

TENDER-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: _____

TENDER: () TACTICAL () SUPPORT TYPE: _____

TANK CAPACITY: _____
PUMP: _____ GPM. PRESSURE: _____ CLASS A ()
VACUUM: ()
DUMP RATE: _____ GPM OR TIME: _____
FILL RATE: _____ GPM OR TIME: _____
FOLDING TANK: () SIZE: _____
OTHER:

PERSONNEL:

SPECIALTIES:

1. _____

2. _____

3. _____

4. _____

5. _____

ADDITIONAL RESOURCE INFORMATION:

INITIAL ASSIGNMENT: _____

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

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

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