**Preparation**

Initial 215C Checklist is an optional tool for IC, Operations Section Chief or designee to Identify key contingency plan components. Personnel assigned to contingency planning can move directly to the 215C forms.

Management Evaluation Point (MEP)/Decision Point (DeP). MEP/DeP criteria must be defined clearly and comprehensively.

|  |
| --- |
| Management Evaluation Point/Decision Point: |

**Guidelines**:

Given the identified MEP/DeP, identify each impact. Consider the recommended 215C components following any key element box checked “Yes.”

 Yes No 215C Key Sections

**Key Element: Threat Assessment**

|  |  |  |
| --- | --- | --- |
|  |  | C7,C9,M |
|  |  | C7,C9,M |
|  |  | C9,C13,M,CSP57 |
|  |  | C7,C9,M,EP,CSP57 |
|  |  | M,CSP(all) |
|  |  | M, CSP50-51,54 |

Structure threat will increase or become direct…………………………………………………………….

Significant additional acreage or geographic areas will be involved ……………………………..……..

Additional jurisdictions will be impacted or become involved…………………………………………….

Additional evacuations needed or evacuation plan will change..……………………………………......

Critical infrastructure impacted (i.e. utilities, water, road systems)……...............................................

Significant potential increased demand for medical services or sheltering ….…………………………

**215C Recommended Components: Cover, Map, Evacuation Plan, Civilian Support Plan**

**Key Element: Operations and Resourcing**

|  |  |  |
| --- | --- | --- |
|  |  | C9, C11, M, RS(all) |
|  |  | M,RS 23-25 |
|  |  | M,RS 23-25 |
|  |  | M,RS 23-26 |
|  |  | M,RS 23-26 |

Control objectives or organization require alteration. …………..………………………………………..

Assignments of some/all current resources are no longer valid. ..……………………………………...

Movement to new locations is required for some/all current resources………………………………...

No contingency resources currently in place or they require reinforcing..……………………………..

Resources need to be ordered as current types, kinds or numbers are not

sufficient to meet objectives. ………………………………………………………………………………..

**215C Recommended Components: Cover, Map, Resource Summary Page**

**Key Element: Safety**

|  |  |  |
| --- | --- | --- |
|  |  | C10,ICS 215A |
|  |  | C10,ICS 206 |
|  |  | ICS 220 |
|  |  | M,ICS 215A,EP |
|  |  | M,ICS 215A |
|  |  | ICS 215A |

Exposure of personnel to increased hazardous conditions………………………………………………

Increased mitigation efforts needed to prevent injury/illness…………………………………………….

Air Operations will be required or additional resources needed…...…………………………………….

Public evacuation plan needed or changed………………………………..………………………………

Functional or geographic work assignments change for current resources……………………………

LCES or work rest cycles negatively impacted..…………………………………………………………..

**215C Recommended Components: Cover (Box 10), Map, ICS 215A, Revised ICS 206**

 Yes No 215C Key Sections

**Key Element: Logistics**

|  |  |  |
| --- | --- | --- |
|  |  | LS40,ICS 206 |
|  |  | LS46,ICS 205 |
|  |  | M,LS41-42 |
|  |  | LS43, LS45 |
|  |  | LS44 |

Current Medical Plan requires revision to ensure safety and health of personnel

assigned to the incident…………………………………………………. ………………………………....

Additional frequencies or significant changes to ICS 205 are needed………………………………….

Travel plan change or new camp/base location(s) required …………………………………………....

Other logistical support impacted (i.e. suppression water supply, food) ………………………………

Resources are needed from alternate ordering points or from agencies who are not

represented by unified command or agency representatives...…………………………….....………..

**215C Recommended Components: Logistics Summary ICS 205, Revised ICS 206**

|  |  |  |
| --- | --- | --- |
|  |  | All |
|  |  | All |

**Key Element: Incident Complexity**

MEP/DeP places complexity of incident outside scope of current team………………………………..

All key elements are checked 2-3+ times or more than 10 lines total are checked..……..…………...

