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Incident Command Form 209

Incident Status Summary

Logo Placeholder Other Agency

*1. Incident Name:		2. Incident Number:	

Additional Incident Definition and Decision Support Information

*31. Public Status Summary (Indicate Number of Civilians)	# for Operation-al Period	# Total to Date	*32. Responder Status Summary (Indicate Number of Responders)	# for Operation-al Period	# Total to Date
Fatalities			Fatalities		
Injuries/Illness			Injuries/Illness		
Trapped or in Need of Rescue			Trapped or in Need of Rescue		
Missing (note if estimated)			Missing (note if estimated)		
Evacuated (note if estimated)					
Sheltering in Place (note if est.)			Sheltering in Place (note if est.)		
Temporary Shelters (note if est.)					
Received Mass Immunizations?			Received Mass Immunizations?		
Require Immunizations (note if est.)			Require Immunizations (note if est.)		
Quarantined			Quarantined		
Total Civilians Affected			**Total Responders Affected**		

33. Life, Safety, and Health Status/Threat Remarks:

*34. Life, Safety, and Health Threat Management	Check if Active	Notes
No Likely Threat		
Potential Future Threat		
Mass Notifications In Progress		
Mass Notifications Completed		
No Evacuations Imminent		
Planning For Evacuation		
Planning For Shelter-In-Place		
Evacuations In Progress		
Shelter-In-Place In Progress		
Repopulation In Progress		
Mass Immunizations In Progress		
Mass Immunizations Complete		
Quarantine In Progress		
Area Restriction In Effect		

35. Weather Concerns (synopsis of current and forecasted weather):

36. Projected incident activity, movement, escalation, or spread and influencing factors for next operational periods.

12 Hours	
24 Hours	
48 Hours	
72 Hours	
72+ Hours	

37. Strategic Objectives (define planned end state for incident).

* Required when applicable.