

ICS-209 Fields and How Often They Change

Rarely Changes	Sometimes Changes	Always Changes
*1. Incident Name	*4. Incident Commander(s) & Agency or Organization	*3. Report Version
*2. Incident Number	5. Incident Management Organization	7. Current Incident Size or Area Involved
*6. Incident Start Date/Time	*9. Cause and *Strategy %	8a. Percent (%) Contained or Completed
*9. Incident Type	10. Incident Complexity Level	8b. Total % of Perimeter that will be Contained or Completed
*16. State	*12. Prepared By	*11. For Time Period
*17. County/Parish/Borough	*13. Approved By	*28. Observed Fire Behavior or Significant Events for the Time Period Reported
18. City	*14. Date/Time Submitted	41. Planned Actions for Next Operational Period
19. Unit or Other	*15. Primary Location, Organization, or Agency Sent To	*45. Estimated Incident Costs to Date
20. Incident Jurisdiction	29. Primary Fuel Model, Materials, or Hazards Involved	
*21. Incident Location Ownership	30. Damage Assessment Information	
*22. Latitude/Longitude	31. Public Status Summary	
23. US National Grid Reference	32. Responder Status Summary	
24. Legal Description (township, section, range)	33. Life, Safety, and Health Status/Threat Remarks	
*25. Short Location or Area Description	*34. Life, Safety, and Health Threat Management	
26. UTM Coordinates	35. Weather Concerns	
27. Available geospatial data	*36. Projected Incident Activity, Potential, Movement, Escalation, or Spread	
37. Strategic Objectives	*38. Current Incident Threat Summary and Risk Information	
	39. Critical Resource Needs	
	40. Strategic Discussion	
	42. Projected Final Incident Size/Area	
	43. Anticipated Incident Containment or Completion Date	
	44. Projected Significant Resource Demobilization Start Date	
	46. Projected Final Incident Cost Estimate	
	47. Remarks	
	48. Agency or Organization	
	49. Resources	
	50. Additional Personnel	
	51. Total Personnel	
	52. Total Resources	

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		*2. Incident Number:		
*3. Report Version (check one box on left): <input type="radio"/> Initial Rpt # <input type="radio"/> Update (if used): <input type="radio"/> Final	*4. Incident Commander(s) & Agency or Organization:	5. Incident Management Organization: Dropdown menu options: Type 1 Team, Type 2 Team, Type 3 Team, Type 3 IC, Type 4 IC, Type 5 IC, Area Command, and NIMO	*6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____	
7. Current Incident Size or Area Involved (use unit label – e.g., “Acres”, “Square Miles”):	8a. Percent (%) Contained or Completed: _____	*9. Incident Type: _____ *Cause: _____ *Strategy: _____ %	10. Incident Complexity Level: Dropdown menu options include Type 1 to Type 5 Incident	*11. For Time Period: From Date/Time: _____ To Date/Time: _____
	b. Total % of Perimeter that will be Contained or Completed: _____	Monitor		
		Confine		
		Point Zone Protection		
		Full Suppression		

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	*14. Date/Time Submitted: Time Zone:
*13. 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. Latitude (indicate format): Longitude (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 geospatial data available (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Observed Fire Behavior or Significant Events for the Time Period Reported (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents): These are a dropdown menu in the application – in addition to space for a written narrative. User may select one out of the following: Extreme, Active, Moderate, or Minimal. User may select three of the following: Crowning, Short Crown Runs, Uphill Runs, Wind Driven Runs, Running, Flanking, Backing, Creeping, Torching, Group Torching, Single Tree Torching, Isolated Torching, Spotting, Long-range Spotting, Short-range Spotting, and Smoldering.				
29. Primary Fuel Model, Materials, or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc): User has the option to select three of the following fuel models from a dropdown menu: Short Grass, Timber (Grass and Understory), Tall Grass, Chaparral, Brush, Dormant Brush/Hardwood Slash, Southern Rough, Closed Timber Litter, Hardwood Litter, Timber (Litter and Understory), Light Logging Slash, Medium Logging Slash, and Heavy Logging Slash. There is also space for a written narrative.				
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 (up to 72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Multiple Residences			
	G. Mixed Commercial / Residential			
	H. Nonresidential Commercial Property			
I. Other Minor Structures				
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INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
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Additional Incident Decision Support Information

31. Public Status Summary:	A. # This Reporting Period	B. Total # to Date	32. Responder Status Summary:	A. # This Reporting Period	B. Total # to Date
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing (note if estimated)			G. Missing		
H. Evacuated (note if estimated)			H. Evacuated		
I. Sheltering in Place (note if estimated)			I. Sheltering in Place		
J. In Temporary Shelters (note if est.)			J. In Temporary Shelters		
K. Have Received Mass Immunizations			K. Have Received Immunizations		
L. Require Immunizations (note if est.)			L. Require Immunizations		
M. In Quarantine			M. In Quarantine		
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		

33. Life, Safety, and Health Status/Threat Remarks:	*34. Life, Safety, and Health Threat Management:
	Check if Active
	A. No Likely Threat <input type="radio"/>
	B. Potential Future Threat <input type="radio"/>
	C. Mass Notifications in Progress <input type="radio"/>
	D. Mass Notifications Completed <input type="radio"/>
	E. No Evacuation(s) Imminent <input type="radio"/>
	F. Planning for Evacuation <input type="radio"/>
	G. Planning for Shelter-in-Place <input type="radio"/>
	H. Evacuation(s) in Progress <input type="radio"/>
	I. Shelter-in-Place in Progress <input type="radio"/>
	J. Repopulation in Progress <input type="radio"/>
	K. Mass Immunization in Progress <input type="radio"/>
	L. Mass Immunization Complete <input type="radio"/>
	M. Quarantine in Progress <input type="radio"/>
	N. Area Restriction in Effect <input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>

***36. Projected Incident Activity, Potential, Movement, Escalation, or Spread** and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

37. Strategic Objectives (define planned end-state for incident):

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:

2. Incident Number:

Additional Incident Decision Support Information (continued)

***38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.** Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

42. Projected Final Incident Size/Area (use unit label – e.g., “Acres”, “Square Miles”):

43. Anticipated Incident Containment or Completion Date:

44. Projected Significant Resource Demobilization Start Date:

***45. Estimated Incident Costs to Date:**

46. Projected Final Incident Cost Estimate:

47. Remarks (or continuation of any blocks above – list block number in notation):

Incident Resource Commitment Summary

48. Agency or Organization:	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top 1/2 of box, show # of personnel associated with resource on bottom 1/2 of box):														50. Additional Personnel not assigned to a resource:	51. Total Personnel (includes those associated with resources – e.g., aircraft or engines – and individual overhead):					
Drop down menu in the application.																					
52. Total Resources:																					
53. Additional Cooperating and Assisting Organizations Not Listed Above:																					

* Required when applicable.