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| **1. Incident Name** | **2. Operational Period (Date/Time)**  From: To: | | **INCIDENT ORGANIZATION**  **CHART ICS 207-CG** |
| **Incident Commander(s)/Unified Command**  PUBLIC INFORMATION OFFICER  SAFETY OFFICER  AGENCY REPS.  OPERATIONS SECTION CHIEF  PLANNING SECTION CHIEF  LOGISTICS SECTION CHIEF  FINANCE/ADMIN SECTION CHIEF  STAGING AREA MANAGER  TECHNICAL SPECIALISTS  SITUATION UNIT LEADER  RESOURCE UNIT LEADER  DOCUMENTATION UNIT LEADER  DEMOBILIZATION UNIT LEADER  SUPPORT BRANCH DIRECTOR  SUPPLY UNIT LEADER  FACILITIES UNIT LEADER  VESSEL SUPPORT UNIT LEADER  GROUND SUPPORT UNIT LEADER  SERVICE BRANCH DIRECTOR  FOOD UNIT LEADER  MEDICAL UNIT LEADER  COMMUNICATIONS UNIT LEADER  COST UNIT LEADER  TIME UNIT LEADER  PROCUREMENT UNIT LEADER  COMPENSATION UNIT LEADER  Indicates initial contact point  INTELLIGENCE OFFICER  LIAISON OFFICER  3. | | | |
| **4. Prepared By: (Resources Unit Leader)** | | **5. Date/Time Prepared:** | |