NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

Fire Mobilization and Mutual Aid Plan

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Purpose

The State of New York has been affected by numerous natural and man-made disasters, which have resulted in loss of life, property damage and great human suffering. New York State's fire service has been integral to the response to these emergencies. Therefore, it is important that the State effectively manage and coordinate fire resources in response to an emergency, which has, or is anticipated to, exhaust fire resources in a county and contiguous counties, through the New York State Fire Mobilization and Mutual Aid Plan (State Plan).

For the purposes of the State Plan, mutual aid is: organized, supervised, coordinated, cooperative, and reciprocal assistance in which fire resources are used in response to a fire or other emergency in the State of New York.

The State Plan will establish the operational components, protocols and procedures, for the mobilization of fire resources during an emergency incident. The State Plan provides the processes to properly request, track, manage, utilize, and release fire resources during emergencies and disasters in an effective and efficient manner.

Scope

The State Plan establishes the processes for the efficient management and coordination of fire mutual aid in response to a large-scale incident or disaster.

The State Plan does not govern the requests for and deployment of fire resources mobilized pursuant to a county's mutual aid plan and General Municipal Law §209.

The State Plan may be activated independent of a local (city, town, village or county) or State disaster declaration. In the event of a disaster declaration, the State Plan shall operate in concert with, and in support of, local, State and federal authorities.

The National Incident Management System (NIMS) will be used during activation of the State Plan.

Concept of Operations

While an emergency originates at the local level, it can escalate, warranting the need of fire mutual aid from outside of the affected county and contiguous counties. The State Fire Mobilization and Mutual Aid Plan may be activated when local and regional fire resources have been exhausted and there is a need for mutual aid assistance. The State Plan may also be activated prior to the exhaustion of resources or in advance of an incident based on its actual or potential size and/or complexity.

The State Plan provides a mechanism to reinforce local fire and emergency response capacity and capabilities during significant events. The State Plan governs fire mutual aid response during activation and applies to emergency incidents that necessitate the provision of fire resources beyond those available, or anticipated to be available, in the affected county and contiguous counties.

The Office of Fire Prevention and Control (OFPC) is responsible for management and operation of the State Plan which includes: activation and termination; receiving requests for assistance from the Regional Fire Administrators (RFAs); identifying appropriate resources to meet requests; assigning the resources to be deployed; and tracking deployed resources.

State Fire Mobilization and Mutual Aid Plan Participation

Fire resources, including but not limited to municipal, fire districts, not-for profit fire companies, tribal fire departments, and industrial fire brigades, which participate in their respective county fire mutual aid plans, are in turn participants in the State Plan. Participation in the State Plan does not obligate the fire resources to provide fire mutual aid assistance, but rather, it establishes a formal agreement wherein the mutual aid of fire resources may be provided and received through a system of pre-established policies and procedures for operation of statewide fire mutual aid.

Operating outside the established fire mutual aid system creates problems with management of the incident and impacts the safety of responding personnel. Fire resources that respond without a request or deployment order (freelancing), will not be covered under the State Plan as mutual aid, pursuant to sections 209-e and 209-g of the General Municipal Law and therefore may not be afforded the benefits and protections provided by State and/or federal law. Freelancing will not be tolerated and may be treated as governmental obstruction.

All apparatus and its associated equipment should be equipped with National Standard threads NST), as defined by the National Bureau of Standards, or provide sufficient adapters to permit inter-connection with NST.

State Plan Activation

1. When it is determined by local, county, or state government that fire resources are, or may be, needed beyond those available through the county mutual aid plans, this State Plan may be activated upon:
    a. A request by a county through the County Fire Coordinator;
    b. A request by a municipality or fire district; or
    c. When directed by the Governor or his or her designee.

