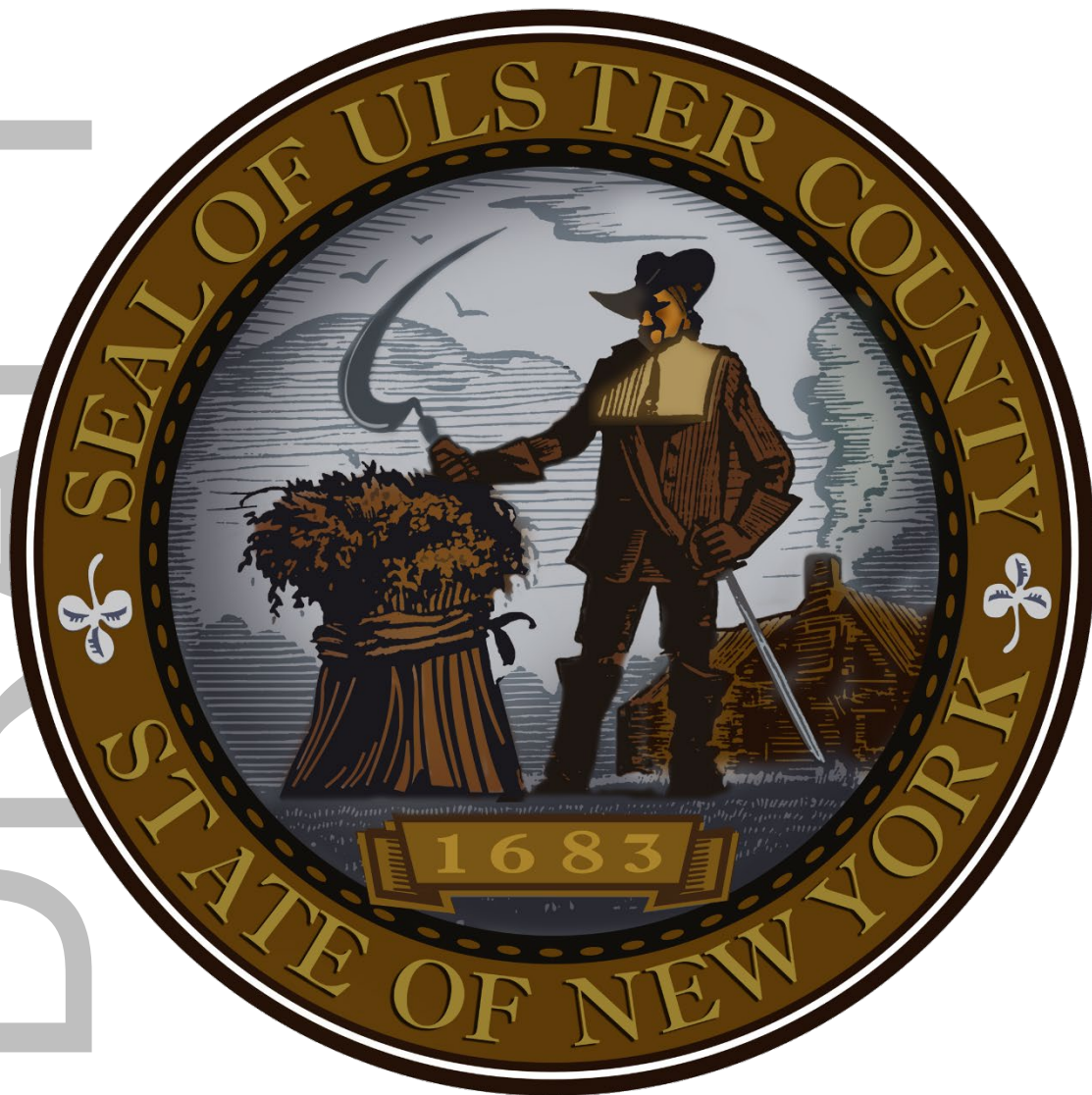


**County of Ulster**  
**Department of Emergency Services**



**Division of Fire Services**  
**Fire Mutual Aid Plan**

Updated May 28<sup>th</sup>, 2019



**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – Table of Contents

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**County of Ulster**  
**Department of Emergency Services**  
**Division of Fire Services**  
**Fire Mutual Aid Plan**

## **I. Purpose**

The purpose of the Ulster County Mutual Aid Plan (the “Plan”) is to define the format, structure, policy and procedure to facilitate organized, supervised, coordinated, cooperative and reciprocal assistance in which fire personnel, equipment and the physical facilities of participating Fire Agencies, for the benefit of the municipalities located in Ulster County, in cases of fire or other emergencies. It is the objective of this Plan to foster cooperation and coordination of firefighting resources throughout the County of Ulster.

This Plan shall amend and restate any previous Ulster County Fire Mutual Aid Plans in their entirety.

It is expected that the Plan participants shall first expend and exhaust all their own resources prior to placing a Mutual Aid Request. Mutual Aid is intended and reserved for extreme circumstances. It is not intended to be routine, nor should it become abusive or an unreasonable burden to the Fire Agencies providing assistance.

## **II. Administration**

The Deputy Director/Fire Coordinator of Ulster County Department of Emergency Services (“UCDES”) assigned to oversee the Division of Fire Services or his designee (the “Fire Coordinator”), as the Chief Administrative Fire Officer, shall be responsible for the administration and execution of the Plan pursuant to New York State County Law 225-a.

## **III. Definitions**

“Battalion” shall refer to six geographical areas designated by UCDES. Each Battalion shall contain approximately seven to thirteen fire departments. One Deputy Fire Coordinator is assigned to each Battalion by the UCDES Fire Coordinator. Each Deputy Fire Coordinator shall respond to events and fires requiring Mutual Aid Assistance in the departments within their assigned Battalion. In addition, they may be called to another Battalion to provide assistance or coverage for a Deputy Fire Coordinator who is not available to respond. The Deputy Fire Coordinators serve as the UCDES liaison to the local fire department. At the request of the on-scene fire chief, or Incident Commander,

the Deputy Fire Coordinator shall secure and coordinate additional resources from assisting agencies to successfully manage the fire or other emergency situation.

“Fire Agencies” shall, for the purpose of this Plan, include Fire Departments, Fire Companies, Fire Districts (incorporated and unincorporated), and shall also include the firefighting unit as may be defined or described in Section 209 of the New York State General Municipal Law (“General Municipal Law”).

“Mutual Aid” or “Fire Mutual Aid” shall refer to organized, supervised, coordinated, cooperative, reciprocal assistance in which personnel, equipment and the physical facilities of the participating Fire Agencies, regardless of type or size, are utilized for the fire and other emergencies in the County of Ulster.

“Automatic Aid” shall mean the pre-arranged (pre-plan) assignment of specific apparatus from one or more jurisdictions to individual locations or alarms of a certain nature in the requesting jurisdiction.

“Interior Firefighter” an interior firefighter is defined as a firefighter who has successfully completed Firefighter I or the equivalent, is certified to wear a respirator/SCBA, is medically cleared for duty as an interior firefighter and is a minimum of 18 years of age.

“Chief”, “Fire Commissioner”, “Trustees” shall refer to the individual in charge of the operations of a particular Fire Agency.

“Incident Commander” shall refer to the individual responsible for incident activities, including the development of strategies and tactics as well as the requesting and release of the Mutual Aid resources. The Incident Commander has overall authority and responsibility for incident operations.

#### **IV. Fire Agencies in Ulster County**

All Fire Agencies in Ulster County are eligible to fully participate in this Plan.

The following is a list of the County’s Fire Agencies:

Accord  
Big Indian  
Bloomington  
Centerville  
Clintondale  
Connelly  
Cottkill  
Cragmoor  
East Kingston  
Ellenville  
Esopus

Gardiner  
Glasco  
High Falls  
Highland  
Hurley  
Kerhonkson  
Kripplebush  
Lomontville  
Malden West Camp  
Marbletown  
Marlborough

Milton  
Modena  
Mt. Marion  
Napanoch  
New Paltz  
Olive  
Phoenicia  
Pine Hill  
Plattekill  
Port Ewen  
Rifton  
Rosendale  
Ruby  
St. Remy

Saugerties  
Sawkill  
Saxton Katsbaan  
Shawangunk Valley  
Stone Ridge  
Spring Lake  
Tillson  
Ulster Hose  
Vly-Atwood  
Walker Valley  
Wallkill  
West Hurley  
Woodstock  
City of Kingston

The following entities may also receive aid and support under this Plan:

- Eastern Correctional Facility
- Wallkill Correctional Facility
- Shawangunk Correctional Facility
- Ulster Correctional Facility
- Mohonk Fire Brigade

Other entities in Ulster County, including state and federal institutions, are eligible to participate in this Plan to the extent allowed by law by filing a resolution in the form attached hereto as Appendix II.

## **V. Plan Participation**

Each Fire Agency participating in this Plan (“Participants”) shall make a good faith effort to respond to each call for the assistance received from The Ulster County Emergency Communications Center also known as “UC911” (“UC911”).

All requests for Mutual Aid must be coordinated through UC911.

A Fire agency may decline to respond to a request based on unit and/or personnel availability.

A Plan Participant may deem certain apparatus unavailable for Mutual Aid response. In such instances, prior written notification of that restriction must be made to Ulster County Department of Emergency Services when becoming a Plan Participant. (For example, a Fire Agency may have special equipment that is restricted to the jurisdiction, e.g. aerial ladder, heavy rescue equipment or equipment that has highway clearance, weight or distance limitations, etc).

A Plan Participant providing Mutual Aid to a requesting Fire Agency shall commit its equipment and manpower to the requesting Fire Agency until released by the incident commander.

Further, it is agreed and understood that during Mutual Aid events:

- The Incident Commander of the requesting Fire Agency retains command of all fire resources assigned to the event until command is transferred or terminated.
- A Fire Agency requesting Mutual Aid to stand by in its headquarters/stations when at all possible should provide a member at each station to facilitate station access and to serve as a guide for subsequent alarms in a requesting department's jurisdiction.
- If the requested Fire Agency cannot fill the Mutual Aid request prior to the second dispatch UC911 will notify the incident commander that the requested Fire Agency is not responding and should ask the incident commander if they would like their initial request to go second dispatch or cancel said request and dispatch a different fire agency.
- It is the obligation of the Incident Commander to release Fire Agencies providing Mutual Aid when they are no longer needed.
- Mutual Aid responders shall refer all media requests for information to the Incident Commander, without comment.

NOTE: Should a Fire Agency respond to an incident and determine the location of the incident is outside of its jurisdiction that Fire Agency shall:

- Notify UC911 of the actual or correct incident location and direct UC911 to notify the Fire Agency having jurisdiction.
- Take appropriate action to control the incident.

**a. Membership**

Any duly established Fire Agency may become a Plan Participant by filing with the Department of Emergency Services, Division of Fire Services; a resolution, local law or ordinance, as jurisdictionally appropriate, which has been duly adopted by its governing body. The resolution form is attached hereto as Appendix III. The resolution shall provide the following:

- Affirm the Fire Agency's intent to participate in the Plan and to comply with its provisions;
- State that there are no resolutions in effect that would restrict the Fire Agency from providing outside service and training;
- State there are currently no limitations, conditions or restrictions on the Fire Agency from providing prompt assistance, and the Fire Coordinator shall be notified in writing if any such limitations are imposed subsequent to the adoption of the resolution;
- State that the Fire Agency shall respond to all calls for assistance from another Fire Agency through UC911.

- Affirm that the Fire Agency's governing body acknowledges and accepts financial responsibility pursuant to applicable law.

**b. Withdrawal from Plan**

Should a participating Fire Agency's ability to provide assistance outside its service area pursuant to section 209 of General Municipal Law be restricted, written notice of such restriction(s) shall be filed with the Fire Coordinator within five (5) days of the adoption of the resolution restricting outside assistance. Withdrawal from the Plan shall become effective on the date noted in the resolution. Withdrawal from the Plan will result in loss of Mutual Aid privileges to that Fire Agency. A Participant withdrawing from the Plan, upon the effective withdrawal date, shall surrender and return all UCDES-owned equipment.

