OPERATIONAL PLANNING WORKSHEET (ICS 215)

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| **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:  |