


APPENDIX 4 TO THE BASIC PLAN

FEMA FORMS

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INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: HHMM
4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment): 		
5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.		
6. Prepared by: Name: _____	Position/Title: _____	Signature: _____
ICS 201, Page 1	Date/Time: _____	

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From: Date Time From: HHMM	Date To: Date Time To: HHMM															
3. Objective(s):																		
4. Operational Period Command Emphasis:																		
General Situational Awareness																		
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at: _____																		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table border="0"><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td>Other Attachments:</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td><td><input type="checkbox"/> _____</td></tr></table>				<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	Other Attachments:	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	Other Attachments:																
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____																
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____																
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____																
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____																
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____																		
8. Approved by Incident Commander: Name: _____ Signature: _____																		
ICS 202	IAP Page	Date/Time: Date																

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period:		Date From: Date	Date To: Date
				Time From: HHMM	Time To: HHMM
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs		Chief			
		Deputy			
Deputy		Staging Area			
Safety Officer		Branch			
Public Info. Officer		Branch Director			
Liaison Officer		Deputy			
4. Agency/Organization Representatives:			Division/Group		
Agency/Organization	Name	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Branch Director			
		Deputy			
5. Planning Section:			Division/Group		
Chief		Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
		Division/Group			
		Division/Group			
		Division/Group			
6. Logistics Section:			Division/Group		
Chief		Division/Group			
Deputy		Air Operations Branch			
Support Branch		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief			
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name:		Position/Title:		Signature: _____	
ICS 203	IAP Page	Date/Time: Date			

ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operational Period: Date From: <u> Date </u> Date To: <u> Date </u> Time From: <u> HHMM </u> Time To: <u> HHMM </u>		3. Branch: _____ Division: _____ Group: _____ Staging Area: _____	
4. Operations Personnel:		<u>Name</u>		<u>Contact Number(s)</u>	
Operations Section Chief:		_____		XXX-XXX-XXXX	
Branch Director:		_____		XXX-XXX-XXXX	
Division/Group Supervisor:		_____		XXX-XXX-XXXX	
5. Resources Assigned:			# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
6. Work Assignments:					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Name	/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
	/				
	/				
	/				
	/				
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 204		IAP Page		Date/Time: <u> Date </u>	

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared: Date: <input type="text"/> Time: <input type="text"/>	3. Operational Period: Date From: <input type="text"/> Time From: <input type="text"/>
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4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: Signature:

ICS 205

IAP Page

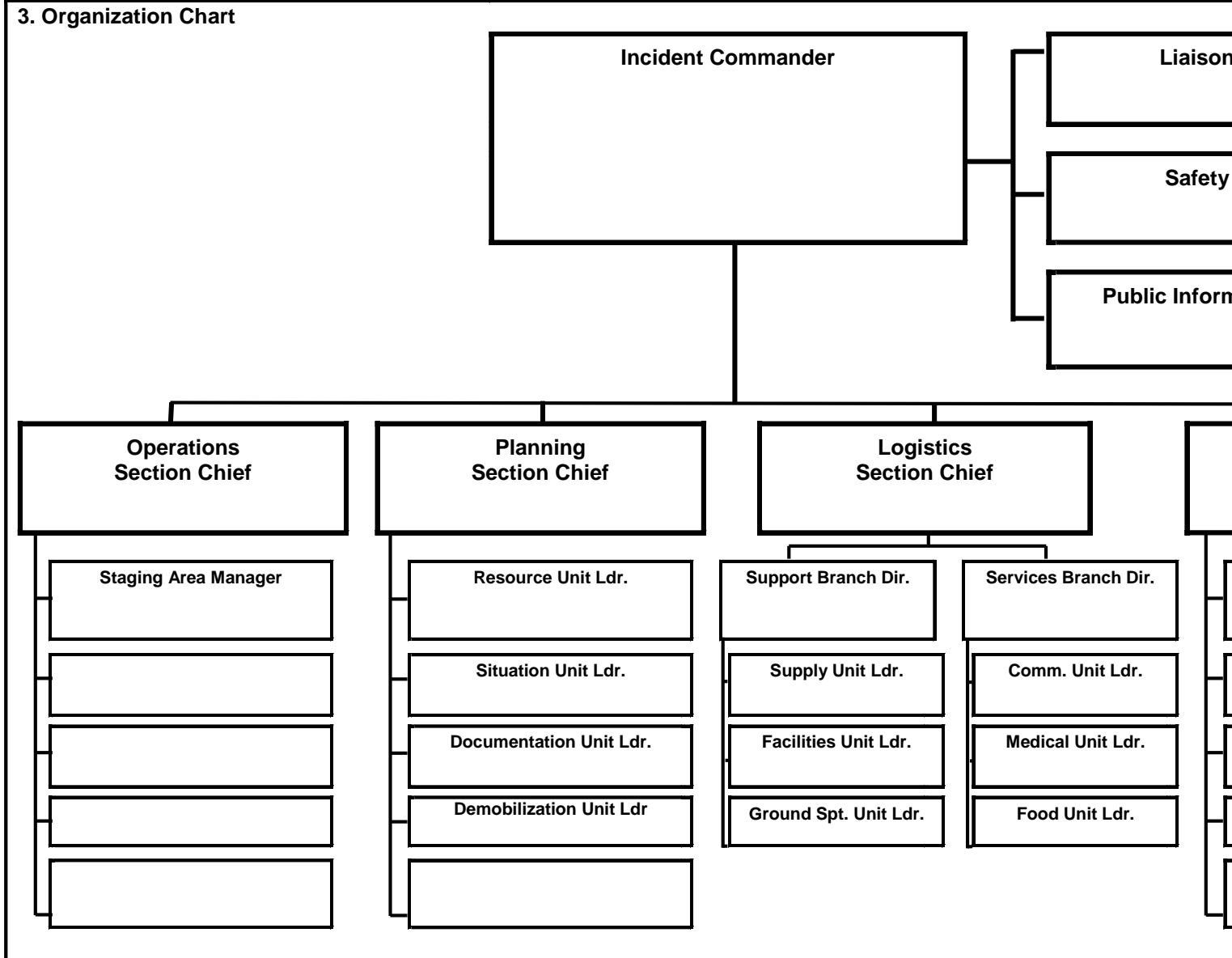
Date/Time:

