

ORGANIZATION ASSIGNMENT LIST (ICS/ICS-like 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. EOC Director and Command Staff:		7. Logistics Coordination Section:	
EOC Director		Chief	
Deputy		Deputy	
Public Info. Officer		Service Branch	
Legal Counsel		Director	
Liaison Officer		Communications Unit Leader	
		Personnel Unit Leader	
4. Agency/Organization Representatives:			
Agency/Organization	Name		
		Support Branch	
		Director	
		Transportation Unit Leader	
		Facilities Unit Leader	
		Supply Unit Leader	
5. Operations Coordination Section:			
Chief			
Deputy			
Law Enforcement/Public Safety Unit Leader			
Firefighting/EMS/HazMat Unit Leader			
Public Works/Utilities Unit Leader			
Hospital/Public Health Unit Leader		8. Finance/Admin Coordination Section:	
Search and Rescue Unit Leader		Chief	
Mass Care and Social Services Unit Leader		Deputy	
		Cost Unit Leader	
		Time Keeping Unit Leader	
		Compensation/Claims Unit Leader	
		Purchasing Unit Leader	
6. Planning Coordination Section:			
Chief			
Deputy			
Demobilization Unit Leader			
Situation Unit Leader		9. Additional Staff:	
Advance Planning Unit Leader			
Documentation Unit Leader			
Resource Tracking Unit Leader			
Technical Specialists			
10. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS/ICS-like 203	IAP Page _____	Date/Time: _____	

ICS/ICS-like 203 Organization Assignment List

Purpose. The Organization Assignment List (ICS/ICS-like 203) provides response personnel with information on the positions that are currently activated and the names of personnel staffing each position. It is used to complete the Incident Organization Chart (ICS/ICS-like 207). An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

Preparation. The Resource Tracking Unit prepares and maintains this list under the direction of the Planning Coordination Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

Distribution. The ICS/ICS-like 203 is duplicated and attached to the Incident Objectives (ICS/ICS-like 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS/ICS-like 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS/ICS-like 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	EOC Director and Command Staff <ul style="list-style-type: none"> • EOC Director • Deputy • Public Information Officer • Legal Counsel • Liaison Officer 	Enter the names of the EOC Director and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Liaison Officer"). For all individuals, use at least the first initial and last name. For Unified Command, also include agency names.
4	Agency/Organization Representatives <ul style="list-style-type: none"> • Agency/Organization • Name 	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	Operations Coordination Section <ul style="list-style-type: none"> • Chief • Deputy • Law Enforcement/Public Safety Unit • Firefighting/EMS/HazMat Unit • Public Works/Utilities Unit • Hospital/Public Health Unit • Search and Rescue Unit • Mass Care and Social Services Unit 	Enter the name of the Operations Coordination Section Chief, Deputy, and Unit Leader(s) after each position title. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6	Planning Coordination Section <ul style="list-style-type: none"> • Chief • Deputy • Demobilization Unit • Situation Unit • Advance Planning Unit • Documentation Unit • Resource Tracking Unit • Technical Specialists 	<p>Enter the name of the Planning Coordination Section Chief, Deputy, and Unit Leader(s) after each position title. List Technical Specialists with an indication of specialty.</p> <p>If there is a shift change after the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
7	Logistics Coordination Section <ul style="list-style-type: none"> • Chief • Deputy Service Branch <ul style="list-style-type: none"> • Director • Communications Unit • Personnel Unit Support Branch <ul style="list-style-type: none"> • Director • Transportation Unit • Facilities Unit • Supply Unit 	<p>Enter the name of the Logistics Coordination Section Chief, Deputy, Branch Directors, and Unit Leader(s) after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
8	Finance/Admin Coordination Section <ul style="list-style-type: none"> • Chief • Deputy • Cost Unit • Time Keeping Unit • Compensation/Claims Unit • Purchasing Unit 	<p>Enter the name of the Finance/Admin Coordination Section Chief, Deputy, and Unit Leader(s) after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
9	Additional Staff	<p>Enter the title of each additional position and the name of the additional staff member.</p>
10	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	<p>Enter the name, position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>