
UNIT III: DIRECTION AND CONTROL FOR TERRORIST INCIDENTS

Functional Responsibilities Checklist.....	III-1
Does the Plan Address Direction and Control?	III-5
Incident Briefing (ICS Form 201)	III-6
Incident Objectives (ICS Form 202).....	III-12
Organization Assignment List (ICS Form 203)	III-14
Division Assignment List (ICS Form 204)	III-16
Incident Organization Chart (ICS Form 207)	III-17
Incident Status Summary (ICS Form 209).....	III-19
Status Change Card (ICS Form 210).....	III-20
Check-in List (ICS Form 211)	III-21
Unit Log (ICS Form 214).....	III-22
Operational Planning Worksheet (ICS Form 215)	III-24

FUNCTIONAL RESPONSIBILITIES CHECKLIST¹

This checklist presents one way to show agency responsibility for primary functions during a terrorist response. Use the checklist as a starting point when reviewing your existing Direction and Control Annex and determining what changes are required for controlling a terrorist incident. Feel free to add, delete, or otherwise modify the functions and responsibilities on this checklist to fit your jurisdiction’s predicted needs and structure.

Note that the persons responsible for the function should be the decision makers who will act based on consultation with experts and may designate a spokesperson or other delegate to actually carry out the function or make an announcement.

FUNCTION	RESPONSIBILITY
<p>Direction and Control</p>	<p>Local:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chief Elected Official <input type="checkbox"/> Emergency Manager <input type="checkbox"/> Fire Chief <input type="checkbox"/> Police Chief <p>State:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Governor’s Office <input type="checkbox"/> Emergency Management Director <p>Federal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FBI Special Agent in Charge <input type="checkbox"/> FEMA Representatives <p>Other specialists in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Public health implications of the incident <input type="checkbox"/> Agent identification, containment, and decontamination
<p>Protective Action Directives</p>	<p>Local:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chief Elected Official (based on recommendations of responsible agency personnel) <p>State:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Governor <p>Federal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FBI Special Agent in Charge

¹ Developed from the National Domestic Preparedness Office *WMD Planning Guide*.

FUNCTIONAL RESPONSIBILITIES CHECKLIST (CONTINUED)

FUNCTION	RESPONSIBILITY
Warning	Local: <input type="checkbox"/> Central dispatch <input type="checkbox"/> Emergency Manager <input type="checkbox"/> Incident Commander State: <input type="checkbox"/> Governor's Office Federal: <input type="checkbox"/> FBI Special Agent in Charge <input type="checkbox"/> President <input type="checkbox"/> President's designees (e.g., Attorney General; Director, CDC)
EOC Activation	Local: <input type="checkbox"/> Chief Elected Official <input type="checkbox"/> Emergency Manager
On-scene Evacuations	Local: <input type="checkbox"/> Incident Commander Federal: <input type="checkbox"/> FBI Special Agent in Charge
General Evacuations	Local: <input type="checkbox"/> Chief Elected Official <input type="checkbox"/> Emergency Manager State: <input type="checkbox"/> Governor <input type="checkbox"/> Emergency Management Director Federal: <input type="checkbox"/> FBI Special Agent in Charge
Search and Rescue/Search and Recovery	Local: <input type="checkbox"/> Incident Commander

FUNCTIONAL RESPONSIBILITIES CHECKLIST (CONTINUED)

FUNCTION	RESPONSIBILITY
Emergency Communications (not public)	Local: <input type="checkbox"/> Central dispatch <input type="checkbox"/> RACES Coordinator <input type="checkbox"/> Law Enforcement Communications Group
Emergency Public Information	Local: <input type="checkbox"/> Public Information Officer ² <input type="checkbox"/> Chief Elected Official or designee State: <input type="checkbox"/> State Public Information Officer <input type="checkbox"/> Governor or designated spokesperson Federal: <input type="checkbox"/> FBI Special Agent in Charge or designated spokesperson <input type="checkbox"/> President or President's designee
Damage Assessment	Local: <input type="checkbox"/> Specialty engineers (e.g., civil, structural, etc.) <input type="checkbox"/> Public Works Chief <input type="checkbox"/> Planning Department personnel
Debris Clearance³	Local: <input type="checkbox"/> Public Works Chief <input type="checkbox"/> Road Commission Chief <input type="checkbox"/> Specialty Engineers

² Although the Chief Elected Official and others will provide briefings to the media, it is recommended that individuals who are knowledgeable in the type of incident, agent, or operation address technical areas to ensure that accurate information is disseminated to the public. These individuals should be designated before an incident occurs and, if necessary, be trained in media relations. It is not recommended that the Emergency Manager be designated as a chief spokesperson to the media.

