| **1. Incident Name** | | | | **2. Prepared by:** (name)  Date:       Time: | | | | INCIDENT BRIEFING  ICS 201-CG |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, overflight 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** | | | | | | | | |
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| **6. Current Organization** (fill in additional appropriate organization)            Safety Officer  Liaison Officer  Public Information Officer  Operations Section  Planning Section  Logistics Section  Finance Section | | | | | | | | |
| **7. Resources Summary**  Resource | | Resource Identifier | Date  Time  Ordered | | On-  Scene  ETA (X) | | NOTES: (Location/Assignment/Status) | |
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