**215C Recommended Components: All**

|  |
| --- |
| Remarks: |
| □ Contingency planning staffing needs: □ OPBD/DIVS □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ FOBS □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ READ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Flight needed□ Locate contingency planning work space□ Establish GIS□ Strategy or Tactics meeting. Date/time:\_\_\_\_\_\_\_\_\_\_\_□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contingency Planning Components: □ Map □ ICS 215A□ 215C Cover □ ICS 205□ Evacuation Plan □ ICS 206□ Logistics Summary □ Other\_\_\_\_\_\_\_\_\_\_\_□ Civilian Support Summary □ Other\_\_\_\_\_\_\_\_\_\_\_Date/Time Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Prepared By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_**

**Reviewed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **1. Incident Name:** | **2. Contingency Period:** | **COVER****(C)** |
| **3. Plan Title:** |
| **4. Activation Authority:** |
| **5. Level of Organization:** |
| **6. Management Evaluations Point (MEP) / Decision Point (DeP)** |
| **7: Threat Assessment Summary** | **Population Estimate:** |
| **Number of Structures:** |
| **Contingency Acreage:** |
| **Other:** |
| **Other:** |
| **8. Leader’s Intent/Objectives:** | **□ Current resources and their assignments sufficient to address MEP/DeP.****□ MEP/DeP requires movement of assigned resources.****□ MEP/DeP requires ordering of additional resources.****□ Identification of subsequent MEP(s)/DeP(s) required.****□ MEP/DeP place incident complexity outside scope of team.** |
| **9. Risk Management Analysis/Special Hazards:****□ Revised ICS 206 Required****□ ICS 215A Required** |
| **10. Contingency Narrative/End State** |
| **11. Attachments****□** Map (Title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Evacuation Plan **□** Map (Title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** ICS 206**□** Resources Summary **□** ICS 215A**□** Logistics Summary **□** Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_**□** Civilian Support Summary **□** Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **12. Impacted Jurisdictions/Contacts** |
|  |
|  |
|  |
|  |
| **ICS 215C** | **13. Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **14. Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **15. Plan Pages #****Total:\_\_\_\_\_** |

|  |  |  |
| --- | --- | --- |
| **1. Incident Name:** | **2. Contingency Period:** | **MAP****(M)** |
| **3. Plan Title:** |
| **16. Map Title:** | **17. Map Date:** | **18: Map Description:** |
| **19. Map** **□ Current Operational Map Div/Branch breaks Identified** **□ Contingency Div/Branch breaks Identified**  **□ Operational Responsibility Areas Identified** |
| **20. Map Produced by:** | **21: Map Page: \_\_\_\_ of \_\_\_\_\_** |

|  |  |  |
| --- | --- | --- |
| **1. Incident Name:** | **2. Contingency Period:** | **RESOURCE SUMMARY****(RS)** |
| **3. Plan Title:** |
| **22. Br/ Div/ Group**  | **23. Strategy Statement, Work Assignment Changes** | **24. Resource Needs, Reassignments, Considerations** |
|  |  | **□**P**□**A**□**C**□**E |
|  |  | **□**P**□**A**□**C**□**E |
|  |  | **□**P**□**A**□**C**□**E |
|  |  | **□**P**□**A**□**C**□**E |
|  |  | **□**P**□**A**□**C**□**E |
|  |  | **□**P**□**A**□**C**□**E |
| **25. Resource Need Summary:** |  |
| Resource (Type/Kind) or Overhead | Number | Resource (Type/Kind) or Overhead | Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **26. Resourcing/Ordering Considerations:** |
| **ICS 215C** | **27. Resource Summary Prepared by:\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **28. Approved by Operations Chief:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **29. Pages(RS):****\_\_\_ of \_\_\_** |

|  |  |  |
| --- | --- | --- |
| **1. Incident Name:** | **2. Contingency Period:** | **EVACUATION PLAN****(EP)** |
| **3. Plan Title:** |
| **30. Evacuation Order Areas**Jurisdiction | Area Description/Population Estimate | Traffic Control Points | Closure Level | Agency Liaison |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **31. Evacuation Order MEP / DeP Considerations:** **□ Evacuation Order to be implemented at time of MEP / DeP** |
| **□ Shelter(s) identified / Locations:** |
| **32. Evacuation Warning Areas**Jurisdiction | Area Description/Population Estimate | Traffic Control Points | Closure Level | Agency Liaison |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **33. Evacuation Warning MEP / DeP Considerations:** **□ Evacuation Warnings to be implemented at time of MEP / DeP** |
| **□ Shelter(s) identified / Locations:** |
| **34. Shelter in Place Areas**Jurisdiction | Area Description/Population Estimate | Traffic Control Points | Closure Level | Agency Liaison |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **35. Shelter in Place MEP / DeP Considerations:** **□ Shelter in Place option considered as last resort. □ Shelter in Place orders to be implemented at time of MEP / DeP.** |
| **36. Repopulation Plan Completed: □**  | **37. Law Enforcement Liaison:**  |
| **ICS 215C** | **38. Evacuation Plan Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **39. Evacuation Plan Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **40. Pages(EP):****\_\_\_ of \_\_\_** |