³ May be contracted. Debris clearance should be supervised by one of these persons in coordination with State and Federal representatives, as necessary.

FUNCTIONAL RESPONSIBILITIES CHECKLIST (CONTINUED)

FUNCTION	RESPONSIBILITY
Triage/Immediate Treatment	Local: <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Fire Department
Health Care/Medical Services	Local: <input type="checkbox"/> Public Health Chief <input type="checkbox"/> Local hospital administrators in coordination with directors of emergency medicine <input type="checkbox"/> Local medical schools State: <input type="checkbox"/> State Department of Public Health Federal: <input type="checkbox"/> Department of Health and Human Services (e.g., CDC)
Immediate Needs (Sheltering, Food Distribution, etc.)	Local: <input type="checkbox"/> Local Human Services Director <input type="checkbox"/> Local Chapter American Red Cross <input type="checkbox"/> Other shelter providers
Donations Management	Local: <input type="checkbox"/> Local Human Services Director <input type="checkbox"/> Local Chapter American Red Cross State: <input type="checkbox"/> State Donations Coordinator (in conjunction with State VOAD) Federal: <input type="checkbox"/> Federal Donations Coordinator (in conjunction with VOAD)
Mortuary Services	Local: <input type="checkbox"/> Coroner
Transportation	Local: <input type="checkbox"/> Local Human Services Director <input type="checkbox"/> School Transportation Coordinator

DOES THE PLAN ADDRESS PROVISIONS FOR DIRECTION AND CONTROL?	YES	NO
Using an Incident Command System to command, control, and coordinate the use of resources and personnel (to include defining the direction and control structure that will be used at the incident site)	<input type="checkbox"/>	<input type="checkbox"/>
Increasing readiness (alert/activation of response teams, emergency operations centers, control centers, etc.) based on threat level	<input type="checkbox"/>	<input type="checkbox"/>
Synchronizing threat levels for all organizations involved in response operations	<input type="checkbox"/>	<input type="checkbox"/>
Alert and notification protocols for all organizations involved in response operations	<input type="checkbox"/>	<input type="checkbox"/>
Informing response team members about the health risks associated with exposure to the hazard so that they are aware of the of the appropriate protective posture to take when responding	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring response team members that respond to the incident site deploy with the appropriate personal protective equipment and review safety and operating procedures for 1) working at the incident site, 2) the use of protective gear, detection and decontamination devices, 3) self aid and hazard avoidance techniques, 4) interoperable communications and communication procedures, etc. before entering the “hot zone”	<input type="checkbox"/>	<input type="checkbox"/>
Searching the impacted area to find and remove the injured/dead, secondary devices, and inspect damage	<input type="checkbox"/>	<input type="checkbox"/>
Using modeling data to estimate the spread of contamination and the size of the downwind/crosswind hazard zone.	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring facilities impacted by the attack are secured and access is restricted	<input type="checkbox"/>	<input type="checkbox"/>
Restricting, rerouting, or suspending services in and around the impacted area and closure of transportation facilities, as appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Protecting response teams and equipment located at the incident site	<input type="checkbox"/>	<input type="checkbox"/>
Securing and protecting evidence found at the incident site (also known as the crime scene)	<input type="checkbox"/>	<input type="checkbox"/>
Reporting suspicious activities in or near the incident site	<input type="checkbox"/>	<input type="checkbox"/>
Integrating arriving state and federal responders into the on-scene organization	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring the environment and response personnel	<input type="checkbox"/>	<input type="checkbox"/>
Defining the area at risk	<input type="checkbox"/>	<input type="checkbox"/>
Controlling access to the incident site	<input type="checkbox"/>	<input type="checkbox"/>
Complying with state and federal regulations for decontamination	<input type="checkbox"/>	<input type="checkbox"/>
Disposing of contaminated materials that cannot be decontaminated	<input type="checkbox"/>	<input type="checkbox"/>
Determining when the area impacted by the attack is safe for re-entry	<input type="checkbox"/>	<input type="checkbox"/>
Allowing the public to re-enter the area impacted by the attack	<input type="checkbox"/>	<input type="checkbox"/>
Decontaminating and restoring infrastructure and facilities impacted by the attack	<input type="checkbox"/>	<input type="checkbox"/>
Using liaisons to facilitate intergovernmental coordination during response operations	<input type="checkbox"/>	<input type="checkbox"/>