2. Requests to activate the State Plan are made by contacting the Office of Fire Prevention and Control at (518) 474-6746 (24 hour contact number). In the event that the OFPC phone number is not working, the State Watch Center should be contacted directly at: (518) 292-2200. If neither OFPC nor the State Watch Center is reachable, activation requests can be made to an OFPC Fire Protection Specialist.

3. In order to make a determination whether to activate the State Plan, the following information may be required:
    a. Description of incident
        i. Area of county directly impacted
        ii. Percentage of in-county fire departments and personnel assigned
        iii. Number of out of county fire departments and personnel assigned
    b. Immediate and Projected Needs:
        i. Apparatus (by type)
        ii. Equipment (by type)
        iii. Specialized Teams (by type)
        iv. Specialized Resources (by type)
        v. Personnel
    c. Locations of:
        i. Command Post
        ii. Emergency Operations Center
        iii. Staging Area
    d. Special concerns caused by, or directly related to, the incident. (i.e. bridge out; road impassable)
    e. Other agencies involved or already contacted for assistance:
        i. Federal
        ii. State
        iii. Local

4. Upon receipt of a request for activation of the State Plan, a determination is made as to whether to activate the State Plan by:
    a. Governor
    b. State Fire Administrator;
    c. Deputy State Fire Administrator; or
    d. OFPC Branch Chiefs.

5. Upon activation of the State Plan, immediate notification will be made to:
    a. DHSES Executive staff;
    b. OFPC full-time staff;
    c. State Watch Center; and
    d. County Fire Coordinators/Regional Fire Administrators.

6. The Office of Fire Prevention and Control shall maintain a permanent record of activations of the State Plan.

Powers, Functions and Duties
Office of Fire Prevention and Control

1. Upon activation of the State Fire Mobilization and Mutual Aid Plan, OFPC shall have the following powers, functions, and duties:
    a. Make required notifications, that the State Plan has been activated.
    b. Deploy OFPC Agency Representatives for situational awareness and/or technical assistance to include, but not be limited to:
        i. Provide operational assistance and guidance;
        ii. Work in coordination with the RFA to track and manage resources assigned to the respective mutual aid zone; and/or
        iii. Work in coordination with the RFA to assess resource needs for future operational periods.
    c. Activate the Fire Operations Center (FOC), if deemed necessary.
    d. In coordination with RFA, Deploy fire resources prior to an event, and/or request resources from localities, based on:
        i. the nature of the incident; and/or
        ii. the need for specialized resources.
    e. Receive requests from an RFA, or his or her designee, for fire resources within the designated zone.
    f. Canvass the RFAs for availability of fire resources in response to, or anticipation of, requests for assistance.
    g. Conduct regular RFA conference call for situational awareness.
    h. Identify available fire resources, based on proximity and nature of the request received and determine appropriate resources to respond.
    i. Deploy fire resources to the affected municipality or fire district, based on availability, proximity and nature of the request.
    j. Track assigned fire resources from initial deployment to return to home base.
    k. In coordination with RFA, demobilize assigned fire resources after completion of deployment.
    l. Deploy OFPC staff to functions and areas, including, but not limited to:
        i. State Fire Operations Center;
        ii. State Emergency Operations Center;
        iii. Incident Location;
        iv. Staging Areas; and
        v. Mission Specific Assignments.
    m. Maintain responsibility for State Plan activation and associated operations.