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period:		Date From: Date	Date To: Date		
				Time From: HHMM	Time To: HHMM		
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____				Signature: _____			
8. Approved by (Safety Officer): Name: _____				Signature: _____			
ICS 206		IAP Page		Date/Time: Date			

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: Date Time From: HHMM	Date To: Date Time To: HHMM
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ICS 207	IAP Page	4. Prepared by: Name: _____	Position/Title: _____	Signature: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From: Date Time From: HHMM	Date To: Date Time To: HHMM
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:			
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:			
5. Prepared by: Name:		Position/Title:	Signature: _____
ICS 208	IAP Page	Date/Time: Date	

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		2. Incident Number:		
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final		*4. Incident Commander(s) & Agency or Organization:		5. Incident Management Organization:
				*6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., “sq mi,” “city block”):	8. Percent (%) Contained Completed	*9. Incident Definition:	10. Incident Complexity Level:	*11. For Time Period: From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____		*13. Date/Time Submitted Time Zone:
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____		*15. Primary Location, Organization, or Agency Sent To:

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			

INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Incident Number:	3. Check-In Location (complete all that apply):			
		<input type="checkbox"/> Base	<input type="checkbox"/> Staging Area	<input type="checkbox"/> ICP	<input type="checkbox"/> Helibase
		<input type="checkbox"/> Other			

Check-In Information (use reverse of form for remarks or comments)

5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:							6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point, Date and Time	13. Method of Travel	
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF									

ICS 211	17. Prepared by:	Name: _____	Position/Title: _____	Signature: _____
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GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date: Date	6. Time HHMM
7. Message:		
8. Approved by: Name: _____ Signature: _____ Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: _____		
ICS 213	Date/Time: Date	

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:	2. Incident Number:
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3. Date/Time Prepared: Date: Date Time: HHMM	4. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM
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5. Incident Area	6. Hazards/Risks	7. Mitigations

8. Prepared by (Safety Officer): Name: _____	Signature: _____
Prepared by (Operations Section Chief): Name: _____	Signature: _____
ICS 215A	Date/Time: Date

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:				2. Operational Period: Date From: Date Time From: HHMM										Date Time				
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources														7. Overhead Position(s)	
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
ICS 215	11. Total Resources Required																	14.
	12. Total Resources Have on Hand																	Nam
	13. Total Resources Need To Order																	

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

1. Incident Name:	2. Incident Number:	3. Date/Time Prepared: Date: <input type="text"/> Time: <input type="text"/>	4. Vehicle/Equipment
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5. Vehicle/Equipment Information

Order Request Number	Incident ID No.	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/ Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID No.	Inc Assigned

ICS 218	6. Prepared by: Name: <input type="text"/>	Position/Title: <input type="text"/>	Signature: <input type="text"/>
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ICS 219 Resource Status Card (T-Card)

Purpose. Resource Status Cards (ICS 219) are also known as “T-Cards,” and are used by the Resources Unit to record status and location information on resources, transportation, and support vehicles and personnel. These cards provide a visual display of the status and location of resources assigned to the incident.

Preparation. Information to be placed on the cards may be obtained from several sources including, but not limited to:

- Incident Briefing (ICS 201).
- Incident Check-In List (ICS 211).
- General Message (ICS 213).
- Agency-supplied information or electronic resource management systems.