Pursuant to New York State Fire Mobilization and Mutual Aid Plan ("State Plan"), any signatory to a county fire mutual aid plan submitted to the New York State Office for Fire Prevention and Control ("OFPC") for inclusion in the State Plan is automatically a signatory to the State Plan. UCDES will notify the OFPC of the withdrawal of a Plan Participant.

Withdrawal from the Plan shall continue in effect until amended or repealed by the adoption of subsequent resolution, local law or ordinance as set forth in section 209 of the General Municipal Law.

**c. Complaints**

Mutual Aid complaints of any nature, including abuse of the Mutual Aid Plan, should be addressed in writing to the Fire Coordinator for review and investigation.

**VI. Automatic Aid**

"Automatic Aid" shall mean the pre-arranged (pre-plan) assignment of specific apparatus from one or more jurisdictions to individual locations or alarms of a certain nature in the requesting jurisdiction.

Automatic Aid shall not be used to supplement a requesting Fire Agency's inadequate staffing or equipment inventory shortfalls, unless otherwise agreed by parties involved.

Where a Participant is responding to a call for the assistance pursuant to Automatic Aid, then Participants must notify UC911 of its status.

Any pre-planned and/or Automatic Aid responses to a particular structure, area, scenario or district shall be submitted in writing to the Department of Emergency Services. Plan



Participants with Mutual Aid pre-plans and/or Automatic Aid responses are required to immediately notify UC911 in writing when changes are made to those response protocols.

NOTE: Said acknowledgment shall be submitted by the Fire Agency requesting the pre-plan and/or Automatic Aid and the following parties shall sign said acknowledgement:

- Chief of Fire Agencies involved
- Authority Having Jurisdiction

## **VII. Authority of County Officials**

### **a. UC DES Department of Emergency Services Organizational Chart**

The organizational chart for the Department of Emergency Services within Ulster County Department of Emergency Services attached hereto as Appendix IV.

### **b. UC DES Division of Fire Services Organizational Chart**

The organizational chart for the Division of Fire Services within Ulster County Department of Emergency Services attached hereto as Appendix V.

### **c. Fire Coordinator, Battalion Coordinators, Line of Authority and Succession of the Fire Coordinator**

The Deputy Director/Fire Coordinator of UCDES shall appoint and supervise Battalion Coordinators also known as Deputy Fire Coordinators, and assign them to a Battalion or other assignment, to assist with the implementation of the Plan. Battalion Fire Coordinators shall serve at the pleasure of the Deputy Director/Fire Coordinator and may be removed at any time. The Deputy Director/Fire Coordinator shall designate in writing and file in the Office of the County Clerk and of the Clerk of the Ulster County Legislature the order in which Battalion Coordinators are to possess the powers and perform the duties of County Fire Coordinator during the absence of inability to act, pursuant to Section 401 of the County law. Duties and responsibilities as it pertains to the Mutual Aid Plan are attached hereto as Appendix VI.

## **VIII. State Institutions**

Should a state institution request assistance from a Fire Agency, the Fire Agency's ranking officer shall participate in, or establish, a command that will include the institutions liaison. Additional requests from Mutual Aid shall be the responsibility of

the officer in charge. Reimbursement for firefighting costs incurred while fighting such fire are governed by Section 54-e of the New York State Finance Law.

## **IX. Federal Property**

Fire Agencies that engage in fighting a fire on a property under the jurisdiction of the United States may file a claim for reimbursement for the amount of direct expenses and losses incurred by such fire service under 15 U.S.C. §2210.

## **X. Adjacent Counties**

Mutual Aid provided to, or received from Columbia, Delaware, Greene, Sullivan, Dutchess, and Orange Counties shall be authorized by their county fire coordinators (or designee) and coordinated through their respective county Emergency Communications Center with Ulster County Emergency Communications Center.

## **XI. State Fire Mobilization Plan**

### **a. Activation**

In accordance with General Municipal Law Section 209-e and 9 NYCRR Part 205, of the New York State Fire Mobilization and Mutual Aid Plan was established to provide for the mobilization of the personnel and equipment of fire departments whenever: (i) the Governor determines that the public interest so requires; (ii) a municipality determines assistance is required; and (iii) a regional fire administrator determines that assistance, in the addition to the provided for under the local fire mutual aid plan, is required.

The Deputy Director/Fire Coordinator shall, upon the State's request under the State Plan, commit County resources to other counties throughout New York State.

The Deputy Director/Fire Coordinator may, after utilizing all available assistance from within the County, pursuant to General Municipal Law Section 209-e, contact the OFPC to request activation of the State Plan.

Liability for outside aid provided to activation of the State Mutual Aid Plan is governed by Section 209-e and 209-g of the General Municipal Law.

**b. Authority & Responsibility of the Regional Fire Administrator**

The authority and responsibility of the Regional Fire Administrator under the activated State Fire Mobilization and Mutual Aid Plan is established by the New York State Office of Fire Prevention and Control.

**c. County No. 56 Issued Under the State Fire Mobilization & Mutual Aid Plan**

The County Fire Coordinator shall utilize County No. 56 assigned to Ulster County by the State Fire Mobilization and Mutual Aid Plan as the identifier for the Coordinator.

**XII. Coordination with other Emergency Services**

The Fire Coordinator shall develop agreements with appropriate emergency and public service organizations. Resource information on Police, EMS, Utilities, Hospitals, Departments of Public Works, local industries and state and federal agencies capabilities and resources shall be maintained at the EOC and/or UC911. Requests for these services shall be routed through UC911.

The Deputy Director/County Fire Coordinator shall be Chief of Fire Service under the Ulster County comprehensive emergency plan.

**XIII. Operations**

**a. National Incident Management System**

Operations conducted by Fire Agencies associated with the response under this Plan shall be conducted in compliance with the National Incident Management System ("NIMS"). All fire personnel responding pursuant to this Plan shall be trained in the appropriate Incident Command System (ICS) levels appropriate for their position as recommended by the United States Department of Homeland Security. See sample forms in Appendix VII.

**b. Standard Hose Thread**

All apparatus and equipment of the Fire Agencies participating in the Plan shall be equipped with "standard" hose threads as defined by the National Bureau of Standards or have sufficient adapters to permit interconnection with "National Standard" threads. (See General Municipal Law Section 209-e)

### c. Accountability/Credentialing

Fire Agencies supplying Mutual Aid shall ensure that their assigned personnel are properly credentialed when responding to a request for assistance pursuant to this Plan in accordance to the County Accountability System Policy attached hereto as Appendix VIII.

Incident Commanders shall maintain accountability for all personnel operating under their command.

### d. Staffing and Response

Requesting Fire Agencies are depending on appropriate coverage for their district to include on scene and standby assignments. It is the specific expectation of the Ulster County Fire Service that at the scene of any emergency incident, all firefighters will wear the appropriate Personal Protection Equipment (PPE) for the duties to be performed. PPE may include helmet, eye protection, bunker coat, bunker gear, hood, gloves, footwear, SCBA mask, SCBA pack with bottle, and radio equipment. It is further expected that the authority having jurisdiction ensures that each firefighter has been issued appropriate PPE as listed above, the PPE has been properly fitted for that firefighter, the firefighter has been fully trained in its use (including any refresher training required to maintain proficiency), the firefighter has been medically certified to use the PPE and perform assigned duties, and the firefighter has been authorized by the Chief of that firefighter's department to use the issued PPE at the scene of an emergency. The mutual aid staffing and response guideline below provides a baseline for mutual aid responses. Any variation would require the approval or concurrence of the Incident Command requesting the specified resource.

Fire Agencies shall supply the following staffing, if unable to fill the request then UC911 shall be notified that the request cannot be filled:

- **Type I Engines:** four (4) firefighters; three (3) interior firefighters and one (1) driver/operator
- **Aerial:** four (4) firefighters; three (3) interior firefighters and one (1) driver/operator
- **Rescue:** four (4) firefighters; three (3) interior firefighters and one (1) driver/operator
- **Tanker:** two (2) firefighters: one (1) firefighter and one (1) driver/operator
- **Brush Truck, ATV or UTV:** two (2) firefighters: one (1) firefighter and one (1) driver/operator
- **FAST:** (4) Firefighters: three (3) interior/FAST trained firefighters and (1) interior/FAST trained officer or appropriate trained firefighter capable of serving as the acting officer.  
**Boat:** (2) Firefighters: one (1) trained boat operator and (1) officer or appropriate trained firefighter capable of serving as the acting officer and/or the minimum amount of marine personnel necessary for marine rescue or firefighting conditions.

**e. Notification of Presence of Hazardous Materials/Reporting**

General Municipal Law 209-u provides in part that the Fire Chief for each fire department, fire company, etc., that has notice of the presence of Hazardous Materials in their jurisdiction, is required by law to send a copy of the report to the Department of Emergency Services, Division of Fire Services. In addition, General Municipal Law 204-f requires the County to develop a plan for the fire service response to hazardous materials incidents and file that plan with the Office of Fire Prevention and Control for approval. As such, Fire Agencies need to send copies of the reports to UC911.

**f. NFPA, OSHA and PESH**

The Department of Emergency Services, Division of Fire Services requires Plan Participants comply with the regulations set forth by the Occupational Safety and Health Administration (OSHA), and NYS Public Employees Safety and recommends that Plan Participants comply with standards set forth by the National Fire Protection Association (NFPA).

**XIV. Operations of the Emergency Communications Center**

**a. Location**

Ulster County Emergency Communications Center  
238 Golden Hill Lane  
Kingston, New York 12401

**b. Alternate Location**

New York State Police Barracks  
212 Route 299  
Highland, New York 12528

**c. Supervision & Dispatching Service**

The Department of Emergency Services, Division of Emergency Communications is responsible for all activities of the Ulster County Emergency Communications Center.

**d. Dispatching Service**

Such service is provided by the Deputy Director of Emergency Services assigned to the Division of Emergency Communications, who shall designate dispatchers and assign identification numbers to them.

**e. Restriction:**

Operation by unauthorized persons shall be reported and may result in penalties and/or imprisonment by the Federal Government.

**f. Radio & Telephone Communication Regulations**

**i. Procedure**

The radio and telephone procedure shall conform completely with that prescribed in *Guide to Fire Mobilization & Mutual Aid Plans in the State of New York*, by the New York State Office of Fire Prevention and Control.

**ii. Authorization to use non-County-owned transmitters & receivers**

No fire radio may operate on the fire frequency as part of the County fire network unless specifically authorized by the Director of Emergency Services and in accordance with the Federal Communications Commission Rules Governing Public Safety Radio Service. Application to the Director of Emergency Services and upon issuance of a mobile station identifier, such radio equipment shall be permitted to operate.

A fire chief, deputy chief and assistant chief of a fire department may install and operate a mobile unit in his personal vehicle, providing authorization has been given as stated in above paragraph. At the expiration of his term in office, the identifier is canceled.

Operation of a transmitter without identifier authorized by the licensee is a violation of the rules of the Federal Communications Commission.

**g. Communications**

There is radio and telephone communications with the County Emergency Communication Centers of Orange, Sullivan, Delaware, Greene, Dutchess and all alternate Regional Communication Centers.

**h. Method of Determining Status of Equipment & Apparatus**

The Ulster County Emergency Communication Center monitors status of all equipment and apparatus by way of computer-aided dispatch (CAD).

**i. Provisions of Emergency Power**

The Ulster County Emergency Communication Center back-up center and all tower sites have provision for emergency power.

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**j. Radio System Operation**

- i. KEH-912 base station shall dispatch on Frequency 155.220;

**a.**

Frequency	PL	Channel	Identifier
46.34	114.8	F1	Command
46.46	114.8	F2	Response
46.3	NA	F3	Fire Police
46.28	114.8	F4	Fire Ground 4
46.32	114.8	F5	Fire Ground 5
46.28	127.3	F6	Fire Ground 6
46.32	127.3	F7	Fire Ground 7

- ii. The Kinston Fire Department will be dispatched on Frequency 154.235; The Kingston Fire Department will operate on an 800Mhz EDACS System.

**a.**

Channel	Identifier
F1	Response/Command
F2	Fire Ground
F3	Fire Ground

**XV. Inventory**

**a. Inventory Location and Maintenance of Inventory**

The Ulster County Department of Emergency Services, Division of Emergency Communications shall maintain records consisting of apparatus and equipment participating in the plan. The inventory shall be completely reviewed collaboratively at the time this plan is reviewed by the Department of Emergency Services, Division of Fire Services and Division of Emergency Communications.

