

LEADER/UTILITY-MANIFEST

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

LEADER COMMAND VEHICLE () UTILITY UNIT ()

INCIDENT NAME: _____

REPORTING LOCATION _____

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

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN: _____ OTHER CHANNELS: _____

CELL PHONE: _____

COMMAND VEHICLE: 4WD () UTILITY VEHICLE: 4WD ()

EQUIPMENT:

AC ELECTRIC POWER: () WATTAGE: _____

CHAIN SAW: () OTHER SAWS _____

PORTABLE PUMP: FIRE () DEWATER ()

OTHER INFORMATION:

PERSONNEL:

SPECIALTY

1. _____

2. _____

3. _____

4. _____

ADDITIONAL RESOURCE INFORMATION:

INITIAL ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ____/____/____

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

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