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| **1. Incident Name** | | | | | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3. Section**  **Section Chief** | | | | | **4. Branch (if applicable)**  **Branch Director** | | | | | |
| **5a. Branch / Unit Related Objectives** | | | **5b. Strategies / Tactics** | | **5c. Resources Required** | | | | **5d. Unit Assigned to** | |
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| **6. Unit(s) Assigned this Operational Period** | | | | | | | | | | | |
| **Unit Name** | | **Unit Name** | | **Unit Name** | | **Unit Name** | | **Unit Name** | | **Unit Name** | |
| **Leader Name** | | **Leader Name** | | **Leader Name** | | **Leader Name** | | **Leader Name** | | **Leader Name** | |
| **Unit Location** | | **Unit Location** | | **Unit Location** | | **Unit Location** | | **Unit Location** | | **Unit Location** | |
| **Unit Members / Teams** | | **Unit Members / Teams** | | **Unit Members / Teams** | | **Unit Members / Teams** | | **Unit Members / Teams** | | **Unit Members / Teams** | |
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| **7. Special Information / Considerations** | | | | | | | | | | | |
| **8. Prepared by** | PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

Purpose: The HICS 204 - Assignment List documents the strategies and tactics of each (activated) Section or Branch, the resources required, and the composition of the Unit assigned.

ORIGINATION: Prepared by the individual Section Chiefs or Branch Directors and submitted to the Planning Section as part of the Incident Action Plan (IAP).

COPIES TO: Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.

**Notes:** If additional pages are needed, use a blank HICS 204 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

| Number | Title | Instructions |
| --- | --- | --- |
| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Operational Period** | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **3** | **Section** | Enter the name of the Section and Section Chief. |
| **4** | **Branch** | Enter the name of the Branch and Branch Director, if the form is for a specific Branch. |
| **5** | **5a. Branch / Unit R Related Objectives** | Utilizing the Incident Objectives (from HICS 202), develop objectives as they relate to the Branch/Unit. Enter objectives the Branch/Unit needs to focus on for the designated operational period. |
| **5b. Strategies / Tactics** | For each objective, document the strategies/tactics to accomplish that objective. |
| **5c. Resources Required** | For each strategy/tactic, document the resources required to accomplish that objective. |
| **5d. Unit Assigned to** | For each strategy/tactic, document the Unit assigned to that strategy/tactic. |
| **6** | **Unit(s) Assigned this  Operational Period** | Enter the names of the Units activated, the name of the Unit Leader, location of the Unit, and the names of the members and/or teams making up the Unit. |
| **7** | **Special Information /**  **Considerations** | Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pick-up points, or other important information. |
| **8** | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |