

HICS 204 - ASSIGNMENT LIST

1. Incident Name St. Elsewhere Loss of Water		2. Operational Period (# 1) DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200	
3. Section Operations Section Chief Alexander Hamilton		4. Branch Infrastructure Branch Director Clara Barton	
5a. Branch / Unit Related Objectives	5b. Strategies / Tactics	5c. Resources Required	5d. Unit Assigned to
Provide portable handwashing stations to every nursing unit, laboratory, food services, surgery, Emergency Department, and Outpatient Services by 1000.	Place portable handwashing stations at each location noted in 5a.	22 portable handwashing stations 22 sets paper towels 22 sets handwashing soap and dispensers	Water/Sewer Unit Leader
Provide 2 – 24 case 16oz bottles water to each nursing unit and department in the hospital by 0930.	1. Deliver 2 – 24 case 16oz bottle to each nursing unit and department from the emergency water cache in the Disaster Trailer. 2. Send order to Logistics to replace used cache. 3. Communicate with Planning Section on additional water bottles for staff and patient needs.	150 24 case 16oz water bottles	Operations Water/Sewer Unit Leader and Logistics Supply Unit Leader
6. Unit(s) Assigned this Operational Period			



Purpose: Documents strategies/tactics of each Section or Branch, resources to accomplish them, and the composition of the Unit assigned
Origination: Each Section Chief and Branch Director activated
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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Unit Name Water/Sewer	Unit Name	Unit Name	Unit Name	Unit Name	Unit Name
Leader Name Star Lord	Leader Name	Leader Name	Leader Name	Leader Name	Leader Name
Unit Location Facilities Office	Unit Location	Unit Location	Unit Location	Unit Location	Unit Location
Unit Members / Teams	Unit Members / Teams	Unit Members / Teams	Unit Members / Teams	Unit Members / Teams	Unit Members / Teams
Moot					
Groot					
Rocket Raccoon					
Mantis					

7. Special Information / Considerations

Contact managers on each unit and each department to ensure proper placement of handwashing stations and water supplies.

8. Prepared by

PRINT NAME: Clara Barton

SIGNATURE: *Clara Barton*

DATE/TIME: 19-DEC-2019

FACILITY: ST. ELSEWHERE HOSPITAL



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PURPOSE: The HICS 204 - Assignment List documents the strategies and tactics of each (activated) Section or Branch, the resources required, and the composition of the Unit assigned.

ORIGINATION: Prepared by the individual Section Chiefs or Branch Directors and submitted to the Planning Section as part of the Incident Action Plan (IAP).

COPIES TO: Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.

NOTES: If additional pages are needed, use a blank HICS 204 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Section	Enter the name of the Section and Section Chief.
4	Branch	Enter the name of the Branch and Branch Director, if the form is for a specific Branch.
5	5a. Branch / Unit Related Objectives	Utilizing the Incident Objectives (from HICS 202), develop objectives as they relate to the Branch/Unit. Enter objectives the Branch/Unit needs to focus on for the designated operational period.
	5b. Strategies / Tactics	For each objective, document the strategies/tactics to accomplish that objective.
	5c. Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	5d. Unit Assigned to	For each strategy/tactic, document the Unit assigned to that strategy/tactic.
6	Unit(s) Assigned this Operational Period	Enter the names of the Units activated, the name of the Unit Leader, location of the Unit, and the names of the members and/or teams making up the Unit.
7	Special Information / Considerations	Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pick-up points, or other important information.
8	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.