ASSIGNMENT LIST (ICS/ICS-like 204)

1. Incident Name:		2. Operational Period:			3.		
		Date From:		Date To:	Branch:		
		Time From:	•	Time To:			
4. EOC Personnel:		<u>Name</u>		Contact Number(s)	Unit:		
Coordinati	on Section C	hief:					
					:		
		:					
5. Resources Assigne	ed:		ns		Reporting Location,		
December 1 least 11 centres	1 1		# of Persons	Contact (e.g., phone, pager, radio	Special Equipment and Supplies, Remarks, Notes,		
Resource Identifier	Leader		# 11	frequency, etc.)	Information		
6. Work Assignments	•						
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)							
9. Prepared by: Name	ature:						
ICS/ICS-like 204	IAP Page		7	:/Time:			

ICS/ICS-like 204 Assignment List

Purpose. The Assignment List(s) (ICS/ICS-like 204) informs Branch Directors and Unit Leaders of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Branches and Units.

Preparation. The ICS/ICS-like 204 is normally prepared by the Documentation Unit as part of the Incident Action Plan (IAP)/Emergency Action plan (EAP) development process. It must be approved by the Section Chief where the Branch or Unit resides.

Distribution. The ICS/ICS-like 204 is duplicated and attached to the ICS/ICS-like 202 and given to all recipients as part of the IAP/EAP. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS/ICS-like 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational PeriodDate and Time FromDate 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	Branch Unit	Enter the name of the Branch and Unit.
4	Operations Personnel Name, Contact Number(s) Coordination Section Chief Branch Director Unit Leader	Enter the name and contact numbers of the Coordination Section Chief, applicable Branch Director, and Unit Leader.
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	Leader	Enter resource leader's name.
	# of Persons	Enter total number of persons for the resource assigned, including the leader.
	Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	Work Assignments	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Branch or Unit.
7	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	Communications (radio and/or phone contact numbers needed for this assignment) Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Enter specific communications information (including emergency numbers) for this Branch/Unit. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed.
9	Prepared by Name Position/Title Signature Date/Time	Enter the name, position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).