ASSIGNMENT LIST (D 204)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:	3. **Branch:**

4. Department Name:

_____ Department Representative:

Name   Contact Number(s)

Branch Director: _____

Unit Leader: _____

Unit:

_____ **:**

_____ **:**

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment)**:**

Name/Function   Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

_____ / _____   _____

_____ / _____   _____

_____ / _____   _____

_____ / _____   _____

9. Prepared by: Name:_____ Position/Title:_____ Signature: _____

D 204	**IAP Page** ____	Date/Time: _____

D 204
Assignment List

Purpose. The Assignment List(s) (D 204) is used to document resources and work assignments by the Emergency Manager or Department Representatives. Once the Emergency Manager or Department Representatives determine the assignments, the assignment information is given to the appropriate Branches and Units in the field, if they exist.

Preparation. The D 204 is normally prepared by the Emergency Manager or Department Representatives as part of the Incident Action Plan (IAP)/Emergency Action plan (EAP) development process. It should be provided to the Emergency Manager.

Distribution. The D 204 is duplicated and attached to the D 202 and given to all recipients as part of the IAP/EAP. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms should be given to the Emergency Manager.

Notes:

- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank D 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Branch** **Unit**	Enter the name of the Branch and Unit.

4	**Operations Personnel**
	• Name, Contact Number(s)
	  – Department Representative
	  – Branch Director
	  – Unit Leader
		Enter the name and contact numbers of the Department Representative, applicable Branch Director, and Unit Leader.

5	**Resources Assigned**	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	**Work Assignments**	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Branch or Unit.
7	**Special Instructions**	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	**Communications** (radio and/or phone contact numbers needed for this assignment) • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Enter specific communications information (including emergency numbers) for this Branch/Unit. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed.
9	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).