Powers, Functions and Duties
Regional Fire Administrator

1. Upon activation of the State Plan, the RFA, or designee, requesting assistance for their designated zone shall have the following powers, functions, and duties:
    a. Receive requests from the local incident commander(s) for fire resources.
    b. Identify the need for fire resources beyond those available within the zone, through communication and coordination with the local incident commander(s).
    c. Review, evaluate and validate requests for fire resources based on the appropriateness of the request, nature, and scope of the emergency.
    d. Request fire resources, on behalf of one or more affected municipalities and/or fire districts, within their designated zone, through OFPC.
    e. Notify OFPC when requested fire resources check-in.
    f. Assign fire resources, mobilized by OFPC to the zone.
    g. In coordination with OFPC, track assigned fire resources from arrival in their designated zone until the end of their assignment.
    h. Notify OFPC when fire resources, mobilized through the State Plan, are no longer needed and have been released from their designated zone.
    i. Track in-county and contiguous county fire resources mobilized pursuant to a county's mutual aid plan and General Municipal Law §209 resources and provide OFPC with a record of those resources.
2. RFAs, or their designees, that are coordinating the provision of fire resources to another zone shall have the following powers, functions and duties:
    a. Receive requests (canvass) for the availability of fire resources from OFPC as a direct request or on behalf of one or more affected municipalities and/or fire districts.
    b. Identify fire resources available, within the designated zone, to fulfill the requests.
    c. Inform OFPC of fire resources available, within their designated zone, to fulfill the requests.
    d. Receive deployment orders for fire resources from OFPC as a direct request or on behalf of one or more affected municipalities and/or fire districts.
    e. Confer with OFPC fulfillment of assignments based on the Deployment Order.
    f. Inform OFPC when requested fire resources are enroute.
    g. Inform OFPC that the fire resources, demobilized by OFPC, have arrived at home base.

Powers, Functions and Duties
Jurisdictions Providing Assistance

1. During the period of State Plan activation, fire resources:
    a. Receive availability inquiries from the RFA.
    b. Identify fire resources that are available to respond and fulfill the requirements of the request.
    c. Provide availability information to the RFA.
        i. Reporting the availability of resources is not a commitment of resources until a deployment order is received.
    d. Refrain from further action until the resource has received a deployment order.
2. Once ordered to deploy, the fire resource must:
    a. Comply with the deployment order.
        i. Deploy only those resources specified in the deployment order.
        ii. If unable to comply with the deployment order, immediately notify the RFA.
    b. Ensure all needed equipment is operational.
    c. Secure and bring sufficient provisions to allow assigned personnel to be self-sufficient for 72 hours.
    d. Mobilize and respond to the incident from a location designated by the RFA.
        i. Convoys are recommended for accountability of resources.
        ii. Each single resource, strike team or Task Force will insure that there is a person designated as the point of contact for the deployment.
    e. Report to Check-In when arriving at assigned location.
        i. Provide resource information to the status check-in recorder.
        ii. Receive assignment(s) and pertinent information provided by the staging area manager.
    f. Function under the command and control of the assisted jurisdiction.
    g. Document all activities and assignments using the ICS 214 Unit Log (see Appendix A).
        i. Record all events, including assignments.
        ii. Track all costs incurred during deployment.
    h. Report to Check-In upon completion of assignment or orders to return to home base.
        i. Provide a copy of a completed ICS 214 Unit Log to status check-in recorder prior to departing from check-in location.
        ii. Follow all demobilization orders.
    i. Notify the RFA upon arriving at home base.

j. Immediately notify RFA or designee of any equipment/vehicle loss or breakage during deployment.
k. Immediately notify RFA or designee of any injury or illness to members during deployment

Powers, Functions and Duties
Jurisdictions Receiving Assistance

1. During the period of State Plan activation, the affected municipalities and fire districts must:
    a. Identify fire resource needs to the RFA.
        i. Requests should be based on projected needs identified in a local incident action plan.
    b. Once the resources have been assigned, the receiving municipality or fire district shall:
        i. assume liability and responsibility;
        ii. maintain command and control of resources;
        iii. provide tactical direction for the resources;
        iv. provide meals and lodging for the resources, if possible; and
        v. release resources upon completion of assignment or fulfillment of deployment.
2. Resource Assignment Rules
    a. Resources should be used only to provide life safety services.
    b. Inappropriate use of requested resources will result in the removal of the resources from that assignment.
    c. Safety of all resources is paramount.
    d. Failure to abide by the law, the State Plan or orders at an incident may result in immediate removal of the assigned resource(s).

