

Training Mission Outline - Event Description (ICS-201.b)

(Please complete and submit to Volunteer Coordinator at least 10 days before scheduled date)

1. Event Name:	2. Training Mission Number:	3. Date/Time of Event: Date: _____ Time: _____
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4. Map/Sketch:
Include sketch, map, or aerial image of event location with total planned area of operation.

5. Event Summary and Planned Objectives:
Describe purpose of the event in relation to the assigned training mission. Include intended goals and outcomes.

6. Event Organizers
List names and titles of individuals with leadership roles in this event (training officer, safety officer, instructor, etc.)

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7. Health and Safety Briefing

Identify potential health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect individuals from those hazards.

8. Event Schedule/Timeline:

Time:	Actions:

9. Resource and Equipment List:

Identify facilities, resources and large equipment required for event.

Resource:	Purpose:

Prepared by: Name: _____	Position/Title: _____
Signature: _____	Date/Time: _____

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10. Use this space as overflow for any previous section