|  |  |  |
| --- | --- | --- |
| **1. Incident Name:** | **2. Contingency Period:** | **LOGISTICS SUMMARY****(LS)** |
| **3. Plan Title:** |
| **41. Medical Plan:** **□ Contingency ICS 206 completed by MEDL** |
| **42. Base Camp, Staging and Drop Points** |
| **43. Travel Plan and Fuel Considerations** |
| **44. Suppression Water Supply** |
| **45. Ordering:** |
| **46. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **47. Communications Infrastructure and Contingency Frequencies:** **□ Contingency ICS 205 completed by COML** |
| **48. Type of Frequency Needed:** | **# Needed** | **Notes** |
|  **Command** |  |  |
|  **Tactical** |  |  |
|  **Air / Ground** |  |  |
|  **Support** |  |  |
|  **Other** |  |  |
| **ICS 215C** | **49. Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **50. Approved by Logistics Chief:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **51. Pages(EP):****\_\_\_ of \_\_\_** |

|  |  |  |
| --- | --- | --- |
| **1. Incident Name:** | **2. Contingency Period:** | **CIVILIAN SUPPORT PLAN (CSP)** |
| **3. Plan Title:** |
| **52. Emergency Operations Centers(EOC):** | **Contacts:** |
| **53. Emergency Medical Services/Hospitals:** |  |
| **54. Transportation/Roadway Infrastructure:** |  |
| **55. Potable Water Supply:** |  |
| **56: Shelter, Care and Food:** |  |
| **57. Utilities:** |  |
| **58. Cellular/Digital Services:** |  |
| **59. Jurisdiction Summary Impacts** |
| **Jurisdiction Name:** |  |  |  |  |
| **Pop. Evacuated/Sheltered in Place:** |  |  |  |  |
| **# Structures Threatened** |  |  |  |  |
| **Critical Infrastructure Impact (Utilities, Water, Cell)** |  |  |  |  |
| **Major road closures** |  |  |  |  |
| **EOC activated** |  |  |  |  |
| **60. Cooperator and Stakeholder Priorities/Considerations for Critical Infrastructure and Key Resources:** |
| **ICS 215C** | **61. Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **62. Approved by IC or Liaison Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **63. Pages(CSP):****\_\_\_ of \_\_\_** |

**ICS 215C**

**Contingency Planning Analysis**

**Purpose.** The Contingency Planning Analysis summarizes and communicates a contingency plan as developed by the Incident Commander, Operations Section Chief or designee for an existing incident or planned event. For planned events the 215C is intended to provide an alternate, contingency or emergency planning tool as a supplement to the primary plan or IAP. For incidents, the 215C can be used to document contingency planning decisions for the current operational period or any future period where control objectives have been established and are valid. The plan will be considered for activation when a Management Evaluation Point(MEP) or Decision Point(DeP) occurs.

Contingency Plan:  A plan for major contingencies that can reasonably be anticipated in a geographic or functional areas of any ICS Command and General Staff position down to the unit level for a defined time period.  A contingency plan supplements or changes an Incident Action Plan(IAP) by identifying decisions point(s), impacts, and changes to objectives, strategies and work assignments with supporting movement and/or ordering of resources.

Management Evaluation Points (MEP) or Decision Point(DeP):  A point in space and time when the Incident Commander, Operations Section Chief or designee anticipates making a key decision concerning a specific course of action based on a specific precipitant event, action or incident condition. Decision Points or Management Evaluation Points are clearly specified incident conditions that, when reached, prompt a predefined modification to existing incident management actions, or initiate the implementation of new strategies and/or tactics. Note: Different terms may be established by agency, i.e. “Management Action Point” which also meet intent of definition.

