**  From:       To: | **UNIT LOG (CONT. )**  **ICS 214**  **PSMFC RRT** |
| **6. Activity Log (Continue on Reverse)** | | | |
| TIME | MAJOR EVENTS | | |
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| **7. Prepared by:       Date/Time** | | | |
| UNIT LOG ICS 214 PSMFC RRT | | | |

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| **1. Incident Name** | | **2. Operational Period (Date/Time)**  From:       To: | | | **DAILY MEETING SCHEDULE ICS 230 PSMFC RRT** | |
| **3. Meeting Schedule (Commonly-held meetings are included)** | | | | | | |
| **Date/ Time** | **Meeting Name** | | **Purpose** | **Attendees** | | **Location** |
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|  | Tactics Meeting | | Develop primary and alternate Strategies to meet Incident Objectives for the next Operational Period. | PSC, OPS, LSC,  EUL, RUL & SUL | |  |
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|  | Planning Meeting | | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period. | Determined by the IC/UC | |  |
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|  | Operations Briefing | | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period. | IC/UC, Command Staff, General Staff, Branch Directors, Div. Sups. , Task Force/Strike Team Leaders and Unit Leaders | |  |
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|  | Unified Command Objectives Meeting | | Review/ identify objectives for the next operational period. | Unified Command members | |  |
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| **4. Prepared by: (Situation Unit Leader) Date/Time** | | | | | | |
| DAILY MEETING SCHEDULE ICS 230 PSMFC RRT | | | | | | |

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| **1. Incident Name** | | | **2. Operational Period (Date/Time)**  From:       To: | | **RESOURCES AT RISK SUMMARY**  **ICS 232 PSMFC RRT** |
| **3. Environmentally-Sensitive Areas and Wildlife Issues** | | | | | |
| Site # | Priority | Site Name and/or Physical Location | | Site Issues | |
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| Narrative | | | | | |
| **4. Archaeo-cultural and Socio-economic Issues** | | | | | |
| Site # | Priority | Site Name and/or Physical Location | | Site Issues | |
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| Narrative | | | | | |
| **5. Prepared by: (Environmental Unit Leader) Date/Time** | | | | | |
| RESOURCES AT RISK SUMMARY ICS 232 PSMFC RRT | | | | | |

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| 1. Incident Name | | **OPEN ACTION TRACKING** | | |  | ICS 233 PSMFC RRT | |
| 2. No. | 3. Item | 4. For | 5. Status | 6. Start Date | 7. Briefed | 8. Target Date | 9. Actual Date |
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OPEN ACTION TRACKING Page 1 of 1 ICS 233 PSMFC RRT

|  | | | WORK ANALYSIS MATRIX  ICS 234-PSMFC RRT |
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| 1. Operation’s Objectives  DESIRED OUTCOME | 2. Optional Strategies  HOW | 3. Tactics/Work Assignments  WHO, WHAT, WHERE, WHEN | |
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WORK ANALYSIS MATRIX ICS-234-PSMFC RRT

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| **TECHNICAL SPECIALIST REPORT**  **ICS-234a PSMFC RRT** | | | 1. Incident | 2. Date/Time |
| 1. Situation Assessment | | | | |
| 1. Hazard Analysis | | | | |
| 5. Mitigation Strategies | | | | |
| 1. Weather | | | | |
| Page 1 of \_\_\_\_\_\_\_ | | | Technical Specialist (Signature) | |
| Recommended  Yes No | | Strategic/Tactical Option | | Analysis |
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| Page \_\_\_\_\_\_ of \_\_\_\_\_\_\_ | | | Technical Specialist (Signature) | |

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|  | **Technical Specialist Analysis ICS-234b PSMFC RRT** |
| **Tactical Options**  (From ICS-234) | **Analysis** |
| 1. | **Recommended/Not Recommended**. (Explain) |
| 2. | **Recommended/Not Recommended**. (Explain) |
| 3. | **Recommended/Not Recommended**. (Explain) |
| 4. | **Recommended/Not Recommended.** (Explain) |
| 5. | **Recommended/Not Recommended.** (Explain) |
|  | **ICS-234b PSMFC RRT** |

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| **1. Sighting Report** | | **2. Report Date / Time**  Date Time of Report | | | **3. Reported by: (Name and Agency)** | | | | | |
| **4. Type of Sighting** | | | | | | | | | | |
|  | Zebra Mussel |  | Other | | |  | | |  | |
|  | Quagga Mussel |  | Other | | |  | | |  | |
|  | Chinese Mussel |  | Other | | |  | | |  | |
|  | Unknown |  | Other | | |  | | |  | |
| **5. Site Description:** (Affected water body, landmarks, mile marker, GPS) | | | | | | | | | | |
| **6. Mussel Colony Description:** (Number, density and extent) | | | | | | | | | | |
| **7. Incident Summary** | | | | | | | | | | |
|  | | | | Initial  Report | | | | Update  Report | | Total |
| Size of Find | | | |  | | | |  | |  |
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| **8. Facilities involved** | | | | | | | | | | |
| Vessels | |  | | | | | | | | |
| Docks/Piers/Moorings | |  | | | | | | | | |
| Natural Barriers | |  | | | | | | | | |
| Other | |  | | | | | | | | |
| **9. Attachments with clarifying information** | | | | | | | | | | |
|  | Photographs |  | Lab Results | | | |  | |  | |
|  | Maps/Charts |  | Narrative | | | |  | |  | |
|  | Sample |  |  | | | |  | |  | |

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| **10.** | **Narrative:** |
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| **11. Prepared by: Date/Time:** | |