**b. Method Used in Maintaining Inventory**

It shall be the responsibility of the Chief Officer to submit an updated inventory to the Department of Emergency Services in the month of January of each year using form attached hereto as Appendix IX.

## **XVI. Special Units – Ulster County**

### **a. Fire Investigation Unit**

#### **i. Plan for Fire Investigation**

Under Section 204C of General Municipal Law, the State Legislature has mandated that the County shall develop a plan for arson investigation and coordination of fire, law enforcement and persecutorial services. The Plan for Arson Investigation is attached hereto as Appendix X.

#### **ii. Determination of Origin & Cause – Responsibility**

Under Section 204D of General Municipal Law, the State Legislature has mandated that it is the responsibility of the Fire Chief to determine the origin and cause of all fires.

#### **iii. Fire Investigators**

Realizing that the Fire Chief or Officer-in-Charge may not have the expertise and equipment within his fire department to adequately determine the origin and cause of fires, the County Legislature has established the position of Fire Investigator within the Arson Task Force. The County provides that said Fire Investigators meet minimum training standards. The County further provides them with equipment necessary for them to determine the origin and cause of fires.

#### **iv. Radio Identifiers**

The Deputy Director/Fire Coordinator will assign radio identifiers and call signs to the Arson Task Force to be used by the Arson Coordinator, his Deputies and the Fire Investigators in the performance of their respective duties.

#### **v. Requesting the Ulster County Fire Investigation Unit**

The fire chief or officer-in-charge may request the assistance of the Fire Investigators through Ulster County Emergency Communications Center.

#### **vi. Recommendation for Use**

If the assistance of the Ulster County Fire Investigation Unit is needed, it is highly recommended that the fire chief request their assistance through UC911.

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**b. Ulster County Hazardous Materials Response Team**

The UCDES Division of Fire Services includes a Hazardous Materials Response Team (“County HAZMAT Team”). This highly trained, well equipped team is available to assist Plan Participants by providing an organized, coordinated response to contain, manage, identify and mitigate incidents involving materials and substances posing a potential injury or death to the general public and to public safety responders. The County HAZMAT Team is available to respond to a request for assistance from any Plan Participant, other emergency services entity, or through the State Plan. Any request for a County HAZMAT Team response shall be placed through UC911

**c. Ulster County Technical Rescue Team**

The UCDES Division of Fire Services includes a Technical Rescue Team (“County Technical Rescue Team”). The specialized team is an elite technical rescue team that is available to assist Plan Participants by providing an organized, coordinated response to situations requiring intricate rescues. The County Technical Rescue Team utilizes unique equipment. Tools and materials to affect these rescues. Team expertise includes high, medium and low angle rope rescue, confined space rescue and high/medium angle rescue.

The County Technical Rescue Team is available to respond to a request for assistance from any Plan Participant, other agency services entity, or through the State Plan. Any request for response for the County Technical Rescue Team shall be placed through UC911.

**XVII. New York State Fire Reporting System (NFIR)**

**a. Incident Reporting**

Each chief or designated officer of a fire department participating in this plan shall file a NFIR and Casualty Report if appropriate. This report should be sent to the New York State Office of Fire Prevention and Control on a monthly basis to meet each fire department’s obligation under Section 204D of the New York State General Municipal Law which mandates such reporting.

If no emergencies occur during the reporting month, a copy of the Incident Report shall be filed with OFPC as mentioned in above paragraph, indication no response.

## **XVIII. Training**

### **a. Type & Extent of Training – State**

The State Fire Training Program consisting of basic, intermediate and advanced courses and the State Graduates Fire Training Program are adopted as standard throughout the County of Ulster.

The County Fire Coordinator or his designee shall:

- Select locations and dates for courses.
- Manage course delivery by New York State and Ulster County Fire Instructors employed by the Office of Fire Prevention and Control and Ulster County Department of Emergency Services, Division of Fire Services.
- Determine need for existing courses and new courses.

### **b. Type & Extent of Training - County**

The County Fire Training Program consisting of basic, intermediate and advanced courses.

The County Fire Coordinator or his designee shall:

- Select locations and dates for courses.
- Manage course delivery by Ulster County Fire Instructors employed by the Ulster County Department of Emergency Services, Division of Fire Services.
- Determine need for existing courses and new courses.

## **XIX. Liability**

It is understood and agreed by each Fire Agency participating in this Plan that the liability arising from the provisions or receipt of Mutual Aid pursuant to this Plan shall be governed by applicable laws including, but not limited to General Municipal Law Section 209.

## **XX. Amending the Plan**

Amendments to this Plan may be made from time to time at the sole discretion of the Deputy Director of Emergency Services/Fire Coordinator. The Plan amendment procedure is as follows:

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- Proposed amendments may be submitted to the Deputy Director of Emergency Services/Fire Coordinator by Plan participants for review and possible inclusion in a future amendment/revision to the Plan.
- Proposed amendments shall be reviewed by the Deputy Director of Emergency Services/Fire Coordinator and will be forwarded to the Fire Mutual Aid Plan Committee for review and comment. Committee shall consist of the Deputy Director of Emergency Services/Fire Coordinator, Deputy Director of Emergency Services/911 Coordinator, two (2) Battalion Coordinators, two (2) Chief Officers from the Ulster County Fire Chiefs Association, two (2) Commissioners of the Association of Fire Districts of Ulster County and two (2) members of the Fire Advisory Board.
- After consultation with the Fire Mutual Aid Plan Committee, the Deputy Director of Emergency Services/Fire Coordinator may then submit the proposed amendments to the OFPC for review and submission.
- Once approved by the OFPC, the Deputy Director of Emergency Services/Fire Coordinator shall notify the Fire Advisory Board.
- Plan participants shall be notified through their Chiefs of any amendments to the Plan.



**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – APPENDIX I

**Ulster County Department of Emergency Services Battalions**

**Battalion 1**

Centerville Fire District  
East Kingston Fire District  
Glasco Fire District  
Malden West Camp Fire District  
Mt. Marion Fire District  
Ruby Fire District  
Saugerties Fire Department  
Sawkill Fire District  
Saxton Katsbann Fire District  
Spring Lake Fire District  
Ulster Hose Fire District

**Battalion 2**

Bloomington Fire District  
City of Kingston Fire Department  
Cottkill Fire District  
High Falls Fire District  
New Paltz Fire Department  
Rosendale Fire District  
Tillson Fire District

**Battalion 3**

Connelly Fire District  
Esopus Fire District  
Highland Fire District  
Marlborough Fire District  
Milton Fire District  
Port Ewen Fire District  
Rifton Fire District  
St. Remy Fire District

**Battalion 4**

Clintondale Fire District  
Gardiner Fire District  
Modena Fire District  
Plattekill Fire District  
Shawangunk Valley Fire District  
Walker Valley Fire Department  
Wallkill Fire District  
\* Pine Bush

**Battalion 5**

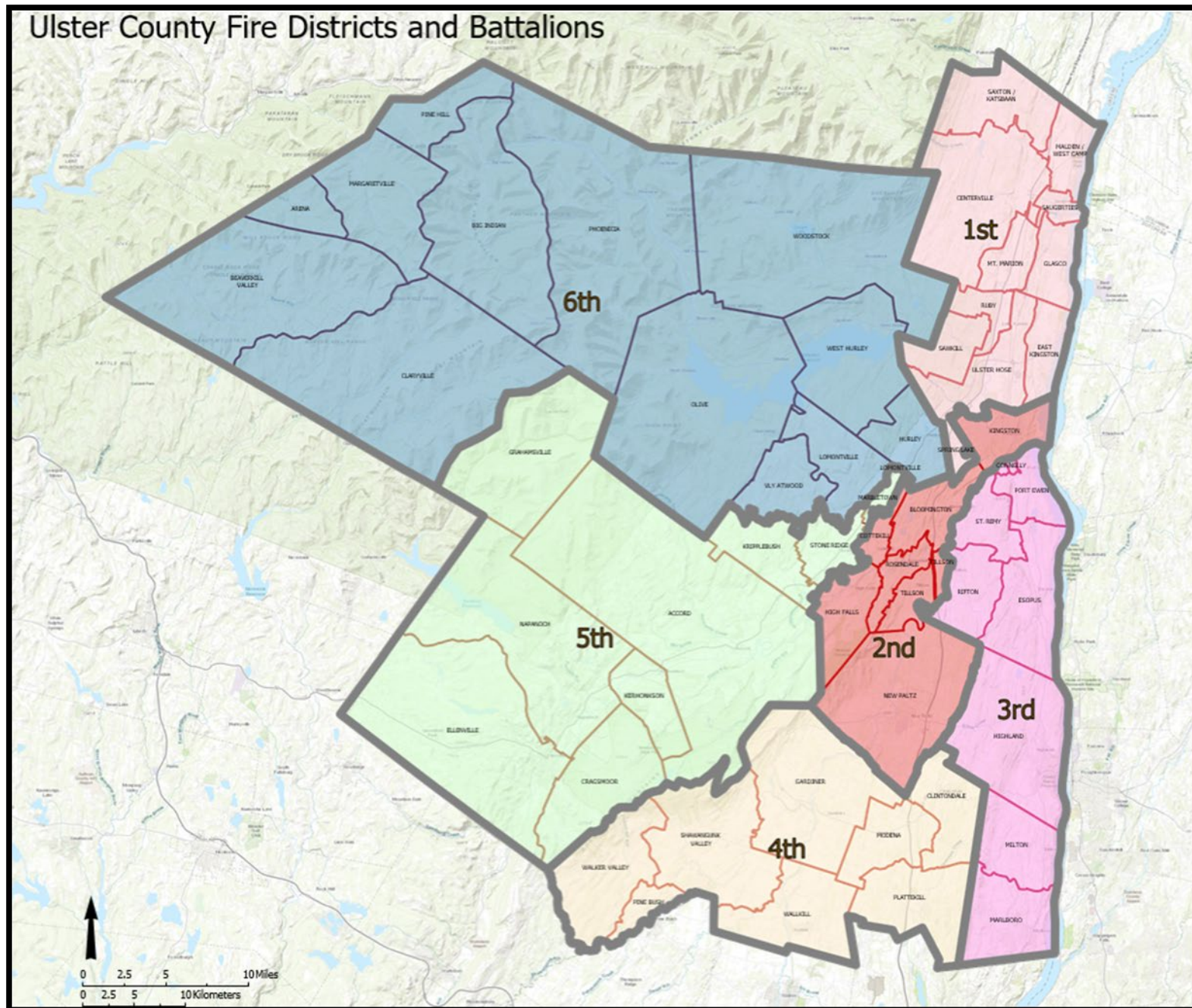
Accord Fire District  
Cragmoor Fire District  
Ellenville Fire District  
Kerhonkson Fire District  
Kripplebush Fire District  
Marlbletown Fire District  
Napanoch Fire District  
Stone Ridge Fire District  
\* Grahamsville

**Battalion 6**

Big Indian Fire District  
Hurley Fire District  
Lomontville Fire District  
Olive Fire Department  
Phoenicia Fire District  
Pine Hill Fire Department  
Vly Atwood Fire District  
West Hurley Fire District  
Woodstock Fire District  
\* Arena  
\* Beaverkill Valley  
\* Claryville  
\* Margaretville

NOTE: (\*) denotes areas within Ulster County Charter and where Fire Departments are within a different County

# Ulster County Fire Districts and Battalions





**County of Ulster**  
**Department of Emergency Services**  
**Division of Fire Services**  
**Fire Mutual Aid Plan – APPENDIX II**

**Resolution by State or Federal Agency**

The \_\_\_\_\_ agrees to participate in the  
Ulster County Fire Mutual Aid Plan, as amended from time to time, and as allowed by section  
\_\_\_\_\_ of the \_\_\_\_\_ Law (indicate law authorizing such participation). This named  
entity/institution will cooperate with the development and operation of plans for Mutual Aid in cases of  
fire or other emergencies and furnish aid to jurisdictions and geographical areas surrounding the facility as  
may be practical.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title





**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – APPENDIX III

**Resolution by Fire District or Municipality Having Jurisdiction**

\_\_\_\_\_ offered the following resolution and moved for its adoption:  
*(Name of Board Member Offering Resolution)*

**RESOLVED**, that \_\_\_\_\_ approves participation by the  
*(Authority Having Jurisdiction)*

\_\_\_\_\_ in the Ulster County Fire Mutual Aid Plan (“Plan”), as amended  
*(Name of Fire Agency)*

from time to time, and further certifies Ulster County, through its Deputy Director of Emergency Services/Fire Coordinator, that it shall comply with the provisions of the Plan; and be it further

**RESOLVED**, that there are no resolutions in effect that restrict outside service and training by the named Fire Agency; and be it further

**RESOLVED**, that there are currently no limitations, conditions or restrictions on the Fire Agency from providing prompt assistance, and the Deputy Director of Emergency Services/Fire Coordinator shall be notified in writing if any such limitations are imposed subsequent to the adoption of this resolution; and be it further;

**RESOLVED**, that the named Fire Agency shall respond to all calls for assistance from another Fire Agency through the Ulster County Communications Center also known as UC911; and be it further

**RESOLVED**, that the \_\_\_\_\_ hereby acknowledges and accepts its  
*(Authority Having Jurisdiction)*  
financial responsibility pursuant to applicable law; and be it further

**RESOLUTION continued**

**RESOLVED**, that a copy of this resolution shall be filed with the Ulster County Department of Emergency Services.

M \_\_\_\_\_ seconded this resolution.