Operational Responsibility Areas: Shaded areas on a map which identify the geographic responsibility areas of Branches and Divisions. These shaded areas should be anchored at the Branch/Division break symbols and cover those geographic areas which the Branch and Divisions are responsible for, (ie WUI areas, tactical patrol, drainages, ridges, rivers, etc.)

The ICS 215C identifies the applicable time period for the contingency plan, the MEPs/DePs, the resulting impacts or threats, followed by contingency objectives and the strategic planned response. The activation authority is identified as part of the plan.

**Preparation.** The form is intended to be modular and scalable to accommodate the contingency planning needs of any incident and planned event.

Step 1(Optional): Complete 215C-Initial Checklist (2 pages) as an overall analysis of impacts based on specific defined MEP/DeP. This worksheet is intended as a brief exercise to identify critical impacts and the components of the plan needed to address them. Establish next steps and products for plan in “Remarks” section.

Step 2: Based on initial analysis, the identified components of the plan will be completed. The ICS 215C Cover and Map (items 1-22) are intended to be the basic components of a completed ICS 215C. The subsequent sections are intended to provide additional tools and products to supplement the plan when appropriate and needed. Additional 215C pages may be required or other ICS forms may be used to supplement or complete the plan.

* ICS 215C Cover: The basic component of the form is initiated and completed by the IC, OSC or designee when needed to document contingency planning following the Strategy and Tactics Meetings.
* Map (M): Development and communications of contingency planning are facilitated by visual geospatial references. A map produced by PSC, GISS and/or DPRO is foundational to an efficient and effective contingency planning process.
* Resources Summary (RS): Completed by OSC with assistance by PSC following the ICS 215 process in a Tactics Meeting or other agreed time. The form is not intended for the GACC.
* Evacuation Plan (EP): Law Enforcement as part of or in coordination with Operations as Deputy Operations Section Chief (Law), Law Enforcement Liaison Officer (LELO) or designee will complete this form. This component of the 215C may be replaced by an alternate Evacuation Plan form as appropriate for impacted jurisdictions. A Repopulation Plan should be considered concurrently with any plan to issue Evacuation Orders and Warnings.
* Logistics Summary (LS): LSC and/or designees will input and complete this form in coordination with Operations. Assistance and input from all Logistics Units will be needed for completion of ICS 215C (RS).
* Civilian Support Plan (CSP): The IC, LOFR or designee will complete this form in coordination with cooperating agencies, stakeholders and Operations.

**Distribution.**  The briefing of the contingency plan is provided at the Planning Meeting for approval by the Incident Commander. Upon approval by IC, the plan may be distributed to Command and General Staff as deemed appropriate to facilitate the activation of the contingency plan and ordering of resources when the MEP/DeP occurs. All contingency maps and plans should be assumed confidential and not distributed unless distribution is authorized by the IC.

 **Notes:**

* If multiple pages are needed, use any blank page of the 215C and repaginate as needed.

|  |  |  |
| --- | --- | --- |
| Block Number | Block Title | Instructions |
| **INITIAL CONTINGENCY PLANNING WORKSHEET** |
| NA | 1. Identify MEP/DeP using specific language meeting definitions of term.
2. Prepare and utilize initial map(s) and references needed to answer questions. These map and references should identify populations, areas, infrastructure, travel routes, logistical support locations, etc. which may be impacted or threatened by MEP/DeP.
3. Answer each question by checking the line “Y” or “N.”
4. Use “Remarks” section to address next steps in planning process and required components of the plan. Determine and define staff needed to complete plan. Set a timeline for completion of final 215C components.
 |
| **ICS 215C Cover** |
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Contingency Period** | Contingency period may defined by:1. Date/time range. Enter the start date (month/day/year), time (using the 24-hour clock)
2. Future operational periods (i.e. “More than 2 days of current Op. Period.”
3. As appropriate for incident or planned event.

