|  |  |  |
| --- | --- | --- |
| **1. Incident Name** | **2. Operational Period (Date/Time)**From:       To:       | **ORGANIZATION ASSIGNMENT LIST****ICS 203-CG** |
| **3. Incident Commander(s) and Staff** | **7. OPERATION SECTION** |
| Agency | IC | Deputy | Chief |       |
|  |       |       | Deputy |       |
|  |       |       | Deputy  |       |
|  |       |       | Staging Area Manager |       |
|  |       |       | Staging Area Manager |       |
|  |       |       | Staging Area Manager |       |
| Safety Officer: |       |       |       |
| Information Officer: |       |       |       |
| Liaison Officer: |       |       |       |
|       |       |  **a. Branch – Division Groups** |
| **4. Agency Representatives** | Branch Director |       |
| Agency | Name | Deputy |       |
|       |       | Division Group |       |       |
|       |       | Division Group |       |       |
|       |       | Division Group |       |       |
|       |       | Division/Group |       |       |
|       |       | Division/Group |       |       |
| **5. PLANNING/INTEL SECTION** |  **b. Branch – Division/Groups** |
| Chief |       |       Branch Director |       |
| Deputy |       | Deputy |       |
| Resources Unit |       | Division/Group |       |       |
| Situation Unit |       | Division/Group |       |       |
| Environmental Unit |       | Division/Group |       |       |
| Documentation Unit |       |  Division/Group |       |       |
| Demobilization Unit |       | Division/Group |       |       |
| Technical Specialists |       |  **c. Branch – Division/Groups** |
|       |       |       Branch Director |       |
|       |       |       Deputy |       |
|       |       | Division/Group |       |       |
|       |       | Division/Group |       |       |
| **6. LOGISTICS SECTION** |  Division/Group |       |       |
| Chief |       | Division/Group |       |       |
| Deputy |       | Division/Group |       |       |
|  **a. Support Branch** |  **d. Air Operations Branch** |       |
| Director |       | Air Operations Br. Dir |       |
| Supply Unit |       | Helicopter Coordinator |       |
| Facilities Unit |       |       |       |
| Vessel Support Unit |       | **8. FINANCE/ADMINISTRATION SECTION** |
| Ground Support Unit |       | Chief |       |
|       |       | Deputy |       |
|  **b. Service Branch** | Time Unit |       |
| Director |       | Procurement Unit |       |
| Communications Unit |       | Compensation/Claims Unit |       |
| Medical Unit |       | Cost Unit |       |
| Food Unit |       |       |       |
| **9. Prepared By: (Resources Unit) Date/Time**            |

**ORGANIZATION ASSIGNMENT LIST (ICS 203-CG) Instructions for filling out the form**

**Purpose**. The Organization Assignment List 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 form 207-CG) which is posted on the Incident Command Post display. An actual organization will be event-specific. **Not all positions need to be filled.** 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.

Note: Depending on the incident, the Intelligence and Information function may be organized in several ways: 1) within the Command Staff as the Intelligence Officer; 2) As an Intelligence Unit in Planning Section; 3) As an Intelligence Branch or Group in the Operations Section; 4) as a separate General Staff Intelligence Section; and 5) as an Intelligence Technical Specialist. The incident will drive the need for the Intelligence and Information function and where it is located in the ICS organization structure. The Intelligence and information function is described in significant detail in NIMS and in the Coast Guard Incident Management Handbook (IMH).

**Distribution**. The Organization Assignment List is duplicated and attached to the Incident Objectives form (ICS 202-CG) and given to all recipients of the Incident Action Plan. All completed original forms MUST be given to the Documentation Unit.

Item # Item Title Instructions

1. Incident Name Enter the name assigned to the incident.

2. Operational Period Enter the time interval for which the form applies. Record the start and end date and time.

3. Incident Commander Enter the names of the Incident Commander and Staff. Use at least the first initial

 and Staff and last name.

4. Agency Representative Enter the agency names and the names of their representatives. Use at least the first initial and last name.

5. Section Enter the name of personnel staffing each of the listed positions. Use at least the

thru first initial and last name. For Units, indicate Unit Leader and for Divisions/

8. Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated. If there is a shift change during the specified operational period, list both names, separated by a slash.

9. Prepared By Enter the name and position of the person completing the form

 Date/Time Enter date (month, day, year) and time prepared (24-hour clock).