

OPERATIONAL PLANNING WORKSHEET	Incident Name:		Operational Period: (Date / Time)								OPERATIONAL PLANNING WORKSHEET ICS 215 - EPA				
			From: To:												
	Branch	Division / Group or Location	Work Assignments	Resource / Equipment											
				Resource									Notes / Remarks	Reporting Location	Requested Arrival Time
				Req. Have Need											<input type="checkbox"/>
				Req. Have Need											<input type="checkbox"/>
				Req. Have Need											<input type="checkbox"/>
				Req. Have Need											<input type="checkbox"/>
				Req. Have Need											<input type="checkbox"/>
				Req. Have Need											<input type="checkbox"/>
			Req. Have Need											<input type="checkbox"/>	
			Req. Have Need											<input type="checkbox"/>	
			Req. Have Need											<input type="checkbox"/>	
Total Resources Required											Prepared By:		(Date/ Time)		
Total Resources on Hand											Name/Position:				
Total Resources Needed															