Deployment Rules

1. Fire resources shall not deploy until they have received a formal deployment order.

2. Fire personnel shall maintain a state of readiness to work from the receipt of deployment order until returning to their home base.

3. Fire resources should be used only to provide fire and life safety services.

4. Safety of all resources is paramount.

5. Inappropriate use of requested resources will result in the removal of the resources from that assignment.

6. Failure to abide by the law, the State Plan, or orders at an incident may result in:
    a. immediate removal from the assignment;
    b. lack of coverage; and/or
    c. ban from future State Plan responses.

State Plan Deactivation

1. When the RFAs operating in the affected zones advise OFPC that the fire resources, mobilized through the State Plan, are no longer necessary and/or the SFA determines that activation is no longer necessary, the State Plan will be deactivated based on the following:
    a. County is capable of handling the incident under normal conditions;
    b. It is not anticipated that the event will require mutual aid resources from the unaffected zones; and
    c. All deployed resources have returned to home base.
2. Upon deactivation of the State Plan, a notification will be made to all RFAs of the deactivation of the State Plan.
3. OFPC shall maintain a permanent record of the activation and deactivation of the State Plan.

Liability and Responsibility

General Municipal Law § 209-g governs liability during the activation of the State Plan. The liability and reimbursements provisions within General Municipal Law § 209-g are limited to counties, cities, towns, villages and fire districts. Any county, city, town, village or fire district requesting fire mutual aid assistance during activation of the State Plan is liable and responsible to the assisting county, city, town, village or fire district for any loss of, or damage to, apparatus, equipment and supplies and is responsible for the expenses incurred in the operation and maintenance of such, including costs of materials and supplies used and consumed, in rendering mutual aid assistance. This includes salaries and travel costs. Notwithstanding, an assisting municipality or fire district may assume any such loss, damage, expense or cost or loan such equipment and apparatus or donate such services to the receiving municipality or fire district without charge or cost.

General Municipal Law §209-g provides that liability for payments related to the injury or death of a volunteer firefighter resulting from assistance rendered pursuant to the State Plan is governed by the Volunteer Firefighters Benefit Law (VFBL). VFBL §30(6) provides that these costs are borne by the aided municipal corporation or district.

General Municipal Law § 209-g(4) provides immunities for any act or omission relating to the operation, maintenance or use of any apparatus, equipment, materials or supplies in connection with assistance rendered pursuant to the State Plan.
A municipality or fire district, that provided fire mutual aid assistance to one or more municipalities and/or fire districts within the State Plan activation period, may submit a claim to the receiving municipality or fire district for costs and expenses incurred as a result of such assistance, pursuant to General Municipal Law §§ 209-e and g.

Responding resources are the responsibility of the requesting entity from the receipt of the deployment order until their return to their home base. Responsibility may transfer between different municipalities and/or fire districts when an assignment changes during a deployment.

While the law limits applicability of the coverage of and reimbursement for assistance rendered pursuant to the State Plan to municipalities and fire districts, reimbursement of costs arising out of the provision of fire mutual aid to non-municipal resources may be addressed in the respective county mutual aid plan or by separate agreement between the aiding and receiving entities.

Reimbursement Process

In order to reserve a municipality's or fire district's right to claim reimbursement pursuant to General Municipal Law §§ 209-e and g, the claim (written notice) must:

1. Itemize all costs, expenses, damages and loss, by date;
2. Be notarized;
3. Be submitted within sixty (60) days of such assistance; and
4. Be served, by mail or otherwise, upon the comptroller or chief fiscal officer of the aided municipalities and/or fire districts.

