|  |  |  |
| --- | --- | --- |
| **1. Incident Name:** | **2. Operational Period (Date / Time)** | **ORGANIZATION ASSIGNMENT LIST****ICS 203 - EPA** |
|       | From:       To:       |  |
| **3. INCIDENT COMMANDER / COMMAND STAFF:** | **7. OPERATION SECTION:** |
| Incident Commander(s) |       | Chief |       |
| Deputy |       | Deputy |       |
| Safety Officer |       | Deputy |       |
| Information Officer |       | Staging Area Manager |       |
| Liaison Officer |       |  |       |
|       |       |  |       |
| **4. AGENCY REPRESENTATIVES:** | **Branch 1** |  |
| Agency | Name | Director |       |
|       |       | Deputy |       |
|       |       | Division/Group |      |       |
|       |       | Division/Group |      |       |
|       |       | Division/Group |      |       |
|       |       | Division/Group |      |       |
| **5. PLANNING SECTION:** | **Branch 2**  |  |
| Chief |       | Director |       |
| Deputy |       | Deputy |       |
| Resources Unit |       | Division/Group |      |       |
| Situation Unit |       | Division/Group |      |       |
| Environmental Unit |       | Division/Group |      |       |
| Documentation Unit |       | Division/Group |      |       |
| Demobilization Unit |       | **Branch 3**  |  |
| Technical Specialist |       | Director |       |
| Technical Specialist |       | Deputy |       |
|       |       | Division/Group |      |       |
|       |       | Division/Group |      |       |
| **6. LOGISTICS SECTION:** | Division/Group |      |       |
| Chief |       | Division/Group |      |       |
| Deputy |       | **8. FINANCE/ADMINISTRATION SECTION:** |
|       |       | Chief |       |
|       |       | Deputy |       |
| **a. Support Branch** | Time Unit |       |
| Director |       | Procurement Unit |       |
| Supply Unit |       | Compensation/Claims Unit |       |
| Facilities Unit |       | Cost Unit |       |
| Ground Support Unit |       | **NOTES:** |
| Transportation Unit |       |  |
| **b. Service Branch** |  |
| Director |       |  |
| Communications Unit |       |  |
| Medical Unit |       |  |
| Food Unit |       |  |
| **9. Prepared By: (RESL)**  |  **(Date / Time)** |
| Name:       | Signature:      |       |
| **ORGANIZATION ASSIGNMENT LIST ICS 203 - EPA *(Rev 02/10)*** |