ORGANIZATION ASSIGNMENT

Mission Number		Operational P	eriod	Date		Time
Incident Command Name				Means of Contact at ICP		
Incident Commander						
Deputy						
Safety Officer						
Information Officer						
Liaison Officer						
Operations Section						
Chief						
Deputy						
Staging Manager						
Air Ops Branch Director						
Helicopter Coordinator						
Fixed-Wing Coordinator						
Division/Group/Branch						
Planning Section						
Chief						
Deputy						
Resources Unit						
Situation Unit						
Documentation Unit						
Demobilization Unit						
Technical Specialists						
Logistics Section						
Chief						
Deputy						
Communication Unit						
Food Unit						
Medical Unit						
Non-SAR Agency Representatives						
Name of Agency	Name of Represent	ntative Title		Contact Number		Number
Prepared by						
Name:			Title:			