General Municipal Law §209-g provides, in part, the following:

1. Any county, city, town, village or fire district requesting fire mutual aid, pursuant to the State Fire Mobilization and Mutual Aid Plan shall be liable and responsible to the assisting municipality or fire district for any loss of or damage to apparatus or equipment or supplies and shall bear and pay the expense incurred in the operation and maintenance of any apparatus or equipment and the cost of materials and supplies used or consumed in rendering such aid and assistance.
2. The receiving municipality or fire district shall reimburse the assisting municipality or fire district for any moneys paid for salaries or other compensation and traveling and maintenance expense.
3. Any such claim for loss, damage, expense or cost shall not be allowed unless within sixty (60) days afterwards a written notice of such claim, under oath, itemizing such loss, damage, expense or cost, is served by mail or otherwise upon the comptroller or chief fiscal officer of such receiving municipality or fire district.

If there is a federal declaration, an affected municipality or fire district may be eligible for federal reimbursement for mutual aid costs incurred during the declared period. Requests for federal reimbursement for assistance provided to an affected municipality or fire district must be submitted by the affected municipality or fire district. Entities that provided assistance to the affected municipality or fire district, may not submit requests for reimbursements directly to FEMA, but rather must submit claims for reimbursement to the aided municipality or fire district.

A municipality or fire district that provided assistance to more than one municipality or fire district, should submit a separate claim to each aided municipality or fire district.

FEMA reimbursement may cover expenses beyond those authorized by the General Municipal Law, and therefore, claims submitted to aided municipalities and fire districts should identify all costs and expenses incurred, by date.

Regional Fire Administrator Appointment

1. The State Fire Administrator shall appoint an RFA for each fire mobilization and mutual aid zone (County). Where practicable, the person holding the office of county fire coordinator or fulfilling the duties of the county fire coordinator, as outlined in County Law §225-a, shall be appointed as an RFA. In the counties comprising the City of New York, the RFA shall be the person holding the office of Chief of Department within the New York City Fire Department.
2. RFAs are required to take a constitutional oath of office to be filed with the Secretary of State.
3. OFPC shall issue an appointment letter and identification card to RFAs.
4. The line of authority identified in the county fire mutual aid plan will be used in the event that a RFA is not appointed or unable to fulfill his or her duties during an activation of the State Plan.
5. The RFA's authority, duties and responsibilities are limited to such times as the State Plan is activated and is limited to the period of the activation.
6. The appointment to the position of RFA is automatically rescinded upon vacating the position of county fire coordinator or other such qualifying position held at the time of appointment.
7. The SFA may rescind an appointment to the position of RFA at any time.
8. An RFA may be tasked, by OFPC, to cover a zone different than the one he or she was appointed to be responsible for.

County Fire Mutual Aid Plan

A county that participates in the state fire mobilization and mutual aid plan must develop and maintain a county fire mutual aid plan. The county plan must be reviewed at least once every five years. County fire mutual aid plans must meet the requirements contained in 9 NYCRR Part 205.

The procedures for submission and revision of a county fire mutual aid plan include the following:

1. The county mutual aid plan is submitted to OFPC for review to ensure it meets minimum standards established by OFPC (See checklist in Appendix F), including but not limited to:
    a. Identification of the county fire coordinator and deputy county fire coordinators, in line of authority.
    b. Identification of county fire and specialized resources, by type and kind, consistent with the federal emergency management agency guidelines.
    c. Identification of county fire radio frequencies and private line codes.
    d. Identification of the fire departments, within the county.
    e. Identification of fire department resources within the county, by type and kind, consistent with the federal emergency management agency guidelines.
    f. Identification of non-municipal fire resources within the county, by type and kind, consistent with the federal emergency management agency guidelines.
2. Submission of the county fire mutual aid plan indicates that the municipalities, fire districts, and non-municipal resources that have agreed to participate in such plan also agree to participate and comply with the provisions of the state fire mobilization and mutual aid plan.
3. The County Board of Supervisors or County Legislature must adopt the plan subsequent to OFPC's approval of such plan.
4. A copy of the adopted plan shall be distributed, by the county, to the following:
    a. OFPC;
    b. County Fire Advisory Board; and
    c. Public Safety Answering Point(s) for the county.

