

Organization Assignment List ICS Form 203

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



ICS Form 203 Completion Instructions

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 being used for the incident. If a trainee is assigned to apposition, indicate this with a "T" in parentheses behind the name (e.g. "A. Smith (T)").

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident
2.	Operational Period	Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies
3.	Incident Commander(s) and Command Staff	Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (e.g. "Assistant Safety Officer"). For all Individuals, use at least the first initial and last name. For Unified Command, also include agency names
4.	Agency/Organization Representatives	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name
5.	Planning Section	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
6.	Logistics Section	Enter the name of the Logistics Section Chief, Deputy, Branch Directors and Unit Leaders after each position title. 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
7.	Operations Section	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 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 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
8.	Finance/Administration Section	Enter the name of the Finance/Administration Section Chief, Deputy and Unit Leaders after each position title. 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
9.	Prepared by	Enter the name, ICS position and signature of the person preparing the form, and the date (month/day/year) and time (24 hour clock) prepared

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

Notes:

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

