| **1. Incident Name:** | **2. Operational Period: (Date / Time)** | **INCIDENT BRIEFING****ICS 201 - EPA**  |
| --- | --- | --- |
|       | From:      To:       |  |
| **3. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, over-flight results, trajectories, impacted shorelines, or other graphics depicting situational and response status): |
|       |
| **4. Current Situation:**  |
|       |
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| **5. Initial Response Objectives, Current Actions, Planned Actions** |
| RESPONSE OBJECTIVES: |
|       |       |
| SAFETY MESSAGE: |
|       |       |
| CURRENT ACTIONS, STRATEGIES, and TACTICS:  |
|       |       |
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| PLANNED ACTIONS: |
|       |       |
| TIME | ACTIONS: |
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| **6. Current Organization** (fill in additional appropriate organization): |
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|  |
|  | **Incident Commander**      |  |
|  |  |  |  |  |
|  |  |  | **Safety Officer:** |       |  |
|  |  |  | **Liaison Officer:** |       |  |
|  |  |  | **Public Information Officer:** |       |  |
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|  | **Operations Section** |  | **Planning Section** |  | **Logistics Section** |  | **Finance Section** |  |
|  |       |  |       |  | Normal SOP      |  | Normal SOP      |  |
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 |
| **7. Resources Summary:** |
| Resource Ordered | Description/Identification | Date/Time Ordered | ETA | On Scene | Location/Assignment/Status |
|       |       |       |       |       |       |
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| **Prepared By:**  | **(Date / Time)** |
| Name/Position:       | Signature:      |       |
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