

ORGANIZATION ASSIGNMENT

Mission Number	Operational Period	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 Representative	Title	Contact Number

Prepared by	
Name:	Title: