

INCIDENT STATUS SUMMARY (ICS 209 WF)

| | | | | |
|--|--|--|--|---------------------------------------|
| *1. Incident Name: | | *2. Incident Number: | | |
| *3. Report Version (check one box on left): <input type="radio"/> Initial Rpt # <input type="radio"/> Update (if used): <input type="radio"/> Final | *4. Incident Commander(s) & 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., “Acres”, “Square Miles”): | 8a. Percent (%) Contained or Completed: _____ | *9. Incident Type: _____ | | 10. Incident Complexity Level: |
| | | *Cause: _____ | | |
| | *Strategy: _____ % | | | |
| | Monitor <input type="checkbox"/> | | | |
| | Confine <input type="checkbox"/> | | | |
| Point Zone Protection <input type="checkbox"/> | | | | |
| Full Suppression <input type="checkbox"/> | | | | |
| b. Total % of Perimeter that will be Contained or Completed: _____ | | *11. For Time Period: From Date/Time: _____ To Date/Time: _____ | | |

Approval & Routing Information

| | |
|--|--|
| *12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____ | *14. Date/Time Submitted: Time Zone: _____ |
| *13. Approved By: Print Name: _____ ICS Position: _____ Signature: _____ | *15. Primary Location, Organization, or Agency Sent To: |

Incident Location Information

| | | |
|--|--|--|
| *16. State: | *17. County/Parish/Borough: | 18. City: |
| 19. Unit or Other: | 20. Incident Jurisdiction: | *21. Incident Location Ownership (if different than jurisdiction): |
| *22. Latitude (indicate format): Longitude (indicate format): | 23. US National Grid Reference: | 24. Legal Description (township, section, range): |
| *25. Short Location or Area Description (list all affected areas or a reference point): | | 26. UTM Coordinates: |
| 27. Note any geospatial data available (indicate data format, content, and collection time information and labels): | | |

Incident Summary

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|---|---------------------------------------|------------------------------------|--------------|----------------|
| *28. Observed Fire Behavior or Significant Events for the Time Period Reported (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents): | | | | |
| 29. Primary Fuel Model, Materials, or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc): | | | | |
| 30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.): | A. Structural Summary | B. # Threatened (up to 72 hrs) | C. # Damaged | D. # Destroyed |
| | E. Single Residences | | | |
| | F. Multiple Residences | | | |
| | G. Mixed Commercial / Residential | | | |
| | H. Nonresidential Commercial Property | | | |
| | I. Other Minor Structures | | | |
| ICS 209, Page 1 of ____ | | <i>* Required when applicable.</i> | | |

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| *1. Incident Name: | 2. Incident Number: |
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Additional Incident Decision Support Information

| 31. Public Status Summary: | A. # This Reporting Period | B. Total # to Date | 32. Responder Status Summary: | A. # This Reporting Period | B. Total # to Date |
|--|----------------------------|--------------------|--|----------------------------|--------------------|
| <i>C. Indicate Number of Civilians (Public) Below:</i> | | | <i>C. Indicate Number of Responders Below:</i> | | |
| 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. Evacuated | | |
| I. Sheltering in Place (note if estimated) | | | I. Sheltering in Place | | |
| J. In Temporary Shelters (note if est.) | | | J. In Temporary Shelters | | |
| K. Have Received Mass Immunizations | | | K. Have Received Immunizations | | |
| L. Require Immunizations (note if est.) | | | L. Require Immunizations | | |
| M. In Quarantine | | | M. In Quarantine | | |
| <i>N. Total # Civilians (Public) Affected:</i> | | | <i>N. Total # Responders Affected:</i> | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-----------------|---------------------|-----------------------|----------------------------|-----------------------|-----------------------------------|-----------------------|---------------------------------|-----------------------|------------------------------|-----------------------|----------------------------|-----------------------|----------------------------------|-----------------------|------------------------------|-----------------------|---------------------------------|-----------------------|-----------------------------|-----------------------|----------------------------------|-----------------------|-------------------------------|-----------------------|---------------------------|-----------------------|-------------------------------|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|
| 33. Life, Safety, and Health Status/Threat Remarks: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">*34. Life, Safety, and Health Threat Management:</td> <td style="width: 20%; padding: 5px; text-align: center;">Check if Active</td> </tr> <tr> <td style="padding: 5px;">A. No Likely Threat</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">B. Potential Future Threat</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">C. Mass Notifications in Progress</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">D. Mass Notifications Completed</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">E. No Evacuation(s) Imminent</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">F. Planning for Evacuation</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">G. Planning for Shelter-in-Place</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">H. Evacuation(s) in Progress</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">I. Shelter-in-Place in Progress</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">J. Repopulation in Progress</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">K. Mass Immunization in Progress</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">L. Mass Immunization Complete</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">M. Quarantine in Progress</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;">N. Area Restriction in Effect</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> | *34. Life, Safety, and Health Threat Management: | Check if Active | A. No Likely Threat | <input type="radio"/> | B. Potential Future Threat | <input type="radio"/> | C. Mass Notifications in Progress | <input type="radio"/> | D. Mass Notifications Completed | <input type="radio"/> | E. No Evacuation(s) Imminent | <input type="radio"/> | F. Planning for Evacuation | <input type="radio"/> | G. Planning for Shelter-in-Place | <input type="radio"/> | H. Evacuation(s) in Progress | <input type="radio"/> | I. Shelter-in-Place in Progress | <input type="radio"/> | J. Repopulation in Progress | <input type="radio"/> | K. Mass Immunization in Progress | <input type="radio"/> | L. Mass Immunization Complete | <input type="radio"/> | M. Quarantine in Progress | <input type="radio"/> | N. Area Restriction in Effect | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> |
| *34. Life, Safety, and Health Threat Management: | Check if Active | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. No Likely Threat | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Potential Future Threat | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Mass Notifications in Progress | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Mass Notifications Completed | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. No Evacuation(s) Imminent | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. Planning for Evacuation | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. Planning for Shelter-in-Place | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H. Evacuation(s) in Progress | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Shelter-in-Place in Progress | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J. Repopulation in Progress | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K. Mass Immunization in Progress | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L. Mass Immunization Complete | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M. Quarantine in Progress | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N. Area Restriction in Effect | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

***36. Projected Incident Activity, Potential, Movement, Escalation, or Spread** and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

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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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-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

42. Projected Final Incident Size/Area (use unit label – e.g., “Acres”, “Square Miles”):

43. Anticipated Incident Containment or 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):