Voted: In Favor \_\_\_\_\_ Opposed \_\_\_\_\_ Abstained \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**Note:**

**Villages:** Resolution to be adopted by the Board of Fire Commissioners, if any; if not, then by Local Law or ordinance of the Village Board

**Fire Districts:** Resolution to be adopted by the Board of Fire Commissioners

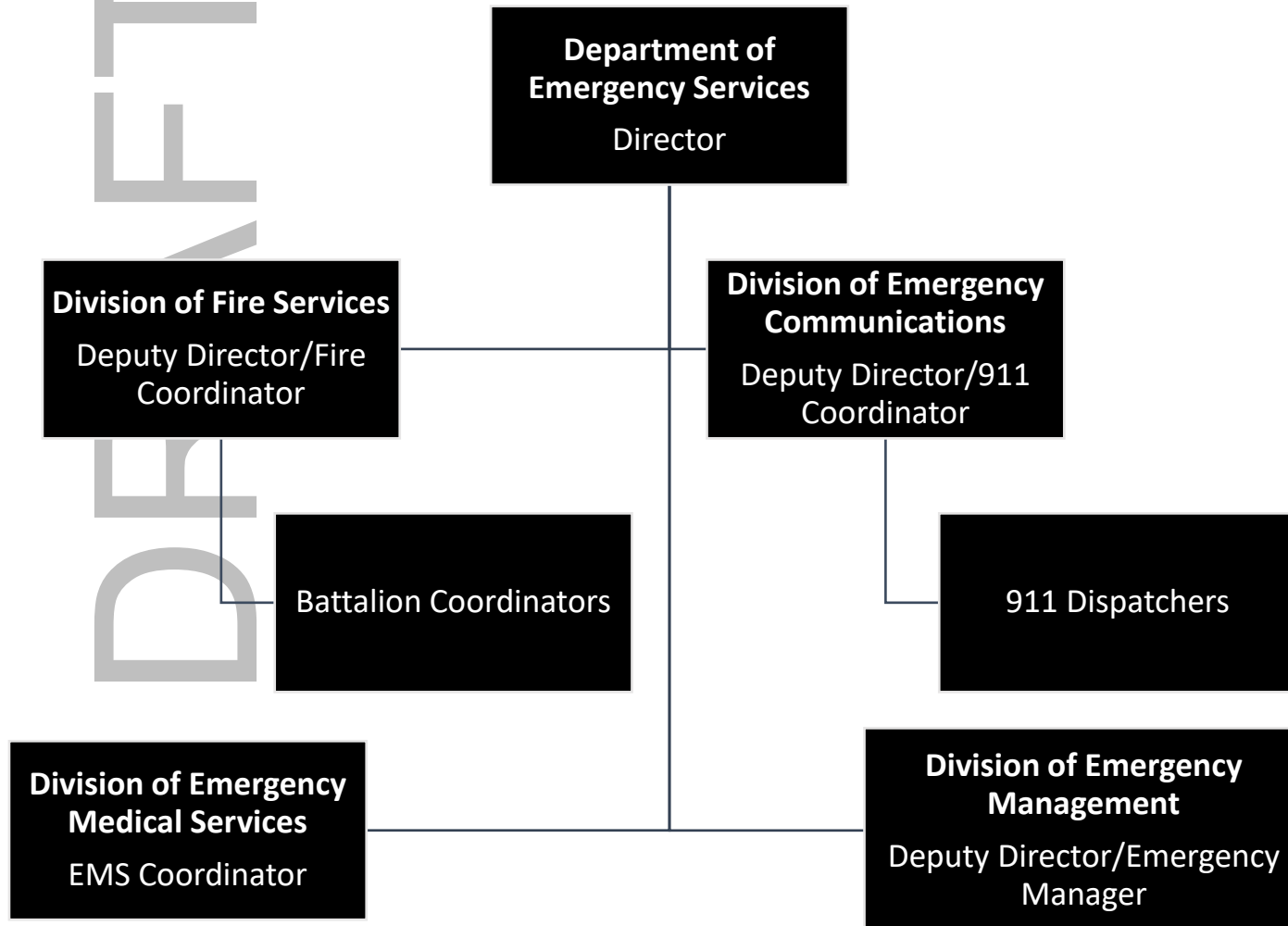
**Towns:** Resolution/Local Law/Ordinance to be adopted by the Town Board when fire department has their own headquarters outside villages and/or Fire Districts are located in Fire Protection or Fire Alarm Districts

**Cities:** Resolution to be adopted by the Board of Fire Commissioners, if any; if not, then by Local Law or ordinance of the City Board



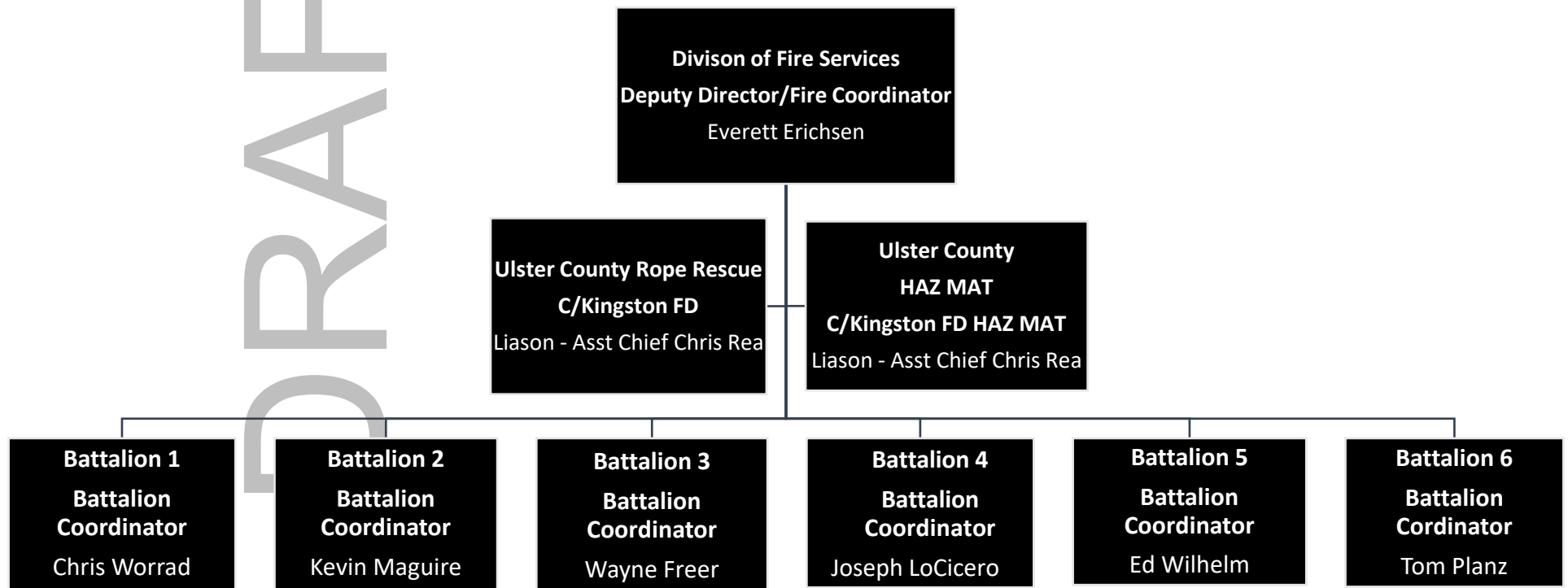


**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – APPENDIX IV





**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – APPENDIX V





**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – APPENDIX VI

**Deputy Director of Emergency Services/Fire Coordinator Responsibilities as it pertains to the Mutual Aid Plan**

The Deputy Director of Emergency Services/Fire Coordinator, or his/her designee, shall have the following duties and responsibilities as it pertains to the Mutual Aid Plan.

- Administer the Ulster County Mutual Aid Plan as outlined in the statutes and the Plan.
- Respond to, or have dispatched Battalion Coordinators, also known as Deputy Fire Coordinators, to the scene of a fire or other emergencies requiring mutual Aid, specialized equipment or technical assistance.
- The County Fire Coordinator and/or the Battalion Coordinators shall provide scene assistance, liaison with Local, County, State, and Federal Agencies; fill other functions as requested by the Incident Commander.

**Succession of Authority**

For purposes of this Plan, the Deputy Director of Emergency Services/Fire Coordinator, shall designate in writing the order in which the Ulster County Department of Emergency Services Staff shall serve in his absence.

**Vacancy in the Position of Deputy Director of Emergency Services/Fire Coordinator**

The Ulster County Executive shall designate an acting Deputy Director of Emergency Services/Fire Coordinator until a permanent successor is appointed by the County Executive and approved by the Ulster County Legislature.



**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – APPENDIX VII

DRAFT

**National Incident Management System Forms**

## Incident Briefing - ICS201

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:
4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):		
5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.		
6. Prepared by: Name: Position/Title: Signature:		
ICS 201, Page 1		Date/Time:



1. Incident Name:

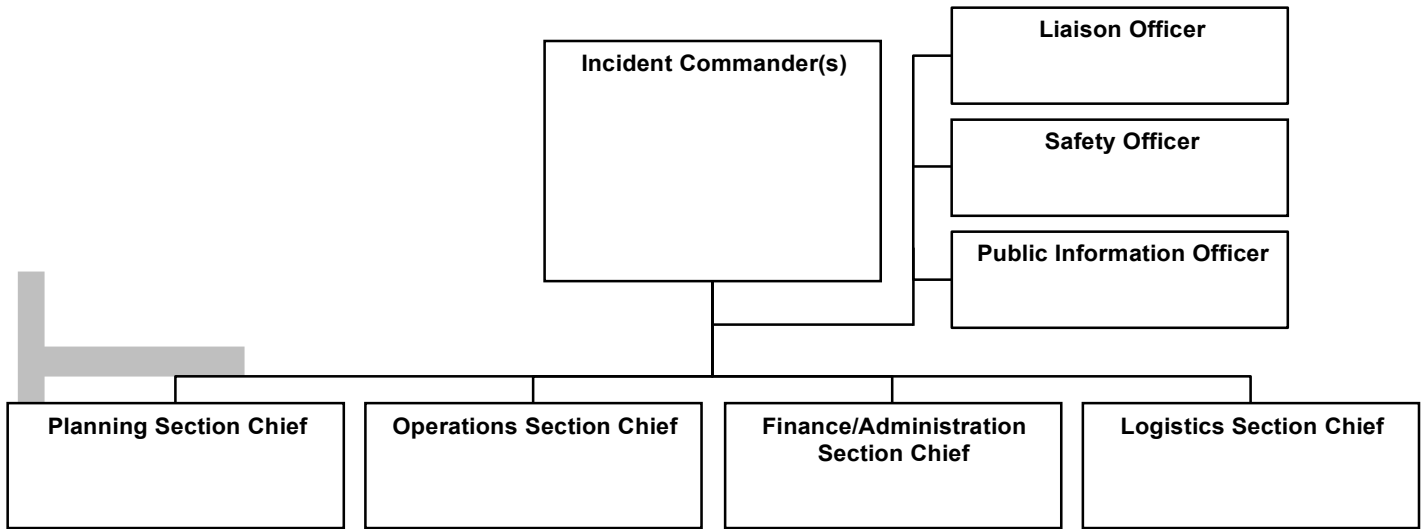
2. Incident Number:

