

NHICS FORM 205 | INCIDENT COMMUNICATIONS PLAN (INTERNAL)

1. INCIDENT NAME:				2. FACILITY NAME:			
3. DATE PREPARED:			4. TIME PREPARED:		5. OPERATIONAL PERIOD:		
6. BASIC CONTACT INFORMATION							
NAME	NHICS ASSIGNMENT	PHONE (PRIMARY & ALTERNATE)	FAX	E-MAIL	RADIO CHANNEL FREQUENCY	ALTERNATE COMMUNICATION DEVICE	COMMENTS
7. PREPARED BY (COMMUNICATIONS UNIT LEADER):							
8. APPROVED BY (LOGISTICS CHIEF):							

PURPOSE: DOCUMENT CONTACT INFORMATION/CHANNELS TO BE USED WITHIN FACILITY

ORIGINATION: SITUATION UNIT LEADER

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, & STAFF/SCHEDULING UNIT LEADER

NOTE: CAN BE PREFILLED BEFORE INCIDENT AND UPDATED AS NEEDED

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