

1. Incident Name:		2. Operational Period: (Date / Time)		ASSIGNMENT LIST ICS 204 - EPA	
		From: To:			
3. Branch:		4. Division/Group/Staging:			
5. Operations Personnel:					
ICS Position	Name	Affiliation	Contact # (s)		
Operations Section Chief:					
Branch Director:					
Division/Group Supervisor/STAM:					
6. Resources Assigned: "X" indicates 204a attachment with additional instructions					
Strike Team/Task Force/ Resource Identifier	Leader	Contact Info. #	# of Persons	Reporting Info/Notes/Remarks	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
7. Work Assignments:					
8. Special Instructions:					
9. Communications (radio and/or phone contact numbers needed for this assignment):					
Name/Function	Radio: Freq./System/Channel	Phone	Cell/Pager		
Emergency Communications:					
10. Prepared by: (RESL) (Date / Time)	11. Reviewed by: (PSC) (Date / Time)	12. Reviewed by: (OPS) (Date / Time)			
ASSIGNMENT LIST		ICS 204 – EPA (Rev 05/18)			