3. Date/Time Initiated:

Date:

Time:

9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

ICS 201, Page 3

Date/Time: \_\_\_\_\_

1. Incident Name:		2. Incident Number:		3. Date/Time Initiated: Date: _____ Time: _____	
10. Resource Summary:					
Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	
				<input type="checkbox"/>	
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 201, Page 4		Date/Time: _____			



## ICS 201

### Incident Briefing

**Purpose.** The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

**Preparation.** The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

**Distribution.** Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

#### Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Date/Time Initiated</b> <ul style="list-style-type: none"><li>• Date, Time</li></ul>	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	<b>Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology.  If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209).  North should be at the top of page unless noted otherwise.
5	<b>Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	<b>Current and Planned Objectives</b>	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	<b>Current and Planned Actions, Strategies, and Tactics</b> <ul style="list-style-type: none"> <li>• Time</li> <li>• Actions</li> </ul>	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	<b>Current Organization</b> (fill in additional organization as appropriate) <ul style="list-style-type: none"> <li>• Incident Commander(s)</li> <li>• Liaison Officer</li> <li>• Safety Officer</li> <li>• Public Information Officer</li> <li>• Planning Section Chief</li> <li>• Operations Section Chief</li> <li>• Finance/Administration Section Chief</li> <li>• Logistics Section Chief</li> </ul>	<ul style="list-style-type: none"> <li>• Enter on the organization chart the names of the individuals assigned to each position.</li> <li>• Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections.</li> <li>• If Unified Command is being used, split the Incident Commander box.</li> <li>• Indicate agency for each of the Incident Commanders listed if Unified Command is being used.</li> </ul>
10	<b>Resource Summary</b>	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	<ul style="list-style-type: none"> <li>• Resource</li> </ul>	Enter the number and appropriate category, kind, or type of resource ordered.
	<ul style="list-style-type: none"> <li>• Resource Identifier</li> </ul>	Enter the relevant agency designator and/or resource designator (if any).
	<ul style="list-style-type: none"> <li>• Date/Time Ordered</li> </ul>	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	<ul style="list-style-type: none"> <li>• ETA</li> </ul>	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	<ul style="list-style-type: none"> <li>• Arrived</li> </ul>	Enter an "X" or a checkmark upon arrival to the incident.
	<ul style="list-style-type: none"> <li>• Notes (location/assignment/status)</li> </ul>	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

## Incident Objectives - ICS202

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____														
<b>3. Objective(s):</b>															
<b>4. Operational Period Command Emphasis:</b>															
General Situational Awareness															
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>															
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> ICS 202</td><td><input type="checkbox"/> ICS 206</td><td rowspan="6" style="vertical-align: top;"><u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td colspan="2"></td></tr></table>			<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents		
<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____													
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207														
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208														
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart														
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents														
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____															
<b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____															
ICS 202	IAP Page _____	Date/Time: _____													

## ICS 202

### Incident Objectives

**Purpose.** The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

**Preparation.** The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

**Distribution.** The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident. If needed, an incident number can be added.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Objective(s)</b>	<p>Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.</p> <p>Objectives should follow the SMART model or a similar approach:</p> <p><b><u>S</u>pecific</b> – Is the wording precise and unambiguous?</p> <p><b><u>M</u>easurable</b> – How will achievements be measured?</p> <p><b><u>A</u>ction-oriented</b> – Is an action verb used to describe expected accomplishments?</p> <p><b><u>R</u>ealistic</b> – Is the outcome achievable with given available resources?</p> <p><b><u>T</u>ime-sensitive</b> – What is the timeframe?</p>
4	<b>Operational Period Command Emphasis</b>	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	<b>Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	<b>Approved Site Safety Plan(s) Located At</b>	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	<b>Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <ul style="list-style-type: none"> <li><input type="checkbox"/> ICS 202</li> <li><input type="checkbox"/> ICS 203</li> <li><input type="checkbox"/> ICS 204</li> <li><input type="checkbox"/> ICS 205</li> <li><input type="checkbox"/> ICS 205A</li> <li><input type="checkbox"/> ICS 206</li> <li><input type="checkbox"/> ICS 207</li> <li><input type="checkbox"/> ICS 208</li> <li><input type="checkbox"/> Map/Chart</li> <li><input type="checkbox"/> Weather Forecast/Tides/Currents</li> </ul> <u>Other Attachments:</u>	Check appropriate forms and list other relevant documents that are included in the IAP. <ul style="list-style-type: none"> <li><input type="checkbox"/> ICS 202 – Incident Objectives</li> <li><input type="checkbox"/> ICS 203 – Organization Assignment List</li> <li><input type="checkbox"/> ICS 204 – Assignment List</li> <li><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan</li> <li><input type="checkbox"/> ICS 205A – Communications List</li> <li><input type="checkbox"/> ICS 206 – Medical Plan</li> <li><input type="checkbox"/> ICS 207 – Incident Organization Chart</li> <li><input type="checkbox"/> ICS 208 – Safety Message/Plan</li> </ul>
7	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	<b>Approved by Incident Commander</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.

## Organizational Assignment List - ICS203

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		<b>Branch</b>	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
<b>4. Agency/Organization Representatives:</b>		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		<b>Branch</b>	
		Branch Director	
		Deputy	
<b>5. Planning Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		<b>Branch</b>	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
<b>6. Logistics Section:</b>		Division/Group	
Chief		Division/Group	
Deputy		<b>Air Operations Branch</b>	
<b>Support Branch</b>		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		<b>8. Finance/Administration Section:</b>	
Ground Support Unit		Chief	
<b>Service Branch</b>		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page _____	Date/Time: _____	

## ICS 203

### Organization Assignment List

**Purpose.** The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

**Preparation.** The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

**Distribution.** The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Incident Commander(s) and Command Staff</b> <ul style="list-style-type: none"><li>• IC/UCs</li><li>• Deputy</li><li>• Safety Officer</li><li>• Public Information Officer</li><li>• Liaison Officer</li></ul>	Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer").  For all individuals, use at least the first initial and last name.  For Unified Command, also include agency names.
4	<b>Agency/Organization Representatives</b> <ul style="list-style-type: none"><li>• Agency/Organization</li><li>• Name</li></ul>	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	<b>Planning Section</b> <ul style="list-style-type: none"><li>• Chief</li><li>• Deputy</li><li>• Resources Unit</li><li>• Situation Unit</li><li>• Documentation Unit</li><li>• Demobilization Unit</li><li>• Technical Specialists</li></ul>	Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty.  If there is a shift change during the specified operational period, list both names, separated by a slash.  For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6	<b>Logistics Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> </ul> <b>Support Branch</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Supply Unit</li> <li>• Facilities Unit</li> <li>• Ground Support Unit</li> </ul> <b>Service Branch</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Communications Unit</li> <li>• Medical Unit</li> <li>• Food Unit</li> </ul>	<p>Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
7	<b>Operations Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Staging Area</li> </ul> <b>Branch</b> <ul style="list-style-type: none"> <li>• Branch Director</li> <li>• Deputy</li> <li>• Division/Group</li> </ul> <b>Air Operations Branch</b> <ul style="list-style-type: none"> <li>• Air Operations Branch Director</li> </ul>	<p>Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column.</p> <p>Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
8	<b>Finance/Administration Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Time Unit</li> <li>• Procurement Unit</li> <li>• Compensation/Claims Unit</li> <li>• Cost Unit</li> </ul>	<p>Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
9	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>



## Assignment List - ICS204

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____		<b>3.</b>  <b>Branch:</b>  <b>Division:</b>  <b>Group:</b>  <b>Staging Area:</b>										
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____														
<b>5. Resources Assigned:</b>		<b># of Persons</b>	<b>Contact (e.g., phone, pager, radio frequency, etc.)</b>											
<b>Resource Identifier</b>	<b>Leader</b>													
				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information										
<b>6. Work Assignments:</b>														
<b>7. Special Instructions:</b>														
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%;"><tr><td style="width: 35%;">Name/Function</td><td style="width: 65%;">Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td></tr><tr><td>_____ / _____</td><td>_____</td></tr><tr><td>_____ / _____</td><td>_____</td></tr><tr><td>_____ / _____</td><td>_____</td></tr><tr><td>_____ / _____</td><td>_____</td></tr></table>					Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	_____ / _____	_____	_____ / _____	_____	_____ / _____	_____	_____ / _____	_____
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)													
_____ / _____	_____													
_____ / _____	_____													
_____ / _____	_____													
_____ / _____	_____													
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____														
ICS 204	IAP Page _____	Date/Time: _____												

## ICS 204

### Assignment List

**Purpose.** The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

**Preparation.** The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

**Distribution.** The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Branch</b> <b>Division</b> <b>Group</b> <b>Staging Area</b>	This block is for use in a large IAP for reference only.  Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	<b>Operations Personnel</b> <ul style="list-style-type: none"> <li>• Name, Contact Number(s) <ul style="list-style-type: none"> <li>– Operations Section Chief</li> <li>– Branch Director</li> <li>– Division/Group Supervisor</li> </ul> </li> </ul>	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	<b>Resources Assigned</b>	Enter the following information about the resources assigned to the Division or Group for this period:
	<ul style="list-style-type: none"> <li>• Resource Identifier</li> </ul>	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	<ul style="list-style-type: none"> <li>• Leader</li> </ul>	Enter resource leader's name.
	<ul style="list-style-type: none"> <li>• # of Persons</li> </ul>	Enter total number of persons for the resource assigned, including the leader.
	<ul style="list-style-type: none"> <li>• Contact (e.g., phone, pager, radio frequency, etc.)</li> </ul>	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	<ul style="list-style-type: none"> <li>• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</li> </ul>	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	<b>Work Assignments</b>	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	<b>Special Instructions</b>	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	<b>Communications</b> (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> <li>• Name/Function</li> <li>• Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</li> </ul>	<p>Enter specific communications information (including emergency numbers) for this Branch/Division/Group.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p> <p>In light of potential IAP distribution, use sensitivity when including cell phone number.</p> <p>Add a secondary contact (phone number or radio) if needed.</p>
9	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## Incident Radio Communications Plan - ICS205

1. Incident Name:

2. Date/Time Prepared:

Date  
:  
Time  
e:

3. Operational Period:

Date From:                      Date To:  
Time From:                      Time To:

### 4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## ICS 205

### Incident Radio Communications Plan

**Purpose.** The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

**Preparation.** The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

**Distribution.** The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

#### Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Date/Time Prepared</b>	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	<b>Basic Radio Channel Use</b>	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.  The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
<b>4</b> (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
<b>5</b>	<b>Special Instructions</b>	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
<b>6</b>	<b>Prepared by</b> (Communications Unit Leader) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

DRAFT

## Communications List - ICS205A

[illegible]

## ICS 205A

### Communications List

**Purpose.** The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

**Preparation.** The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

**Distribution.** The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

#### Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Basic Local Communications Information</b>	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	<ul style="list-style-type: none"><li>• Incident Assigned Position</li></ul>	Enter the ICS organizational assignment.
	<ul style="list-style-type: none"><li>• Name</li></ul>	Enter the name of the assigned person.
	<ul style="list-style-type: none"><li>• Method(s) of Contact (phone, pager, cell, etc.)</li></ul>	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).