Definitions

1. Assisting County - A county where fire departments provide support and or resources during activation of the State Plan.
2. Available Resource Inquiry Form - An OFPC form sent to the RFAs to determine availability of fire resources for deployment.
3. Available Resources - Resources available to respond to an incident for a specified duration of time.
4. Check-In Area - An established location where resources report to be logged in and out of an incident.
5. County Mutual Aid Plan - A document that provides policies, procedures and protocols to fire departments and other response entities for the provision of fire mutual aid within the county.
6. Deployment Order - An order for the assignment of a fire resource to an incident. The order is sent to the assisting county RFA(s) or individual resource.
7. Deployment Summary - A list of resources assigned to an incident. The summary is sent to the assisting county RFA(s).
8. Emergency Operations Center (EOC) -– Established location for the coordination of information and resources to support an incident.
9. Fire Mobilization Zone - A county as determined by the State Constitution. The counties comprising the City of New York constitute a single zone.
10. Fire Resources - Fire personnel, supplies, equipment and facilities.
11. Incident Action Plan (IAP) - A plan containing incident objectives for managing an incident during one or more operational periods.
12. Incident Command System (ICS) - A standardized emergency management concept specifically designed to allow its users to adopt an integrated organizational structure equal to the complexity of the demands of single or multiple incidents, under the direction of the Incident Commander.
13. Incident Commander (IC) - The individual responsible for the management of all incident activities.
14. Mobilization - The process for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.
15. Mutual Aid - The organized, supervised, coordinated, cooperative, and reciprocal assistance in which fire resources are used in response to a fire or other emergency in the State of New York.
16. Mutual Aid Agreement - A written agreement between two or more entities (public or private) that provides a mechanism to quickly obtain fire personnel and resources.
17. National Incident Management System (NIMS) - The standardized system of processes, protocols and procedures to coordinate and conduct response actions.

18. Notification of Mobilization Plan Activation - An OFPC form sent to the RFAs to notify them of the State Plan's activation.
19. Notification of Mobilization State Plan De-Activation - An OFPC form sent to the RFAs to notify them of the State Plan's de-activation.
20. Operational Period - The time scheduled for executing a given set of operation actions, as specified in the IAP.
21. Ordering Number - A unique number assigned to each resource request during an incident.
22. Political Subdivision - A county, city, town, village or fire district.
23. Receiving County - A county receiving fire resources from an assisting county during activation of the State Plan.
24. Regional Fire Administrator (RFA) - A person appointed by the State Fire Administrator for each mutual aid zone to perform the duties outlined in this document and serves during an activation of the State Fire Mobilization and Mutual Aid Plan.
25. Resource Kind - A classification of resources in the incident command system which refers to function: e.g. hand crew, helicopter, or engine.
26. Resource Request - Requests for fire resources.
27. Resource Tracking Number - A unique number issued to a resource for the purpose of identification and tracking.
28. Resource Type - Refers to resource capability. (i.e. Type 1 resource provides a greater overall capability due to power, size, capacity, etc., than would be found in a Type 2 resource.)
29. Single Resource - Individual personnel, units' supplies and equipment items and the operators associated with them.
30. Staging Area - The temporary location of available resources.
31. State Fire Operations Center (FOC) - A facility staffed by OFPC to coordinate the response of OFPC staff, fire service personnel and resources during a fire or other emergency.