For planned events the operational period will likely include the operational period of the IAP. For emergency incidents, the IC, OSC or designee will determine description of the contingency period which is appropriate for the plan. |
| 3 | **Plan Title** | Enter a title for plan. Specific titles are essential when multiple contingency plans are developed and clarity is needed during activation of one. |
| 4 | **Activation Authority** | Identify the ICS position authorized to activate the contingency plan |
| 5 | **Level of Organization** | Identify level and identifier of Operations organization impacted by contingency plan. (i.e Operations, Zone, Branch, Division/Group) |
| 6 | **Management Evaluation Points or Decision Points** | See definitions. Define specific incident conditions that, when reached, prompt consideration of modification to existing fire management actions, or implementation of new strategies and/or tactics. Describe specifically the conditions, which can be multiple, which will cause the contingency plan to be considered or executed.  |
| 7 | **Threat Assessment Summary** | Describe strategic and critical consequences of Decision Points in terms of impacts or potential threats to populations, structures, communities, infrastructure, commerce/business, environment, cultural and archeological sites. Include impact to control objectives and expected date of containment. Attach additional pages as needed or use Civilian Support Summary to details for individual jurisdictions. |
| 8 | **Leaders Intent/Objectives** | Document contingency priorities, changes to objectives, new objectives and key management work assignments as directed by position with authority for activation. Check all boxes that apply and detail in narrative if needed. |
| 9 | **Special Hazards Risk/ Management Analysis** | Identify significant hazards realized as a result of the MEP/DeP with direction to develop an ICS 215A and/or revised ICS 206. Summarize the risk management plan appropriate the specific MEP/DeP. |
| 10 | **Contingency Narrative/End State** | Document a narrative of the end state of the contingency plan after implementation. Consider the need for additional contingency planning to address subsequent MEP(s) and DeP(s) and to ensure the planned event or incident is placed under control. |
| 11 | **Attachments** | Check the boxes of the components of the contingency plan. Specify the map name and ICS form is not specified already. |
| 12 | **Impacted Jurisdictions/Contacts** | List any jurisdictions, not in unified command, which are impacted by the MEP/DeP along with contact information. |
| 13 | **Prepared by**• Name/Title• Date• Time | Enter the name, ICS position, and signature of the person preparing theform. Enter date (month/day/year) and time prepared (24-hour clock). |
| 14 | **Approved by**• Name/Title• Date• Time | Enter the name of the Incident Commander, Operations Section Chief or designee approving theplan. Enter date (month/day/year) and time prepared (24-hour clock).  |
| 15 | **Plan Pages # Total** | Enter the page number on first line. Enter the total number of ICS 215C pages for the operational period on the second line (i.e. 1 of 3). |
| **Map** |
| 1-3 | **Repeat from ICS 215C Cover** |
| 16 | **Map Title** | Enter map title |
| 17 | **Map Date** | Enter map date |
| 18 | **Map Description** | Enter map description, if relevant (i.e. geographic location, Branch/Division, Emergency)  |
| 19 | **Map** | Place map. Attach additional map pages as needed. Contingency Plan maps should identify the breaks, lines and shaded Operational Responsibility Areas of the Divisions and Branches both for pre-contingency and post-contingency. |
| 20 | **Map Produced By** | Enter name and position of person who produced map. |
| 21 | **Map Page**  | Enter the map page number on first line. Enter the total number of map pages on the second line (i.e. 1 of 3). |
| **Resource Summary** **(Prepared by OSC or designee with assistance from PSC)** |
| 1-3 | **Repeat from ICS 215C Cover** |
| 22 | **Branch/Division/Group** | Enter the Branch, Division or Group of the work assignments from the current operational period IAP and any the new ones which would be activated by the contingency plan. |
| 23 | **Strategy Statement,** **Work Assignments** | Define a strategic statement which provides intent and purpose for resources. Strategic statements are the bridge between operational objectives and work assignments. It is in this section where the plan’s purpose (i.e PACE-Primary, Alternate, Contingency, Emergency) and action elements (i.e. DRAW-D-Defend, Reinforce, Advance, Withdraw, Delay) should be defined. |
