

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:					2. Operational Period					Date From:			Date To:					
										Time From:			Time To:					
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources												7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.	/	/	/	/	/	/	/								
			Have															
			Need															
			Req.	/	/	/	/	/	/	/								
			Have															
			Need															
			Req.	/	/	/	/	/	/	/								
			Have															
			Need															
			Req.	/	/	/	/	/	/	/								
			Have															
			Need															
			Req.	/	/	/	/	/	/	/								
			Have															
			Need															
		11. Total Resources Required		/	/	/	/	/	/	/						14. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____		
		12. Total Resources Have On Hand		/	/	/	/	/	/	/								
		13. Total Resources Need To Order		/	/	/	/	/	/	/								