Distribution. ICS 219s are displayed in resource status or “T-Card” racks where they can be easily viewed, retrieved, updated, and rearranged. The Resources Unit typically maintains cards for resources assigned to an incident until demobilization. At demobilization, all cards should be turned in to the Documentation Unit.

Notes. There are eight different status cards (see list below) and a header card, to be printed front-to-back on cardstock. Each card is printed on a different color of cardstock and used for a different resource category/kind/type. The format and content of information on each card varies depending upon the intended use of the card.

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Acronyms. Abbreviations utilized on the cards are listed below:

- AOV: Agency-owned vehicle
- ETA: Estimated time of arrival
- ETD: Estimated time of departure
- ETR: Estimated time of return
- O/S Mech: Out-of-service for mechanical reasons
- O/S Pers: Out-of-service for personnel reasons
- O/S Rest: Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft
- POV: Privately owned vehicle

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:		2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM				3. Sunrise:
4. Remarks (safety notes, hazards, air operations special equipment, etc.):			5. Ready Alert Aircraft: Medivac: New Incident:			6. Tempora Altitude: Center Point:
			8. Frequencies:		AM	FM
			Air/Air Fixed-Wing			
7. Personnel:	Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following			
Air Operations Branch Director		XXX-XXX-XXXX	Air/Ground			
Air Support Group Supervisor		XXX-XXX-XXXX	Command		Other Fixed-Wing:	
Air Tactical Group Supervisor		XXX-XXX-XXXX	Deck Coordinator			
Helicopter Coordinator		XXX-XXX-XXXX	Take-Off & Landing Coordinator			
Helibase Manager		XXX-XXX-XXXX	Air Guard			
10. Helicopters (use additional sheets as necessary):						
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Status	
11. Prepared by: Name: _____			Position/Title: _____		Signature: _____	
ICS 220, Page 1			Date/Time: Date _____			

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name:		2. Incident Number:	
3. Planned Release Date/Time: Date: <u> </u> <u> </u> Time: <u>HHMM</u>	4. Resource or Personnel Released:	5. Order Request Number:	
<p>6. Resource or Personnel: You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).</p>			
LOGISTICS SECTION			
<input type="checkbox"/>	Unit/Manager	Remarks	Name Signature
<input type="checkbox"/>	Supply Unit		
<input type="checkbox"/>	Communications Unit		
<input type="checkbox"/>	Facilities Unit		
<input type="checkbox"/>	Ground Support Unit		
<input type="checkbox"/>	Security Manager		
<input type="checkbox"/>			
FINANCE/ADMINISTRATION SECTION			
<input type="checkbox"/>	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>	Time Unit		
<input type="checkbox"/>			
<input type="checkbox"/>			
OTHER SECTION/STAFF			
<input type="checkbox"/>	Unit/Other	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>			
PLANNING SECTION			
<input type="checkbox"/>	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>	Documentation Leader		
<input type="checkbox"/>	Demobilization Leader		
7. Remarks:			
8. Travel Information:			
Estimated Time of Departure: <u> </u>		Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination: <u> </u>		Actual Release Date/Time: <u> </u>	
Travel Method: <u> </u>		Estimated Time of Arrival: <u> </u>	
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Information While Traveling: <u> </u>	
Number: <u> </u>		Area/Agency/Region Notified: <u> </u>	
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Incident Name: <u> </u>		Incident Number: <u> </u>	
Location: <u> </u>		Order Request Number: <u> </u>	
10. Prepared by: Name: <u> </u>		Position/Title: <u> </u>	Signature: <u> </u>
ICS 221		Date/Time: <u>Date</u>	

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED <u>ONLY</u> FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT						
1. Name:		2. Incident Name:			3. Incident Number:	
4. Home Unit Name and Address:				5. Incident Agency and Address:		
6. Position Held on Incident:		7. Date(s) of Assignment: From: <input type="text"/> Date To: <input type="text"/> Date		8. Incident Complexity Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		9. Incident Definition:
10. Evaluation						
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
11. Knowledge of the Job/ Professional Competence: Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)	<input type="checkbox"/>	Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs.	<input type="checkbox"/>	Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs.	<input type="checkbox"/>	Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work.
12. Ability To Obtain Performance/Results: Quality, quantity, timeliness, and impact of work.	<input type="checkbox"/>	Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve.	<input type="checkbox"/>	Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness.	<input type="checkbox"/>	Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement.
13. Planning/ Preparedness: Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).	<input type="checkbox"/>	Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information.	<input type="checkbox"/>	Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed.	<input type="checkbox"/>	Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact.
14. Using Resources: Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).	<input type="checkbox"/>	Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods.	<input type="checkbox"/>	Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste.	<input type="checkbox"/>	Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency.
15. Adaptability/Attitude: Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.	<input type="checkbox"/>	Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations.	<input type="checkbox"/>	Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities.	<input type="checkbox"/>	Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change.
16. Communication Skills: Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.	<input type="checkbox"/>	Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread.	<input type="checkbox"/>	Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously.	<input type="checkbox"/>	Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives.