**ICS 204**

**Assignment List**

**Purpose.** The Assignment List(s) (ICS 204) Area VP, Department Heads and supervisors of incident assignments. Once the Managers and General Staff agree to the assignments, the assignment information is given to the Emergency Operations Team.

**Preparation.** The ICS 204 is normally prepared by the Manager of the specific area and approved by area VP, once approved it is forwarded for review by EOT to be added to the Business Continuity plan and overall Phased approach resource guide.

**Distribution.** The ICS 204 is distributed to the Emergency Operations Team and Senior Staff

**Notes:**

The ICS 204 details assignments at Area and Department/Program levels and is part of the IAP (Incident Action Plan or Operations Plan.

Multiple pages/copies can be used if needed.

If additional pages are needed, use a blank ICS 204 and repaginate as needed.

| **Block Number** | **Block Title** | **Instructions** |
| --- | --- | --- |
| **1** | **Departmental Phase** | Enter the Phase of Operations  |
| **2** | **Operational Period**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** | **Area VP****Program****Shift** | This block is for use in a large IAP for reference only.Indicate who the Area VP is, what program or department that this is relevant to and the shift based on social distancing protocols and mitigation. |
| **4** | **Operations Personnel**Name, Contact Number(s)* + **Area VP**
	+ Branch Director
	+ Division/Group Supervisor
 | Enter the name and contact numbers of the Senior Staff responsible for this plan, applicable Department Head, and Supervisor(s). |
| **5** | **Resources Assigned** | Enter the following information about the resources assigned to the Program or Department for this period: |
| Name or Team | The identifier is a unique way to identify a team, shift or individual by name of team (e.g., Graveyard Shift Team 1).  |
| Supervisor | Enter supervisor’s name. |
| # of Persons | Enter total number of persons for the resource assigned, including the supervisor. |
| 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. |
| **6** | **Work Assignments**  | Provide a statement of the objectives to be achieved within the operational period by personnel assigned to this Division or Program. |
| **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**Name/Phone ExtensionCell Phone/E-mail address | Enter specific communications information (including emergency numbers) for this Program or Department. Phone numbers should include the area code and any cell phone specifics.In light of potential IAP distribution, use sensitivity when including cell phone number. |
| **9** | **Prepared by**NamePosition/TitleSignatureDate/Time | Enter the name, title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).  |

**Updated by SMC 7/3//2020**