## Medical Plan - ICS206

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____					
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Transportation</b> (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature: _____							
<b>8. Approved by</b> (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

## ICS 206

### Medical Plan

**Purpose.** The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

**Distribution.** The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Medical Aid Stations</b> <ul style="list-style-type: none"><li>• Name</li><li>• Location</li><li>• Contact Number(s)/Frequency</li><li>• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No</li></ul>	<div>Enter the following information on the incident medical aid station(s):</div> <div>Enter name of the medical aid station.</div> <div>Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).</div> <div>Enter the contact number(s) and frequency for the medical aid station(s).</div> <div>Indicate (yes or no) if paramedics are at the site indicated.</div>
4	<b>Transportation</b> (indicate air or ground) <ul style="list-style-type: none"><li>• Ambulance Service</li><li>• Location</li><li>• Contact Number(s)/Frequency</li><li>• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS</li></ul>	<div>Enter the following information for ambulance services available to the incident:</div> <div>Enter name of ambulance service.</div> <div>Enter the location of the ambulance service.</div> <div>Enter the contact number(s) and frequency for the ambulance service.</div> <div>Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).</div>

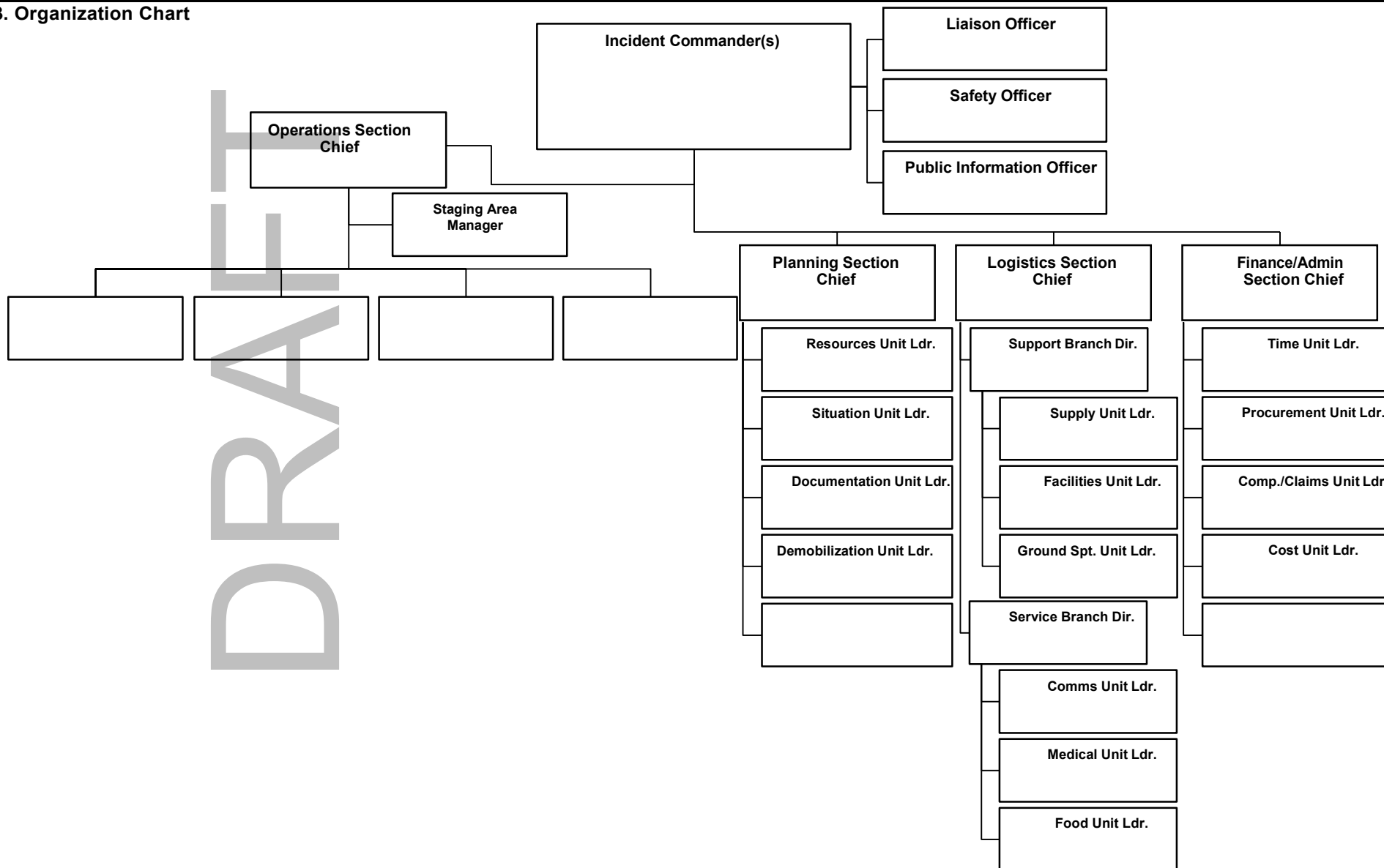
## Incident Organizational Chart - ICS207

1. Incident Name:

2. Operational Period: Date From:  
Time From:

Date To:  
Time To:

3. Organization Chart



## ICS 207

### Incident Organization Chart

**Purpose.** The Incident Organization Chart (ICS 207) provides a **visual wall chart** depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Preparation.** The ICS 207 is prepared by the Resources Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and add additional blocks as needed, especially for Agency Representatives and all Operations Section organizational elements. For detailed information about positions, consult the NIMS ICS Field Operations Guide. The ICS 207 is intended to be used as a wall-size chart and printed on a plotter for better visibility. A chart is completed for each operational period, and updated when organizational changes occur.

**Distribution.** The ICS 207 is intended to be **wall mounted** at Incident Command Posts and other incident locations as needed, and is not intended to be part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 207 is intended to be **wall mounted** (printed on a plotter). Document size can be modified based on individual needs.
- Also available as 8½ x 14 (legal size) chart.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.
- Use additional pages if more than three branches are activated. Additional pages can be added based on individual need (such as to distinguish more Division/Groups and Branches as they are activated).

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Print the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Organization Chart</b>	<ul style="list-style-type: none"><li>• Complete the incident organization chart.</li><li>• For all individuals, use at least the first initial and last name.</li><li>• List agency where it is appropriate, such as for Unified Commanders.</li><li>• If there is a shift change during the specified operational period, list both names, separated by a slash.</li></ul>
4	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

Safety Message/Plan - ICS208

1. Incident Name:		2. Operational Period: Date From:		Date To:
		Time From:		Time To:
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:				
<div>THE DRAFT</div>				
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Approved Site Safety Plan(s) Located At:				
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 208	IAP Page _____	Date/Time: _____		

## ICS 208

### Safety Message/Plan

**Purpose.** The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

**Preparation.** The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

**Distribution.** The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan</b>	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	<b>Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	<b>Approved Site Safety Plan(s) Located At</b>	Enter where the approved Site Safety Plan(s) is located.
5	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

# Incident Check-In List - ICS208

1. Incident Name:		2. Incident Number:		3. Check-In Location (complete all that apply): <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other					4. Start Date/Time: Date: _____ Time: _____									
Check-In Information (use reverse of form for remarks or comments)																		
5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:								6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point, Date and Time	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Data Provided to Resources Unit
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF												
ICS 211								17. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____										

## ICS 211

### Incident Check-In List

**Purpose.** Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

**Preparation.** The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

**Distribution.** ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

#### Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Incident Number</b>	Enter the number assigned to the incident.
3	<b>Check-In Location</b> <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other	Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post.  Other may include...
4	<b>Start Date/Time</b> <ul style="list-style-type: none"><li>• Date</li><li>• Time</li></ul>	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.



Block Number	Block Title	Instructions
	<b>Check- In Information</b>	Self explanatory.
<b>5</b>	<b>List single resource personnel (overhead) by agency and name, OR list resources by the following format</b>	Enter the following information for resources: OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.
	• State	Use this section to list the home State for the resource.
	• Agency	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	• Category	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	• Kind	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	• Type	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	• Resource Name or Identifier	Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team.
	• ST or TF	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.
<b>6</b>	<b>Order Request #</b>	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.
<b>7</b>	<b>Date/Time Check-In</b>	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
<b>8</b>	<b>Leader's Name</b>	<ul style="list-style-type: none"> <li>For equipment, enter the operator's name.</li> <li>Enter the Strike Team or Task Force leader's name.</li> <li>Leave blank for single resource personnel (overhead).</li> </ul>
<b>9</b>	<b>Total Number of Personnel</b>	Enter total number of personnel associated with the resource. Include leaders.
<b>10</b>	<b>Incident Contact Information</b>	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
<b>11</b>	<b>Home Unit or Agency</b>	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
<b>12</b>	<b>Departure Point, Date and Time</b>	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
<b>13</b>	<b>Method of Travel</b>	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).
<b>14</b>	<b>Incident Assignment</b>	Enter the incident assignment at time of dispatch.
<b>15</b>	<b>Other Qualifications</b>	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.

Block Number	Block Title	Instructions
16	<b>Data Provided to Resources Unit</b>	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.
17	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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## Activity Log - ICS214

1. Incident Name:		2. Operational Period: Date From: Time From:		Date To: Time To:
3. Name:		4. ICS Position:		5. Home Agency (and Unit):
6. Resources Assigned:				
Name		ICS Position		Home Agency (and Unit)
7. Activity Log:				
Date/Time		Notable Activities		
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 214, Page 1		Date/Time: _____		



## ICS 214 Activity Log

**Purpose.** The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

**Preparation.** An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

**Distribution.** Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

### Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name</b>	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	<b>ICS Position</b>	Enter the name and ICS position of the individual in charge of the Unit.
5	<b>Home Agency</b> (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	<b>Resources Assigned</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• ICS Position</li> <li>• Home Agency (and Unit)</li> </ul>	<p>Enter the following information for resources assigned:</p> <ul style="list-style-type: none"> <li>Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.</li> <li>Use this section to enter the resource's ICS position (e.g., Finance Section Chief).</li> <li>Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).</li> </ul>
7	<b>Activity Log</b> <ul style="list-style-type: none"> <li>• Date/Time</li> <li>• Notable Activities</li> </ul>	<ul style="list-style-type: none"> <li>• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day.</li> <li>• Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</li> <li>• This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.</li> </ul>
8	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).



**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – APPENDIX VIII

## **PERSONNEL ACCOUNTABILITY SYSTEM GUIDELINES**

### **I. PURPOSE**

The purpose of this document is to define the personnel accountability system, provide standard operating guidelines for implementing the system and establish a coordinated system of monitoring and tracking personnel and units for both single and multi-agency operations actively engaged in functional work to ensure personnel and unit safety. It shall be policy that all personnel and units will be accounted for at the scene of an emergency incident.

The personnel accountability system is intended to meet the requirements of NFPA 1500, 1561 and will be operational on all fire/rescue incidents and training exercises.

It is the responsibility of each member of Ulster County Emergency Services to read, fully understand and follow the guidelines for personnel accountability.

### **II. SCOPE**

This Standard Operating Guideline provides a structured approach for tracking fire personnel and promoting crew integrity at an emergency scene. A Personnel Accountability System aids the Incident Commander in maintaining a constant awareness of the status, location, and functions of the personnel and/or units under their command. The personnel accountability system shall be initiated whenever firefighters prepare to enter an immediate danger to life and health (IDLH) atmosphere, or anytime the incident commander determines personnel tracking and accountability is necessary.

### **III. PERSONNEL**

This Standard Operating Guideline shall apply to fire service personnel in the County of Ulster, including the Office of Emergency Management and Fire Investigators.

#### IV. SYSTEM COMPONENTS

1. Total = Two (2) tags
  - i. The tags shall include the firefighters name and department.
  - ii. Two (2) tags shall be hung on the firefighter in an area visible to the Officers and Accountability Officer –
  - iii. one (1) **RED** tag;
  - iv. and one (1) **YELLOW** tag

#### V. ACCOUNTABILITY TAGS

1. The **YELLOW** accountability tag is to be placed on the FIRST due apparatus on the scene as a firefighter arrives on the scene of an incident.
  - i. An accountability ring is mounted on each apparatus where the firefighter is to hook their YELLOW scene accountability tag. Each apparatus ring will have a tag that will be labeled with the apparatus ID (IE: Engine 1).
  - ii. If a firefighter arrives to an apparatus to leave his/her accountability tag and the Apparatus' Accountability Ring is NOT present, the firefighter is to proceed to the Incident Commander or Accountability Officer to present their YELLOW scene accountability tag.
  - iii. At a Mutual Aid (M/A) call: the firefighter is to present their YELLOW scene accountability tag to an officer, or acting officer, of their Fire District/Department. Said officer shall then present the accountability tags to the Incident Commander or his/her designee.
2. The RED accountability tag is to be left with the “accountability doorman” at the entrance to the structure or IDLH environment. If there is no “doorman” at the entrance at the time the firefighter is entering the structure or IDLH area, the firefighter will leave the accountability tag at the door or entrance to the IDLH area.

