

ENGINE-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE _____

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___ TIME _____ HRS (24 HOUR TIME)

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN _____

ENGINE: PUMP GPM: _____

TANK: _____

HARD SUCTION: YES () NO () SIZE _____ NUMBER _____

INTAKE FOR DRAFTING: FRONT () REAR ()

SUPPLY HOSE: SIZE _____ LENGTH _____

FOAM: A () B () CAFS ()

RESCUE EQUIP: () JAWS, () AIR BAGS, () ALS

OTHER: _____

PERSONNEL:

SPECIALTIES:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

ADDITIONAL RESOURCE INFORMATION:

ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___

DEMOBILIZE APPROVAL: _____ ICS-221 YES () NO ()

IC: () OPERATIONS: () PLANNING: () LOGISTICS: ()