INCIDENT BRIEFING (ICS FORM 201)

Purpose: The Incident Briefing form provides the Incident Commander (and the Command and General Staffs assuming command of the incident) with basic information regarding the incident situation and the resources allocated to the incident. It also serves as a permanent record of the initial response to the incident.

Preparation: The briefing is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing. Proper symbology should be used when preparing a map of the incident.

Distribution: After the initial briefing of the Incident Commander and General Staff members, the Incident Briefing is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The sketch map and summary of current action portions of the briefing form are given to the Situation Unit while the Current Organization and Resources Summary portion are given to the Resources Unit.

Instructions for Completing the Incident Briefing (ICS Form 201)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Map Sketch	Show perimeter and control lines, resources assignments, incident facilities, and other special information on a sketch map or attached to the topographic or orthophoto map.
5.	Prepared By	Enter the name and position of the person completing the form.
	Resources Ordered	Enter the number and type of resource ordered.
	Resource Identification	Enter the agency three-letter designator, S/T, Kind/Type and resource designator.
	ETA/On Scene	Enter the estimated arrival time and place the arrival time or a checkmark in the "on the scene" column upon arrival.
	Location/Assignment	Enter the assigned location of the resource and/or the actual assignment.

INCIDENT BRIEFING (ICS FORM 201)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
6.	Summary of Current Actions	Enter the strategy and tactics used for the incident and note any specific problem areas.
7.	Current Organization	Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary.
8.	Resources Summary	Enter the following information about the resources allocated to the incident. Enter the number and type of resources ordered.
*NOTE		Additional pages may be added to ICS Form 201 if needed.

INCIDENT BRIEFING (ICS FORM 201) (CONTINUED)

7. Current Organization										
<table border="1" style="margin: auto; width: 60%;"><tr><td style="text-align: center;">INCIDENT COMMANDER</td></tr><tr><td style="height: 20px;"></td></tr></table>			INCIDENT COMMANDER							
INCIDENT COMMANDER										
<table border="1" style="margin: auto; width: 80%;"><tr><td style="text-align: center; width: 33%;">PLANNING</td><td style="text-align: center; width: 33%;">OPERATIONS</td><td style="text-align: center; width: 33%;">LOGISTICS</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>			PLANNING	OPERATIONS	LOGISTICS					
PLANNING	OPERATIONS	LOGISTICS								
<table border="1" style="margin: auto; width: 80%;"><tr><td style="text-align: center; width: 25%;">DIV./GROUP _____</td><td style="text-align: center; width: 25%;">DIV./GROUP _____</td><td style="text-align: center; width: 25%;">DIV./GROUP _____</td><td style="text-align: center; width: 25%;">AIR</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>			DIV./GROUP _____	DIV./GROUP _____	DIV./GROUP _____	AIR				
DIV./GROUP _____	DIV./GROUP _____	DIV./GROUP _____	AIR							
<table border="1" style="margin: auto;"><tr><td style="width: 100%; height: 100px; vertical-align: top;"><hr/><hr/><hr/><hr/><hr/></td></tr></table>			<hr/> <hr/> <hr/> <hr/> <hr/>							
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ICS 201 (12/93) NFES 1325	Page 3									

INCIDENT BRIEFING (ICS FORM 201) (CONTINUED)

8. Resource Summary				
Resources Ordered	Resources Identification	ETA	On Scene ✓	Location/Assignment
ICS 201 (12/93) NEFS 1325	Page 4			

INCIDENT OBJECTIVES (ICS FORM 202)

Instructions for Completing the Incident Objectives (ICS Form 202)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		NOTE: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered complete until attachments are included.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5.	General Control Objectives (Include alternatives)	Enter short, clear, and concise statements of the objectives for managing the incident, including alternatives. The control objectives usually apply for the duration of the incident.
6.	Weather Forecast for Operational Period	Enter weather prediction information for the specified operational period.
7.	General Safety Message	Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached.
8.	Attachments	The form is ready for distribution when appropriate attachments are completed and attached to the form.
9.	Prepared By	Enter the name and position of the person completing the form (usually the Planning Section Chief).
10.	Approved By	Enter the name and position of the person approving the form (usually the Incident Commander).