| 24 | **Resource Needs, Reassignments, Considerations** | Provide summary of resource needs by type and kind. Include estimates of number. This space is intended to be a strategic overview and estimate of resource needs and considerations. Specific impacts and/or threats when the MEP/DeP(s) occurs to the functional or geographic unit can be defined as considerations here, along with reassignment of current resources if appropriate. Identify if the resources assigned are needed for a Primary, Alternate, Contingency or Emergency Strategy. |
| 25 | **Resource Need Summary** | Enter the estimated totals by type and kind of the resources or overhead needed when the contingency plan is activated.  |
| 26 | **Resourcing/Ordering Considerations** | Identify process for ordering by activation authority. Identify ordering points (i.e EOC, dispatch center) and describe resource reassignment strategies between Branches/Division/Group. |
| 27 | **Resource Summary Prepared By** | Enter the name, ICS position, and signature of the person preparing theform. Enter date (month/day/year) and time prepared (24-hour clock). |
| 28 | **Approved by Operations Section Chief** | Enter the name of the Operations Chief or designee approving theform. Enter date (month/day/year) and time prepared (24-hour clock).  |
| 29 | **Pages (RS)** | Enter the ICS 215C (RS) page number on first line. Enter the total number of ICS 215C Resource Summary pages for the contingency period on the second line (i.e. 1 of 3). |
| **Evacuation Plan** **(Prepared by Deputy OSC-Law or LELO)** |
| 1-3 | **Repeat from ICS 215C Cover** |
| 30 | **Evacuation Orders Areas** | Identify jurisdictions, population #. Provide area description (ie, mobile home community, state park) with traffic control points, closure levels and agency liaison contact information. List shelter locations, if identified. |
| 31 | **Evacuation Order MEP / DeP Considerations** | Implementation of an evacuation order following a MEP/DeP may require additional descriptions or clarifications, such as public information releases, timing, approvals and coordination with impacted jurisdictions. |
| 32 | **Evacuation Warning Areas** | Identify jurisdictions, population #. Provide area description (ie, mobile home community, state park) with traffic control points, closure levels and agency liaison contact information. List shelter locations, if identified. |
| 33 | **Evacuation Warning MEP / DeP Considerations** | Implementation of an evacuation warning following a MEP/DeP may require additional descriptions or clarifications, such as public information releases, timing, approvals and coordination with impacted jurisdictions. |
| 34 | **Shelter in Place Areas** | Identify jurisdictions, population #. Provide area description (ie, mobile home community, state park) with traffic control points, closure levels and agency liaison contact information. |
| 35 | **Shelter in Place MEP / DeP Considerations** | Implementation of a Shelter in Place directive following a MEP/DeP may require additional descriptions or clarifications, such as public information releases, timing, approvals and coordination with impacted jurisdictions. Shelter in Place directives should be considered as a last resort during contingency planning. |
| 36 | **Repopulation Plan Completed** | Check box if a repopulation plan has been developed. A repopulation plan should be considered and coordinated concurrently with any plan to evacuate or shelter in place. Deputy Operations (Law) or Law Enforcement Liaison (LELO) is the contact for a repopulation plan. |
| 37 | **Law Enforcement Liaison** | Enter the name, ICS position, and contact information of the primary law enforcement liaison who is coordinating with the OSC. |
| 38 | **Evacuation Plan Prepared By** | Enter the name, ICS position, and signature of the person preparing theform. Enter date (month/day/year) and time prepared (24-hour clock). |
| 39 | **Evacuation Plan Approved By** | Enter the name, ICS position, and signature of the person preparing theform. Enter date (month/day/year) and time prepared (24-hour clock). |
| 40 | **Pages(EP)** | Enter the ICS 215C (EP) page number on first line. Enter the total number of ICS 215C Evacuation Plan pages for the contingency period on the second line (i.e. 1 of 3). |
| **Logistics Summary****(Prepared by LSC. Input is needed from all Logistics Units)** |
| 1-3 | **Repeat from ICS 215C Cover** |
| 41 | **Medical Plan** | Identify impact of MEP/DeP with plan to address medical plan and ensure appropriate medical care is available to all incident personnel. Consider requesting MEDL to develop contingency ICS 206 as part of plan. |
| 42 | **Base Camp, Staging, Drop Points** | Identify impacts of MEP/DeP with plan to address needs for locations to support incident and its objectives. |
