



NHICS 201 | INCIDENT BRIEFING

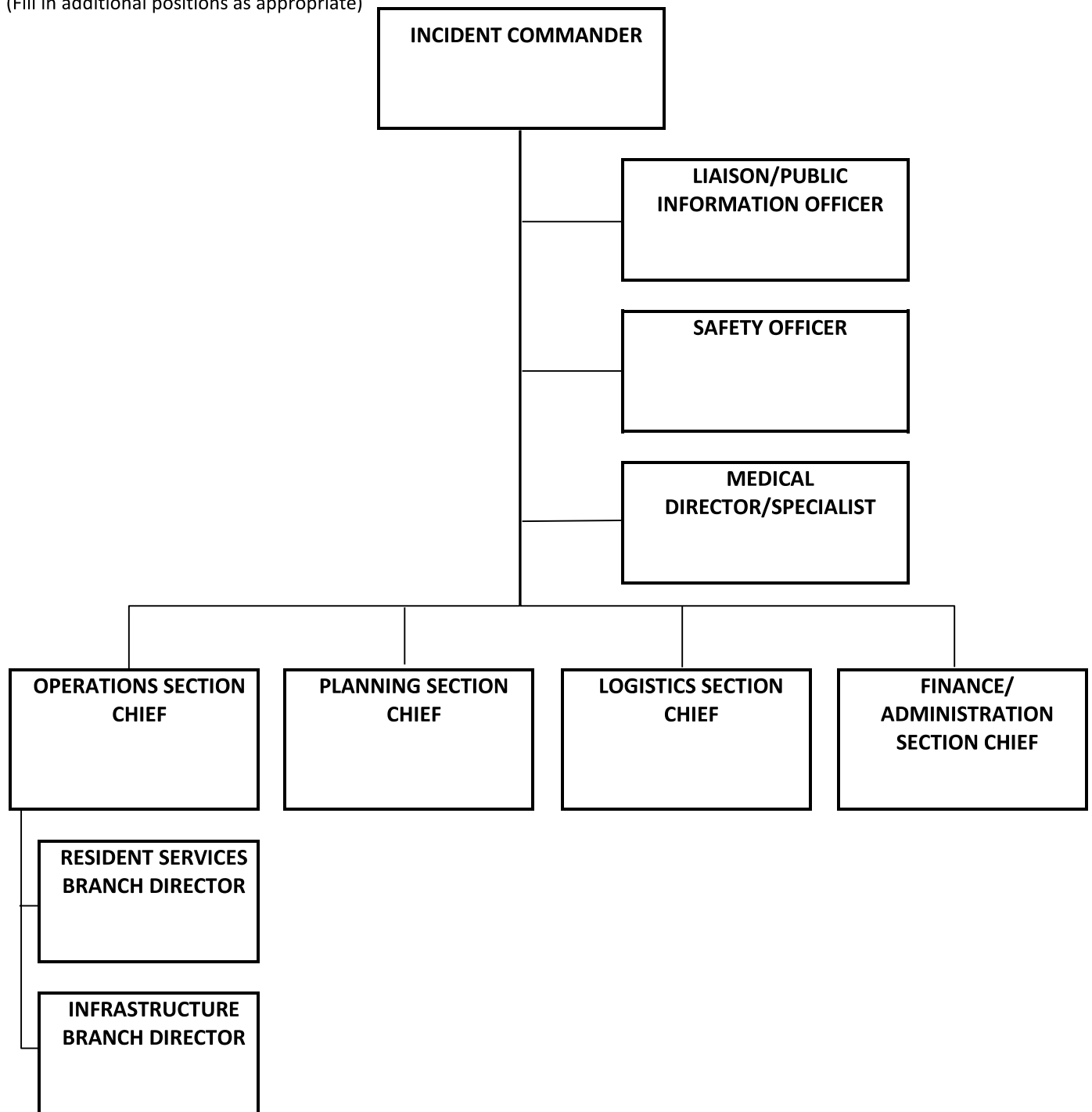
1. INCIDENT NAME		2. OPERATIONAL PERIOD		
		DATE:	FROM:	TO:
		TIME:	FROM:	TO:
3. SITUATION SUMMARY (for briefings or transfer of command)				
4. HEALTH AND SAFETY BRIEFING Identify potential incident health and safety hazards and implement necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. (Summary of NHICS 215a)				
1.				
2.				
3.				
4.				
5. MAP/ SKETCH (Attach sketch showing the total area of operations, the incident site/area/ impacted and threatened areas, and/or other graphics depicting situational status and resource assignment, as needed.)				
<input type="checkbox"/> See Attached				

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6. CURRENT ORGANIZATION

(Fill in additional positions as appropriate)



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7. INCIDENT OBJECTIVES

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8. SUMMARY OF CURRENT AND PLANNED ACTIONS

TIME	ACTIONS

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9. SUMMARY OF RESOURCES REQUESTED AND ASSIGNED

RESOURCE	DATE/TIME ORDERED	ETA	DATE/TIME ARRIVED	NOTES (LOCATION/ ASSIGNMENT/ STATUS)

10. PREPARED BY	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

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INSTRUCTIONS

- PURPOSE:** Provides the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.
- ORIGINATION:** Incident Commander (or designee) for presentation to the staff or later to the incoming Incident Commander along with a detailed oral briefing.
- COPIES TO:** All IMT staff
- NOTES:** If additional pages are needed for any form page, use a blank NHICS 201 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.
- * Three versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat fillable PDF, Visio and Microsoft Word.

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	Situation Summary	Concise statement of the status and information regarding the current situation.
4	Health and Safety Briefing	Enter the summary of health and safety issues and instructions.
5	Map / Sketch	Attach as necessary: floor plans, maps, sketches of impacted area, or response diagrams. North should be at the top of the page unless noted otherwise.
6	Current Organization	Enter the names of the individuals assigned to each position directly onto the Incident Management Team (IMT) chart.
7	Incident Objectives	Enter the objectives used for the incident.
8	Summary of Current and Planned Actions	Enter the current and planned actions and time (24-hour clock) they may or did occur. If additional pages are needed, use a blank sheet or another NHICS 201, and adjust page numbers accordingly.
9	Summary of Resources Requested and Assigned	Enter information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another NHICS 201 (page 4), and adjust page numbers accordingly.

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NUMBER	TITLE	INSTRUCTIONS
	Resource	Enter the number and category, kind, or type of resource ordered.
	Date / Time Ordered	Enter the date (m/d/y) and time (24-hour clock) the resource was ordered.
	ETA	Enter the estimated time of arrival (ETA) to the incident (24-hour clock).
	Date / Time Arrived	Enter the date (m/d/y) and time (24-hour clock) the resource arrived.
	Notes	Enter notes such as the assigned location of the resource and/or the actual assignment and status.
10	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.