INCIDENT STATUS SUMMARY (NIMS ICS 209)

	IIIOIDL	.141 0	11/11/00/0		(1.41		_00)				
*1. Incident Name:			2. Incident Number:								
*3. Report Version (check one box on left):  O Initial Rpt # O Update (if used): O Final	*4. Incident Control Agency or Organization		` '	5. Incident Management Organization:		*6. Incident Start Date/Time:  Date:  Time:  Time Zone:					
7. Current Incident Size or Area Involved (use unit label – e.g., "sq mi," "city block"):	8. Percent (%) Contained Completed		Incident finition:	10. Incident Complexity Level:		*11. For Time Period:  From Date/Time:  To Date/Time:					
Approval & Routing Informa	ation										
*12. Prepared By: Print Name: Date/Time Prepared:						3. Date/Time s	. Date/Time Submitted: ne Zone:				
*14. Approved By: Print Name: Signature:	IC:	S Positio	n:			5. Primary Location, Organization, or gency Sent To:					
Incident Location Information	on			·							
*16. State:		*17. Co	unty/Parish/Bo	orough:		*18. City:					
19. Unit or Other:		*20. Inc	ident Jurisdict	iion:		21. Incident Location Ownership (if different than jurisdiction):					
22. Longitude (indicate form	nat):	23. US 1	National Grid F	Reference:		24. Legal Description (township, section,					
Latitude (indicate format):						range):					
*25. Short Location or Area	cted areas or a	reference point):	rdinates:	dinates:							
27. Note any electronic geo labels):	ospatial data inc	cluded o	r attached (ind	icate data format,	con	tent, and colle	ction time infor	mation and			
Incident Summary											
*28. Observed Fire Behav terminology. For non-fire incid								epted			
29. Primary Materials or Ha	azards Involved	(hazardo	ous chemicals,	fuel types, infection	ous a	agents, radiatio	on, etc.):				
30. Damage Assessment Ir damage and/or restriction of residential or commercial procritical infrastructure and key	use or availability perty, natural re	y to sources,	F. Noni	le Residences residential	B. #	Threatened (72 hrs)	C. # Damaged	D. # Destroyed			
	Other M Structu	-									
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## **INCIDENT STATUS SUMMARY (ICS 209)**

	LINIS	SUMMARY (ICS 209)									
*1. Incident Name:			2. Incident Number:								
Additional Incident Decision Support Information											
	A. # This			A. # This							
*31. Public Status Summary:	Reporting Period	B. Total # to Date	*32. Responder Status Summary:	Reporting Period	B. Total # to Date						
C. Indicate Number of Civilians (Public) Be		10 = 0.10	C. Indicate Number of Responders Below:		10 = 0.10						
D. Fatalities			D. Fatalities								
E. With Injuries/Illness			E. With Injuries/Illness								
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue								
G. Missing (note if estimated)			G. Missing								
H. Evacuated (note if estimated)			H. Sheltering in Place								
I. Sheltering in Place (note if estimated)			I. Have Received Immunizations								
J. In Temporary Shelters (note if est.)			J. Require Immunizations								
K. Have Received Mass Immunizations			K. In Quarantine								
L. Require Immunizations (note if est.)											
M. In Quarantine											
N. Total # Civilians (Public) Affected:			N. Total # Responders Affected:								
33. Life, Safety, and Health Status/Threa	t Remarks:	:	*34. Life, Safety, and Health Threat Management:	A. Check	c if Active						
			A. No Likely Threat		)						
			B. Potential Future Threat		)						
					)						
			C. Mass Notifications in Progress								
			D. Mass Notifications Completed	0							
			E. No Evacuation(s) Imminent		0						
			F. Planning for Evacuation		0						
			G. Planning for Shelter-in-Place	(	)						
35. Weather Concerns (synopsis of currer			H. Evacuation(s) in Progress	(	)						
weather; discuss related factors that may of	ause conce	rn):	I. Shelter-in-Place in Progress	(	)						
	J. Repopulation in Progress	(	)								
	K. Mass Immunization in Progress	(	)								
		L. Mass Immunization Complete	(	)							
			M. Quarantine in Progress	(	)						
			N. Area Restriction in Effect	О							
				(	)						
					)						
				O							
				o							
36. Projected Incident Activity, Potential	l, Movemen	t, Escalatio	I n, or Spread and influencing factors during t								
period and in 12-, 24-, 48-, and 72-hour tim			, , ,	•							
12 hours:											
24 hours:											
48 hours:											
72 hours:											
Anticipated after 72 hours:											
37. Strategic Objectives (define planned end-state for incident):											
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## INCIDENT STATUS SUMMARY (ICS 209)

	TATUS SUMMART (ICS 209)								
*1. Incident Name: 2. Incident Number:									
Additional Incident Decision Support Information (continued)									
38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.									
12 hours:									
24 hours:									
48 hours:									
72 hours:									
Anticipated after 72 hours:									
39. Critical Resource Needs in 12-, 24-, 48-, and 72-category, kind, and/or type, and amount needed, in pr	-hour timeframes and beyond to meet critical incident objectives. List resource iority order:								
12 hours:									
24 hours:									
48 hours:									
72 hours:									
Anticipated after 72 hours:	Anticipated after 72 hours:								
<ul><li>40. Strategic Discussion: Explain the relation of o</li><li>1) critical resource needs identified above,</li><li>2) the Incident Action Plan and management objec</li><li>3) anticipated results.</li></ul>	verall strategy, constraints, and current available information to:								
	erational challenges, incident management problems, and social, impacts.								
41. Planned Actions for Next Operational Period:									
42. Projected Final Incident Size/Area (use unit labe	el – e.g., "sq mi"):								
43. Anticipated Incident Management Completion Date:									
44. Projected Significant Resource Demobilization Start Date:									
45. Estimated Incident Costs to Date:									
46. Projected Final Incident Cost Estimate:									
47. Remarks (or continuation of any blocks above – list block number in notation):									
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## INCIDENT STATUS SUMMARY (ICS 209)

1. Incident Name:												2. 1	ncic	lent	Nur	nbe	r:				 	
Incident Resource Co	omm	nitme	ent	Sum	ımaı	ry															 	
	res	sourc	ces	on to	op ½	mma of l	arize oox,	rese show	ourc N#(	es b	y ca ersor	atego nnel	ory, l	kind, ociat	and ed v	d/or the	type; reso	; sho urce	w # on	of	rsonnel	51. Total Personnel
48. Agency or Organization:																					50. Additional Personnel not assigned to a resource:	(includes those associated with resources – e.g., aircraft or engines – and individual overhead):
52. Total Resources																						
53. Additional Coope	∍ratii	ng a	.nd /	Assi	sting	g Oı	rgar	nizat	ions	3 Not	: Lis	ted	Abc	ve:								
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