#### Collection of Tags

1. If the Incident Commander (IC) asks for the scene accountability, or a P.A.R., (Personnel Accountability Report):
  - a. The I.C. may assign an **Accountability Officer** and may assign a designated firefighter to collect the accountability tag rings from each apparatus and deliver them to the **Accountability Officer**. The **Accountability Officer** also has the authority to designate a firefighter to report to each apparatus to acquire the Accountability Rings and deliver them to him/her.
  - b. The **Accountability** Tags will be brought to the Command Post and properly placed on the **Command Board**. Each apparatus at the scene will have a designated section on the command board where the tags will be placed.
  - c. The **I.C.** or the **Accountability Officer** may also designate a firefighter to acquire all tags that were left with the “Accountability Doorman” to aid in the P.A.R. It is the “Accountability Doorman’s” task to ensure all firefighters exiting the building, to retrieve their **RED** entry accountability tags from the **Accountability Officer**.

### **Incident Conclusion:**

1. When a firefighter exits a building, they are to collect their **RED** accountability tag from the “doorman”.
2. When personnel are released from the scene, firefighters are to collect their **YELLOW** accountability tag from the Incident Commander, the designated Accountability Officer or the apparatus they left their tag on.

## **VI. PERSONNEL ACCOUNTABILITY REPORT (PAR)**

When the accountability system is in service, the Incident Commander has the ability to accurately account for all companies, teams, and individual personnel through a PAR. The Incident Commander is ultimately responsible for conducting a roll call and should do so when:

1. A MAYDAY is called or a firefighter or team is presumed missing or trapped;
2. There is a change from an offensive to a defensive fire ground strategy (in case of an evacuation).
3. There is a catastrophic change in the incident such as a building collapse, explosion, backdraft, etc.
4. The Incident Commander or other commander determines a need.

The fifteen (15) minute benchmark should be considered a good time for a PAR at any incident involving a structure fire, hazardous materials, technical rescue, or any other high priority incident that requires numerous personnel and time to mitigate. The Ulster County 911 Communications Center dispatch staff will reach out to command to advise **“this is your 15 minute PAR timer notification”**. At that point the Incident Commander should conduct a PAR and give a progress report to the 911 Communications Center.

A PAR should not delay a search. When a search is indicated, start immediately then conduct a roll call to confirm the need for a search. If the area is an extremely dangerous area where the likelihood for survival is negligible or slim, a search may be delayed until after the PAR and then only exercised with extreme caution. Whenever an emergency signal is given, all other radio traffic should cease so that the unit calling for emergency traffic can relay their message (an example might be a lost or trapped firefighter). During a PAR, all radio traffic should be limited to an absolute minimum so the IC or Accountability Officer can conduct an accountability report of the units operating at the incident. When conducting a PAR, the Accountability Officer should contact each of the company officers or team leaders to confirm that they are all accounted for (this may be accomplished by radio or in some cases physical contact if the company has close proximity to the Division/Group officer). The IC or Accountability Officer should announce when the PAR is complete; normal radio traffic may then resume at this time.

A Division/Group Supervisor may also call for a PAR of his Division/Group if he has reason to believe a company is in trouble. This is also considered emergency traffic and all other traffic should be kept to a minimum until the PAR is complete. The Division/Group Supervisor should notify the IC or Accountability Officer when the PAR is complete and provide a status of the PAR.



### ***Sample radio transmissions:***

*"Accountability to Engine 1s Officer for a PAR, your location, and assignment,"*  
*(Response) Engine 1 Officer to accountability, I have myself (Officer) and two firefighters on the second line in the attic performing overhaul, my driver is at the pump."* The Accountability Officer may either visually acknowledge the pump operator or confirm his position on the radio.

The response to the Accountability Officer should include the crew's current location and assignment/task. This will serve to check the accuracy of the Incident Status Board. If the crew of a particular task did not have an Officer assigned, they will assign a leader to communicate with the Accountability Officer. The Accountability Officer will work through the entire board until all personnel are accounted for. Once the Accountability Officer has confirmed that all members are accounted for, they will notify the IC that the PAR is complete and that all members are accounted for, either by radio or visually.

If at any time during the PAR, a firefighter cannot be accounted for, the IC will immediately be notified and shall proceed accordingly, to locate the missing firefighter(s). If the missing firefighter(s) cannot be accounted for, a MAYDAY shall be declared.

## **VII. TRANSITION INTO THE T-CARD SYSTEM**

### **1. PURPOSE**

Resource Status Cards (ICS 219) are also known as "T-Cards," and are used by the Resources Unit to record status and location information on resources, transportation, and support vehicles and personnel. These cards provide a visual display of the status and location of resources assigned to the incident. Implementation and transition into the T-Card system will be determined by the Officer in Charge and the Fire Coordinator or his/her designee.

### **2. PREPARATION**

Information to be placed on the cards may be obtained from several sources including, but not limited to:

- i. Incident Briefing (ICS 201).
- ii. Incident Check-In List (ICS 211).
- iii. General Message (ICS 213).
- iv. Agency-supplied information or electronic resource management systems.

### **3. DISTRIBUTION**

ICS 219s are displayed in resource status or "T-Card" racks where they can be easily viewed, retrieved, updated, and rearranged. The Resources Unit typically maintains cards for resources assigned to an incident until demobilization. At demobilization, all cards should be turned in to the Documentation Unit.

#### 4. NOTES

There are eight different status cards (see list below) and a header card, to be printed front-to-back on cardstock. Each card is printed on a different color of cardstock and used for a different resource category/kind/type. The format and content of information on each card varies depending upon the intended use of the card.

- i. 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- ii. 219-2: Crew/Team Card – Green
- iii. 219-3: Engine Card – Rose
- iv. 219-4: Helicopter Card – Blue
- v. 219-5: Personnel Card – White
- vi. 219-6: Fixed-Wing Card – Orange
- vii. 219-7: Equipment Card – Yellow
- viii. 219-8: Miscellaneous Equipment/Task Force Card – Tan
- ix. 219-10: Generic Card – Light Purple

#### 5. ACRONYMS

Abbreviations utilized on the cards are listed below:

- i. AOV: Agency-owned vehicle
- ii. ETA: Estimated time of arrival
- iii. ETD: Estimated time of departure
- iv. ETR: Estimated time of return
- v. O/S Mech: Out-of-service for mechanical reasons
- vi. O/S Pers: Out-of-service for personnel reasons
- vii. O/S Rest: Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft
- viii. POV: Privately owned vehicle



**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
**Fire Mutual Aid Plan – APPENDIX IX**

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**Inventory Forms**



# COUNTY OF ULSTER

DEPARTMENT OF EMERGENCY SERVICES  
238 GOLDEN HILL LANE  
KINGSTON, NEW YORK 12401-6440

## Fire Dept Officers' List for \_\_\_\_\_

**Fire Dept Name:** \_\_\_\_\_

**Pg** \_\_\_\_ **of** \_\_\_\_

<b>Chief:</b>	<b>Home Ph:</b> _____
	<b>Cell Ph:</b> _____
	<b>Work Ph:</b> _____
<b>Mail Address:</b>	<b>E-Mail:</b> _____
	<b>Radio ID:</b> _____

<b>Assistant Chief:</b>	<b>Home Ph:</b> _____
	<b>Cell Ph:</b> _____
<b>Mail Address:</b>	<b>Work Ph:</b> _____
	<b>E-Mail:</b> _____
	<b>Radio ID:</b> _____

Rank	Name	Home	Cell	Work	Radio
Pres.					
Chm B of C					

<b>Firehouse Mailing Address:</b>	<b>Firehouse Ph:</b> _____
	<b>Firehouse Fax:</b> _____
	<b>Firehouse Cell Ph:</b> _____
	<b>Fire Dept E-Mail:</b> _____

<b>Board of Commissioners Address:</b>
--

(All mail will be sent to "Firehouse Mailing Address" listed above)

Submit Form via E-mail to [spet@co.ulster.ny.us](mailto:spet@co.ulster.ny.us) or FAX (845) 331-1738

Official use only: CAD \_\_\_\_\_ Fox Notes \_\_\_\_\_ File \_\_\_\_\_



# COUNTY OF ULSTER

DEPARTMENT OF EMERGENCY SERVICES  
238 GOLDEN HILL LANE  
KINGSTON, NEW YORK 12401-6440

## Ambulance Squad Officers' List for \_\_\_\_\_

**Ambulance Squad Name:** \_\_\_\_\_

**Pg** \_\_\_\_ **of** \_\_\_\_

**Captain:**

Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

**Mail Address:**

Work Ph: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Radio ID: \_\_\_\_\_

**Assistant Captain:**

Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

**Mail Address:**

Work Ph: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Radio ID: \_\_\_\_\_

Rank	Name	Home	Cell	Work	Radio
Pres.					
Chm B of D					

**Squad Mailing Address:**

Squad Bldg Ph: \_\_\_\_\_

Squad Bldg Fax: \_\_\_\_\_

Squad Cell Ph: \_\_\_\_\_

Squad E-Mail: \_\_\_\_\_

**Board of Directors Address:**

(All mail will be sent to "Squad Mailing Address" listed above)

Submit Form via E-mail to [spet@co.ulster.ny.us](mailto:spet@co.ulster.ny.us) or FAX (845) 331-1738

Official use only: CAD \_\_\_\_\_ Fox Notes \_\_\_\_\_ File \_\_\_\_\_



# COUNTY OF ULSTER

DEPARTMENT OF EMERGENCY SERVICES  
238 GOLDEN HILL LANE  
KINGSTON, NEW YORK 12401-6440

\_\_\_\_\_ Fire Department Inventory - \_\_\_\_-\_\_

Apparatus ID*						Station
Pump Size (GPM)						
Tank Size (gal)						
4 X 4 (Y or N)						
Aerial Device (Ft)						
Absorbents						
Booms (Qty/size)						
Pads (Qty/size)						
Speedy Dry (Qty)						
ATV						
UTV						
Boat (size & motor)						
Brush Equip						
Forestry Hose (Ft)						
Indian Tanks/Vests						
Rakes/Brooms (Qty)						
Cameras						
Thermal Imaging						
Underwater						
Cascade						
Mobile (Qty/psi)						
Station (Qty/psi)						
Class D Extinguisher						
Deck Gun (GPM)						
Drop Tank (gal)						
Extrication Equip						
Airbags (# & tons)						
Jaws						
Rams						
Foam						
AR-AFFF (Gal)						
AR-FFFP (Gal)						
CAFS (Gal)						
Class A (Gal)						
High Expansion						
On Board Tank (Gal)						
Generator						
On Board (size)						
Portable						



# COUNTY OF ULSTER

DEPARTMENT OF EMERGENCY SERVICES  
238 GOLDEN HILL LANE  
KINGSTON, NEW YORK 12401-6440

Apparatus ID*						Station
Generator						
Station (size)						
GPS						
High Rise Pack (Size)						
Hose						
1 3/4"						
2"						
2 1/2"						
3"						
4"						
5"						
Ice sled						
Ladder (ground) sizes						
Medical Equip						
A.E.D.						
Albuterol						
Epi Auto Injector						
Immobilization						
Bariatric Stretcher						
Meters						
CO						
Multi-gas (specify)						
Other						
Phantom Pumper						
Portable Heater						
Portable Pump (GPM)						
Rope Gun						
Salvage Covers						
Saws						
Chain Saw (Size)						
K-12 Saw						
Ventilation Saw						
SCBA						
Mfg & Qty						
Spare Bottles						
Scene Lighting Equip						
Smoke Ejector						
Fan (size)						
PPV (size)						
Stokes Basket						



# COUNTY OF ULSTER

DEPARTMENT OF EMERGENCY SERVICES  
238 GOLDEN HILL LANE  
KINGSTON, NEW YORK 12401-6440

Apparatus ID*						Station
Teams**						
Confined Space						
Dive / Water Rescue						
FAST						
R.I.T						
Haz-mat						
Ice Rescue						
Rope Rescue						
Water Vacuum						
Winch						
Other						
Other						
Other						
Other						

Total Membership \_\_\_\_\_ Active Membership \_\_\_\_\_

Officer Submitting Inventory \_\_\_\_\_

Submit Form via E-mail to [spet@co.ulster.ny.us](mailto:spet@co.ulster.ny.us) or FAX (845) 331-1738

\* For apparatus, please specify unit type (e.g. E-99-10 for engine)

\*\* For teams, please specify the number of members on each team, as well as attach a separate list of specialized equipment.

