

# LADDER-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 \_\_\_\_\_

LADDER: LENGTH: \_\_\_\_\_ TYPE \_\_\_\_\_

LADDER: ( ) PLATFORM ( ) TOWER: ( )  
WATER FLOW FROM PIPES: \_\_\_\_\_ PREPIPED ( )  
( ) PUMP: GPM \_\_\_\_\_  
( ) SUPPLY HOSE: SIZE \_\_\_\_\_ LENGTH \_\_\_\_\_  
RESCUE EQUIP: ( ) JAWS ( ) AIR BAGS ( ) ALS  
OTHER: \_\_\_\_\_

PERSONNEL: \_\_\_\_\_ SPECIALTIES: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

ADDITIONAL RESOURCE INFORMATION:  
\_\_\_\_\_

INITIAL ASSIGNMENT: \_\_\_\_\_

DEMOBILIZED: TIME: \_\_\_\_\_ HRS DATE: \_\_\_/\_\_\_/\_\_\_

DEMOBILIZE APPROVAL: \_\_\_\_\_ ICS-221 Yes ( ) NO ( )

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