1. Incident Name	2. Operational Period (Date/Time) From: To:	**Assignment List** **ICS 204-CG**
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	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

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