## Sample

Apparatus ID	E-99-10	T-99-11	L-99-12	M-99-13		Station
Pump size (GPM)	1500	500		250		
AR-AFFF foam	3-5 gal pails					5-5 gal pails
3" hose	1000'	200'		200'		600'
Multi-gas meter				O2/CO/H2S		





**County of Ulster**  
**Department of Emergency Services**  
Division of Fire Services  
Fire Mutual Aid Plan – APPENDIX X

## **PROJECT PLAN FOR THE ARSON TASK FORCE AND THE ARSON TASK FORCE BOARD**

### **I. INTRODUCTION**

In September of 1979, New York State enacted Section 204C of the General Municipal Law which requires that each county within the State create an Arson Task Force. The purpose of this enactment was to ensure that local governments throughout the State took steps to coordinate the activities of existing agencies involved in the investigation and prosecution of arson. (See Appendix B for Relevant Laws.) The objective of the Ulster County Arson Task Force since its creation has been to implement a plan which would effectively combat the activities of arsonists. For such a plan to be successful all interested entities from the public and private sectors should be actively involved in this effort. Fire agencies throughout Ulster County need to detect arson when it is committed law enforcement agencies must apprehend those responsible when a crime is committed the criminal justice system must demonstrate its responsibility to deter would be arsonists from similar activities and finally, the private sector should encourage the goals of this plan. In light of these objectives, the County puts forth this plan which represents a realistic, effective and efficient approach to the problem of arson in Ulster County.

### **II. THE ARSON TASK FORCE**

The Ulster County Arson Task Force is the "Designated Agency" in Ulster County for the purpose of determining the origin and cause of fires in this County. Whenever necessary, the Chief Officers of all fire departments in the County shall request that the Arson Task Force assist with major fires of suspicious or undetermined origin as set forth in this Project Plan.

### **III. THE ARSON TASK FORCE BOARD**

Arson Task Force Board shall consist of 5 to 7 members who are Ulster County residents and who shall be appointed by the Ulster County Executive for a term of three years, subject to the confirmation of the Legislature. Membership on the Board shall include at least one police representative, one fire representative, one community representative, and one representative from the insurance industry, or their designee. The District Attorney or a designee shall be an ex officio member of the Arson Task Force Board. The Arson Coordinator/Task Force Board Chair shall be designated by the County Executive. Emphasis in selecting members shall be placed upon encouraging those people residing within Ulster County who possess a special expertise in the area of firematics and those persons in the private sector who have a special interest in combating the problem of arson as it affects Ulster County. Members of the Arson Task Force Board shall receive no compensation for services rendered but shall be entitled to reasonable and necessary expenses incurred in the performance of their duties, within appropriations made for such purposes.

The Arson Task Force Board shall hold quarterly meetings throughout the year on dates fixed by the Arson Task Force Board Chair and otherwise at the call of the Chair upon written notice to all members. The Chairperson shall have the responsibility of conducting all meetings and making special assignments as the Task Force deems appropriate. The Ulster County Arson Task Force Board will also have the responsibility of presenting an annual report to the County Executive.

The Arson Task Force Board shall keep minutes of all meetings, including the date and time of the meeting and the members in attendance. The original of said minutes shall be filed with the Clerk of the Legislature as soon as possible, but not to exceed 10 business days after the next regular Board meeting at which the minutes were reviewed and accepted. The Clerk of the Legislature or a designee shall maintain an official record of the Board's agenda items.

The Arson Task Force Board shall cooperate with the Office of Fire Prevention and Control in the New York State Department of State in relation to all arson detection and prevention programs and will act as an advisory body to the County Executive regarding the County's participation in programs for arson detection and prevention. This Board shall perform such other duties as the County Executive may prescribe in relation to arson detection and prevention.

#### **IV. CHIEF FIRE INVESTIGATOR**

This position is responsible for supervising and coordinating the Fire Investigators of the Ulster County Arson Task Force. The work involves coordinating the efforts of fire investigations in determining the cause of fires. The Chief Fire Investigator is the liaison between the Deputy Chief Fire Investigators, Fire Investigators and the Arson Task Force Board. Incumbents work in cooperation with fire departments, insurance companies, police departments and the District Attorney's Office. The work is performed under the general direction of the Ulster County Arson Task Force Board. General supervision is exercised over the work of the Deputy Chief Fire Investigators and the Fire Investigators.

The typical work activities may include:

- Coordinating the efforts of Fire Investigators in determining the cause of fires.
- Serving as a liaison between the Fire Investigators, all law enforcement agencies and the Ulster County Arson Task Force Board.
- Contacting and advising all effected fire agencies of the progress and results of any relevant investigation.
- Supervising the compilation and assessment of statistics relating to the number of fires investigated, for presentation by the Chair to the Arson Task Force Board.
- Preparing bulletins regarding the activities of the Arson Task Force Board, to be distributed to all the Fire Investigators.
- Maintaining Arson Task Force equipment, clothing and vehicles for the fire investigation unit.
- Assisting in the preparation of the annual budget for the operation of the fire investigation unit.
- Developing a continuing education program on arson detection and origin and cause of fires and ensures that all Fire Investigators attend training on a regular basis.

#### **IV. DEPUTY CHIEF FIRE INVESTIGATOR**

This position is responsible for assisting the Chief Fire Investigator in supervising and coordinating the efforts of the Fire Investigators assigned to the Ulster County Arson Task Force. The Deputy Chief Fire Investigators respond to fires and supervises the investigations in an assigned area in Ulster County when called by the Ulster County Emergency Management/Emergency Communications Office. Incumbents work in cooperation with the fire departments, police and witnesses at the fire scene. The work is

performed under the general supervision of the Chief Fire Investigator. Direct supervision is exercised over the work of Fire Investigators.

Typical work activities may include:

- Supervising the efforts of Fire Investigators in determining the cause of fires.
- Responding to fires in a geographic area to which they are assigned in Ulster County.
- Making observations regarding the fire scene upon arrival.
- Interviewing fire personnel and witnesses at fire scene to determine what occurred.
- Cooperating with Police Departments, and District Attorney's Office and Investigators at fire scene.
- Making determination as to whether the cause of the fire was accidental, incendiary or undetermined.
- Writing and filing report with the Chief Fire Investigator to be reviewed with the Arson Task Force.
- Sifting through fire debris and take samples to determine the cause of fire.
- Attending trainings on arson detection and origin and causes of fires.
- Assisting in maintaining Arson Task Force equipment, clothing and vehicles for the fire investigation unit.

## **V. FIRE INVESTIGATOR**

This position is responsible for investigating and determining the cause of fires in Ulster County. The Fire Investigators respond to fires in an assigned area in Ulster when called by the Ulster County Emergency Management/Emergency Communications Office. Incumbents work in cooperation with the fire departments, police and witnesses at the fire scene. The work is performed under the direct supervision of the Deputy Chief Fire Investigator. Supervision is not normally a function of the class.

The typical work activities may include:

- Responding to fires in a geographic area to which they are assigned in Ulster County.
- Observing fire scene upon arrival.
- Interviewing fire personnel and witnesses at fire scene to determine what occurred.
- Cooperating with Police Departments, and District Attorney's Office Investigators at fire scene.
- Investigating and attempting to determine the origin and initial location of the fire.
- Assisting in making a determination as to whether the cause of the fire was accidental, incendiary or undetermined.
- Writing and filing report with the Chief Fire Investigator to be reviewed with the Arson Task Force, under the direction of the Deputy Chief Fire Investigator.
- Attending trainings on arson detection and origin and causes of fires.
- Sifting through fire debris and take samples to determine cause of fire.
- Contacting the New York State Office of Fire Prevention for firedog assistance when needed.

## **VI. ARSON COORDINATOR/ TASK FORCE BOARD CHAIR**

This position is responsible for:

- Appointing the Chief Fire Investigator, Deputy Chief Fire Investigator, and the Fire Investigators.
- Assisting in the preparation of the annual budget for the operation of the Fire Investigation Unit and submitting same to the County Executive.
- Administering the Fire Investigation Unit budget.
- Overseeing the day to day operations of the Fire Investigation Unit, including but not limited to preparing Fire Reports for insurance companies; reviewing and signing off on payroll for Fire Investigation Unit; ordering equipment and supplies and performing other duties assigned by the County Executive's Office.
- Preparing a report on the activities of the Fire Investigation Unit for the County Executive, as necessary.
- Maintaining dialogue with all affected fire agencies on the progress and results of fire investigations.
- Insuring that a continuing education program on arson detection, origin and causes of fires be offered within Ulster County and insuring that all persons serving as Fire Investigators attend training on a regular basis.
- Serving as a liaison between the Fire Investigators, all law enforcement agencies, the District Attorney's Office, the County Executive's Office and the Arson Task Force Board.
- With the Chief Fire Investigator, supervising the compilation and assessment of statistics relating to the number of fires investigated, identifying their patterns and implementing specific strategies.
- Insuring that all Federal, State and local law, rules and procedures are followed by all members of the Fire Investigation Unit.
- Presenting the Chief Fire Investigator's report to the Arson Task Force Board.

## **VII. PROSECUTION**

The District Attorney of Ulster County will assign an Assistant District Attorney to supervise all arson prosecutions. The prosecutor will be provided with the opportunity to attend educational programs to enhance his expertise in the area of arson prosecution.

Each defendant charged by indictment within Ulster County with an arson related offense will be charged with the most serious count or counts contained in the indictment and the District Attorney's Office, absent any special or mitigating circumstance, will recommend in each instance that at the time of sentence a State Prison sentence be imposed.

Finally, an effort will be made to accelerate the time it takes to prosecute arson offenders with a view towards bringing an individual charged with an arson related offense to trial within ninety (90) days after he has been indicted.

## **VIII. OFFICER IN CHARGE AT FIRE SCENE**

Recognizing that it is the responsibility of the Fire Chief to determine the origin and cause of a fire, the Arson Task Force with a Fire Investigation Unit is available to assist the Chief Officer in making a determination. Since it is highly important that the authenticity of the evidence gathered be maintained and the scene of the fire be properly secured until all such evidence is gathered, the Ulster County recommends that recognized procedures be followed to assure the above.

It is recommended that the various agencies involved be duly activated in the proper sequence to assure the optimization of all resources available and to assure the validity of the evidence gathered in the event actual criminal charges are brought against a suspected arsonist. It is suggested that the officer in charge activate the Fire Investigators as soon as possible to determine the cause whether suspicious or otherwise, before he calls in the police agency to investigate. It is also suggested that he call the police agency of his choice as soon as the Fire Investigator verifies for him that the fire was in fact of suspicious origin, and

turn control of the scene over to the police agency before he returns to quarters. This procedure should be followed without exception for all major fires.

## **Relevant Laws**

### **New York State General Municipal Law**

#### **Section 204c Plan for Arson Investigation**

The governing body of each county except a county contained wholly within a city, and the governing body of any city in which a county is wholly contained shall develop a plan for arson investigation within such county or city. Such plan shall be submitted to the office of fire prevention and control for approval. No plan shall be approved unless it provides for the coordination of fire, law enforcement and prosecutorial services.

#### **Section 204d Duties of the Fire Chief**

The fire chief of any fire department or company shall, in addition to any other duties assigned to him by law or contract, to the extent reasonably possible determine or cause to be determined the cause of each fire or explosion which the fire department or company has been called to suppress. He shall file with the office of fire prevention and control of the department of state a report containing such determination and any additional information required by such office regarding the fire or explosion. The report shall be in the form designated by such office. He shall contact or cause to be contacted the appropriate investigatory authority if he has reason to believe the fire or explosion is of incendiary or suspicious origin.