| 43 | **Travel Plan and Fuel Considerations** | Identify impact of MEP/DeP with plan to address travel plan fuel supply and fuel supply locations. Evaluation of impact to travel plan may require moving existing or establishing new locations in support of incidents. |
| 44 | **Suppression Water Supply** | Identify impact of MEP/DeP with plan to address any water supply needs required to suppress fires. |
| 45 | **Ordering** | Review ISC 215C (RS) Resource Summary as prepared by OSC and PSC to ensure coordination with Box 26. Identify impact of MEP/DeP to establish ordering point(s) and ensure effectiveness. |
| 46 | **Other** | Identify impact of MEP/DeP with plan to address any other logistic needs. |
| 47 | **Communications Infrastructure and Contingency Frequencies** | Identify impact of MEP/DeP with plan to address critical communication infrastructure. Consider requesting COML to develop contingency ICS 205 as part of plan. |
| 48 | **Type of Frequency Needed** | For each type of frequency needed for the contingency plan, list the number of each needed. Frequency names, assignments, ordering process for needed frequencies or other related information can be defined in the Notes section. |
| 49 | **Prepared By** | Enter the name, ICS position, and signature of the person preparing theform. Enter date (month/day/year) and time prepared (24-hour clock). |
| 50 | **Approved by Logistics Section Chief** | Enter the name of the LSC or designee approving theform. Enter date (month/day/year) and time prepared (24-hour clock).  |
| 51 | **Pages (LS)** | Enter the ICS 215C (LS) page number on first line. Enter the total number of ICS 215C Logistics Summary pages for the contingency period on the second line (i.e. 1 of 3). |
| **Civilian Support Summary****(Prepared by LOFR in coordination with OSC)** |
| 1-3 | **Repeat from ICS 215C Cover** |
| 52 | **Emergency Operations Centers (EOC)** | Identify impacted EOCS or additional EOCS that may be or will be activated. List EOC contact(s) and/ or incident representative/LOFR assigned to the EOC. |
| 53 | **Emergency Medical Services/ Hospitals** | Identify impacts of MEP/DeP to emergency and medical facility care to civilian population. Ensure coordination with Medical Unit if ICS 206 is impacted. Ensure coordination with established EOC(s). List contacts. |
| 54 | **Transportation/ Roadway Infrastructure** | Identify impacts of MEP/DeP to roads, rail or water systems as well as airports. Ensure coordination with Logistics, if travel plan and access to incident supporting locations are impacted. Ensure coordination with established EOC(s). List contacts. |
| 55 | **Potable Water Supply** | Identify impacts of MEP/DeP to potable water systems for civilian population and incident personnel. Ensure coordination with established EOC(s) and that all impacts to the incident are communicated to Logistics. List contacts. |
| 56 | **Shelter, Care and Food** | Identify impacts of MEP/DeP to the need for and supply of shelter, care and food for civilians. Ensure coordination with established EOC(s) and that all impacts to the incident are communicated to Logistics. List contacts. |
| 57 | **Utilities** | Identify impacts of MEP/DeP to power utilities for civilian population and incident personnel. Ensure coordination with established EOC(s) and that all impacts to incident are communicated to Logistics. List contacts. |
| 58 | **Cellular/Digital Services** | Identify impacts of MEP/DeP to cellular and digital services for civilian population and incident personnel. Ensure coordination with established EOC(s) and all impacts to incident are communicated to Logistics. List contacts. |
| 59 | **Jurisdiction Summary Impacts** | Summarize impacts to specific identified jurisdictions. Use additional pages if needed. |
| 60 | **Cooperator and Stakeholder Priorities/Considerations for Critical Infrastructure and Key Resources** | Identify critical and key priorities and considerations for the incident which need to be addressed and/or monitored, when the contingency plan is implemented, to ensure the management and control objectives can be achieved in support of civilians, cooperators and stakeholders. |
| 61 | **Prepared By** | Enter the name, ICS position, and signature of the person preparing theform. Enter date (month/day/year) and time prepared (24-hour clock). |
| 62 | **Approved by IC or Liaison Officer** | Enter the name of the IC, Liaison Officer or designee approving theform. Enter date (month/day/year) and time prepared (24-hour clock).  |
| 63 | **Pages(CSP)** | Enter the ICS 215C (CSP) page number on first line. Enter the total number of ICS 215C Civilian Support Summary pages for the contingency period on the second line (i.e. 1 of 3). |