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| 1. **INCIDENT NAME** | | |  | | | | | | | 1. **OPERATIONAL PERIOD** | | | | |
| **DATE: FROM:**       **TO:**  **TIME: FROM:**       **TO:** | | | | |
| 1. **SECTION** |  | | | | | | 1. **BRANCH** (if applicable) | | | | |  | | |
| **SECTION CHIEF** |  | | | | | | **BRANCH DIRECTOR** | | | | |  | | |
| **5a. SECTION / BRANCH OBJECTIVES** | | | | **5b. STRATEGIES / TACTICS** | | **5c. RESOURCES REQUIRED** | | | | | | | **5d. SECTION / BRANCH ASSIGNED TO** | |
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| 1. **ASSIGNED TO THIS OPERATIONAL PERIOD** | | | | | | | | | | | | | | |
| **NAME** | | **SECTION / BRANCH TITLE** | | | **SECTION / BRANCH LOCATION** | | | | | | | | | |
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| 1. **SPECIAL INFORMATION / CONSIDERATIONS** | | | | | | | | | | | | | | |
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| 1. **PREPARED BY PLANNING SECTION CHIEF** | | **PRINT NAME:** | |  | | | |  | **SIGNATURE:** | |  | | |  |
| **DATE/TIME:** | |  | | | |  | **FACILITY:** | |  | | |  |
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INSTRUCTIONS

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| **PURPOSE:** | | Documents the strategies and tactics of each (activated) Section or Branch, resources required, and the composition of the Section or Branch assigned. | |
| **ORIGINATION:** | | Planning Section Chief | |
| **COPIES TO:** | | All IMT staff. Duplicate and attach as part of the IAP if not using the IAP Quick Start. | |
| **NOTES:** | | An abbreviated NHICS 204 is included in the IAP Quick Start. Additions may be made to the form to meet the organization’s needs. | |
| Number | Title | | Instructions |
| **1** | **Incident Name** | | Enter the name assigned to the incident. |
| **2** | **Operational Period** | | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **3** | **Section** | | Enter the name of the Section and Section Chief. |
| **4** | **Branch (if applicable)** | | Enter the name of the Branch and Branch Director, if the form is for a specific Branch. |
| **5** | **5a. Section/Branch Objectives** | | Utilizing the Incident Objectives (NHICS 202), develop objectives as they relate to the Section/Branch. Enter objectives to focus on for the designated operational period. |
| **5b. Strategies / Tactics** | | For each objective, document the strategies/tactics to accomplish that objective. |
| **5c. Resources Required** | | For each strategy/tactic, document the resources required to accomplish that objective. |
| **5d. Section/Branch Assigned to** | | For each strategy/tactic, document the Section/Branch assigned to that strategy/tactic. |
| **6** | **Assigned this  Operational Period** | | Enter the names, titles of staff activated and location of the Section/Branch |
| **7** | **Special Information /Considerations** | | Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pick-up points, or other information. |
| **8** | **Prepared by** | | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |