

1. Incident Name	2. Prepared by: (name) Date: _____ Time: _____	INCIDENT BRIEFING ICS 201-CG
-------------------------	--	---------------------------------

5. Initial Response Objectives, Current Actions, Planned Actions	

1. Incident Name	2. Prepared by: (name) Date: _____ Time: _____	INCIDENT BRIEFING ICS 201-CG
------------------	---	---------------------------------

6. Current Organization (fill in additional appropriate organization)

— Safety Officer _____

— Liaison Officer _____

— Public Information Officer _____

Operations Section

Planning Section

Logistics Section

Finance Section

