

ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME

2. DATE PREPARED 3. TIME PREPARED 4. OPERATIONAL PERIOD DATE/TIME

POSITION	NAME/AGENCY
----------	-------------

5. INCIDENT COMMANDER AND STAFF	
Incident Commander	
Public Information Officer	
Liaison Officer	
Safety Officer	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	

6. OPERATIONS SECTION

Chief	
Staging Manager	
Medical Care Branch	
Infrastructure Branch	
HazMat Branch	
Security Branch	
Business Continuity Branch	
(Other) Branch:	

7. PLANNING SECTION

Chief	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	

8. LOGISTICS SECTION

Chief	
Service Branch	
Support Branch	

9. FINANCE/ADMINISTRATION SECTION

Chief	
Time Unit	
Procurement Unit	
Compensation/Claims Unit	
Cost Unit	

10. AGENCY REPRESENTATIVE (IN HOSPITAL COMMAND CENTER)

11. HOSPITAL REPRESENTATIVE (IN EXTERNAL EOC)

Name	External Location
------	-------------------

12. PREPARED BY (RESOURCES UNIT LEADER) 13. FACILITY NAME