ORGANIZATION ASSIGNMENT LIST (ICS FORM 203)

Purpose: The Organization Assignment List provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position or unit. It is used to complete the Incident Organization Chart (ICS Form 207) which is posted on the Incident Command Post display.

Preparation: The list is prepared and maintained by the Resources Unit under the direction of the Planning Section Chief.

Distribution: The Organization Assignment List is duplicated and attached to the Incident Objectives form and given to all recipients of the Incident Action Plan.

Instructions for Completing the Organization Assignment List (ICS Form 203)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		An Organization Assignment List may be completed any time the number of personnel assigned to the incident increases or decrease or a change in assignment occurs.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the assignment list applies. Record the start time and end time and include date(s).
5 through 10.		Enter the names of personnel staffing each of the listed positions. Use at least first initial and last name. For Units indicate Unit Leader and for Division/Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated.
	Prepared By	Enter the name of the Resources Unit member preparing the form. Attach form to the Incident Objectives.

ORGANIZATION ASSIGNMENT LIST (ICS FORM 203) (CONTINUED)

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED																						
<p>5. INCIDENT COMMANDER AND STAFF</p> <p>INCIDENT COMMANDER _____</p> <p>DEPUTY _____</p> <p>SAFETY OFFICER _____</p> <p>INFORMATION OFFICER _____</p> <p>LIAISON OFFICER _____</p>		<p>4. OPERATIONAL PERIOD (DATE/TIME)</p>																								
<p>6. AGENCY REPRESENTATIVES</p> <table border="1"> <thead> <tr> <th>AGENCY</th> <th>NAME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>		AGENCY	NAME																					<p>9. OPERATIONS SECTION</p> <p>CHIEF _____</p> <p>DEPUTY _____</p> <p>a. BRANCH I - DIVISION/GROUPS</p> <p>BRANCH DIRECTOR _____</p> <p>DEPUTY _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>b. BRANCH II - DIVISION/GROUPS</p> <p>BRANCH DIRECTOR _____</p> <p>DEPUTY _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>c. BRANCH III - DIVISION/GROUPS</p> <p>BRANCH DIRECTOR _____</p> <p>DEPUTY _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>DIVISION/GROUP _____</p> <p>d. AIR OPERATIONS BRANCH</p> <p>AIR OPERATIONS BR. DIR. _____</p> <p>AIR TACTICAL GROUP SUP. _____</p> <p>AIR SUPPORT GROUP SUP. _____</p> <p>HELICOPTER COORDINATOR _____</p> <p>AIR TANKER/FIXED-WING CRD. _____</p>		
AGENCY	NAME																									
<p>7. PLANNING SECTION</p> <p>CHIEF _____</p> <p>DEPUTY _____</p> <p>RESOURCES UNIT _____</p> <p>SITUATION UNIT _____</p> <p>DOCUMENTATION UNIT _____</p> <p>DEMOBILIZATION UNIT _____</p> <p>TECHNICAL SPECIALISTS _____</p>		<p>10. FINANCE SECTION</p> <p>CHIEF _____</p> <p>DEPUTY _____</p> <p>TIME UNIT _____</p> <p>PROCUREMENT UNIT _____</p> <p>COMPENSATION/CLAIMS UNIT _____</p> <p>COST UNIT _____</p>																								
<p>8. LOGISTICS SECTION</p> <p>CHIEF _____</p> <p>DEPUTY _____</p> <p>a. SUPPORT BRANCH</p> <p>DIRECTOR _____</p> <p>SUPPLY UNIT _____</p> <p>FACILITIES UNIT _____</p> <p>GROUND SUPPORT UNIT _____</p> <p>b. SERVICE BRANCH</p> <p>DIRECTOR _____</p> <p>COMMUNICATIONS UNIT _____</p> <p>MEDICAL UNIT _____</p> <p>FOOD UNIT _____</p>		<p>PREPARED BY (RESOURCES UNIT) _____</p>																								
<p>203 ICS 1-82</p>		<p>NFES 1327</p>																								

