OPERATIONAL PLANNING WORKSHEET (ICS 215)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Incident Name:** | | | | | | | | | | **2. Operational Period:** Date From: Date To:   Time From: Time To: | | | | | | | | | | |
| **3. Branch** | **4. Division, Group, or Other** | **5. Work Assignment & Special Instructions** | **6. Resources** |  |  |  |  |  |  | |  |  |  |  |  |  | **7. Overhead Position(s)** | **8. Special Equipment & Supplies** | **9. Reporting Location** | **10. Requested Arrival Time** |
|  |  |  | Req. |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Have |  |  |  |  |  |  | |  |  |  |  |  |  |
| Need |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  | Req. |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Have |  |  |  |  |  |  | |  |  |  |  |  |  |
| Need |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  | Req. |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Have |  |  |  |  |  |  | |  |  |  |  |  |  |
| Need |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  | Req. |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Have |  |  |  |  |  |  | |  |  |  |  |  |  |
| Need |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  | Req. |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Have |  |  |  |  |  |  | |  |  |  |  |  |  |
| Need |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  | Req. |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Have |  |  |  |  |  |  | |  |  |  |  |  |  |
| Need |  |  |  |  |  |  | |  |  |  |  |  |  |
| **ICS 215** | | **11. Total Resources Required** | |  |  |  |  |  |  | |  |  |  |  |  |  |  | **14. Prepared by:**  Name:  Position/Title:  Signature:  Date/Time: | | |
| **12. Total Resources Have on Hand** | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| **13. Total Resources Need To Order** | |  |  |  |  |  |  | |  |  |  |  |  |  |  |