INCIDENT ORGANIZATION CHART (ICS FORM 207)

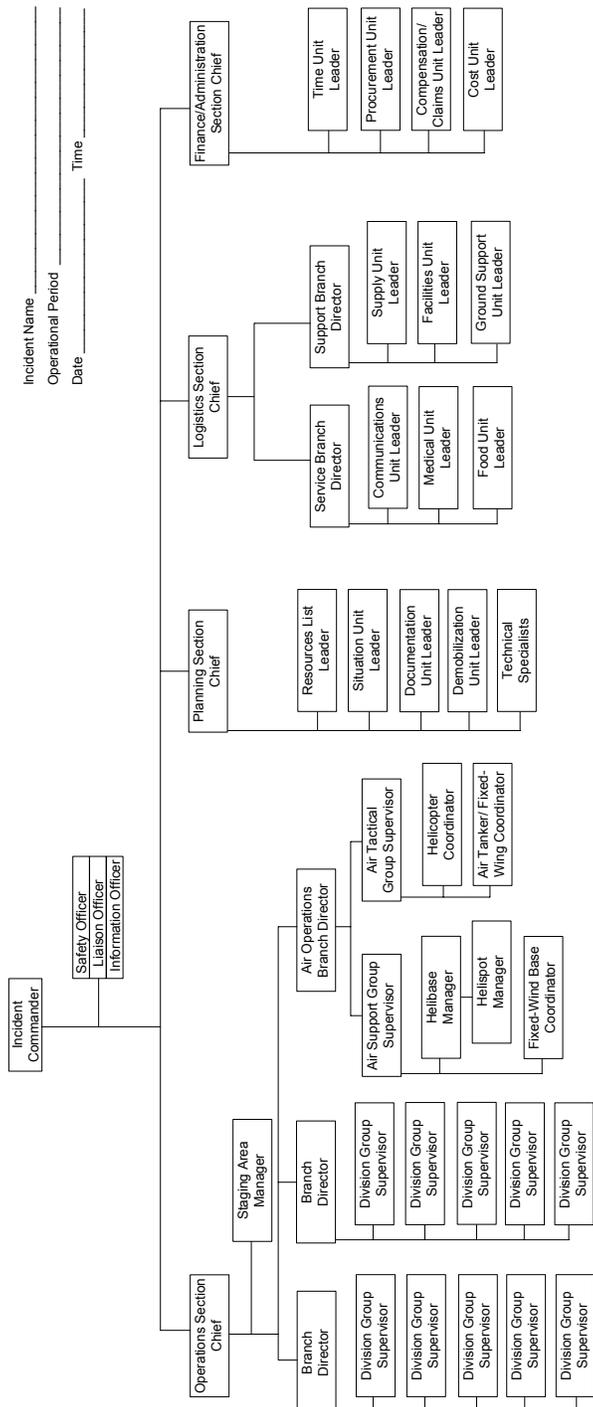
Purpose: The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. The attached chart is an example of the kind of organizational chart used in the ICS. Personnel responsible for managing organizational positions would be listed in each box as appropriate.

Preparation: The organization chart is prepared by the Resources Unit and posted along with other displays at the Incident Command Post. A chart is completed for each operational period and updated when organizational changes occur.

Distribution: When completed, the chart is posted on the display board located at the Incident Command Post.

Wall Size Chart: The ICS 207 WS is a large chart that is primarily used to post on the command post display board for better visibility.

INCIDENT ORGANIZATION CHART (ICS FORM 207) (CONTINUED)



DESIGNATOR
NAME/ID. NO. _____

STATUS

ASSIGNED AVAILABLE O/S REST
 O/S MECHANICAL O/S PERSONNEL

_____ ETR (O/S = Out of Service)

FROM	LOCATION	TO
	DIVISION	
	STAGING AREA	
	BASE/ICP	
	CAMP	
	ENROUTE	ETA
	HOME AGENCY	

MESSAGE

RESTAT
PROCESS

TIME _____

ICS 210 STATUS CHANGE CARD

11-81 *Previous editions of this form may be used*

CHECK-IN LIST (ICS FORM 211)