Appendix A

Fire Mobilization and Mutual Aid Plan Forms

Notification of Activation

County Resource Request

Available Resource Inquiry

Resource Availability

Deployment Order Summary

Deployment Order

Amended Deployment Order

Staff Deployment Order

Notification of De-Activation

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EMERGENCY COMMUNICATION

FOR IMMEDIATE NOTICE TO COUNTY FIRE COORDINATOR

FIRE MOBILIZATION AND MUTUAL AID PLAN ACTIVATION

DATE

A TYPEOFEVENT is currently affecting/is anticipated to affect the county/counties of COUNTY/COUNTIES . To assist them in an efficient and effective manner with any needs they may have to resolve this incident, the New York State Fire Mobilization & Mutual Aid Plan has been activated as of DATE/TIME . There are currently requests/no requests for resources at this time. The Office of Fire Prevention and Control Fire Operations Center is open at this time/will be open at TIME hours on DATE and will continue operating until the Fire Mobilization and Mutual Aid Plan is deactivated. Please standby for further information and direction.

Contact information for the Fire Operations Center is as follows:

518-292-2338

518-292-2337

FOCOPS.OFPC@dhses.ny.gov

Authority:

State Fire Administrator

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Request #: R- _____
(Office Use Only)

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County Resource Request

1. County Requesting Assistance: _____
2. Person Making Request: (name/title) _____
3. Person Relaying Request (if different)(name/title) _____
4. Phone Number: _____
5. E-mail Address: _____
6. Date & Time of Request: _____
7. Received by: (office use only) _____
8. Method of Receipt: (verbal, phone, email, fax)(office use only)_____
9. Resources Requested:

REQUESTING AGENCY	KIND	TYPE	(U) Urban, (S) Suburban, or (R) Rural (List all that apply)	TOTAL	(Office Use Only) NYS Responds#	(Office Use Only) ORDER #

Please use an additional form if more resources are needed then will fit in the above chart

10. Expected Duration of Deployment: _____
11. Report to Requesting Staging Area by: (date/time) _____
12. Location of Requesting County Staging Area: _____
_____
13. Comments/Special Instructions: _____
_____

Ops Takes -> Ops Approves -> Ops -> Logs

☐ Approved as is ☐ Approved w/Amendment ☐ Denied

County Resource Request - Additional

REQUESTING AGENCY	KIND	TYPE	(U) Urban, (S) Suburban, or (R) Rural (List all that apply)	TOTAL	(Office Use Only) NYS Responds#	(Office Use Only) ORDER #

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Available Resource Inquiry

To:

From: OFPC Fire Operations Center Logistics Section Chief

Subject: NYS Fire Mobilization & Mutual Aid Plan Activation

Date/Time:

Incident:

THIS IS NOT AN ORDER TO DEPLOY

The potential exists that the following resources will be needed for the operational period(s) listed below. Please determine resource availability within your mutual aid zone. Complete the included Resource Availability form and e-mail results to (FOCLogs.OFPC@dhses.ny.gov) or fax (518-474-1611) to the OFPC Fire Operations Center no later than DATE/TIME. If there is a determination to deploy the resources you identified to this incident deployment orders will be sent to you no later than DATE/TIME.

KIND	TYPE	(U) Urban, (S) Suburban, or (R) Rural (List all that apply)	DEPLOYMENT PERIOD

Enclosed is the Resource Typing information to assist you in determining the availability of your resources. If a resource is deployed, arrives but does not meet the type and kind requested, it will be returned immediately. This is not an order to deploy and is for information gathering purposes only. If your resources are needed you will be contacted and provided with deployment orders.

Logs -> CFCs to determine available resources

THIS IS NOT AN ORDER TO DEPLOY

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Resource Availability

Regional Fire Administrator:
Complete this page and return to the Fire Operations Center:
Email to FOCLogs.OFPC@dhses.ny.gov or Fax to 518-474-1611

To: Fire Operations Center Logistics Section

From: Regional Fire Administrator

Subject: NYS Fire Mobilization & Mutual Aid Plan Activation

Date/Time of Inquiry:

Incident:

Deployment Period:

County:

County Contact:

Phone # of Contact:

E-mail of Contact:

Date/Time Completed:

AGENCY	KIND	TYPE	(U) Urban, (S) Suburban, or (R) Rural (List all that apply)	TOTAL	(Office Use Only) NYS Responds #	(Office Use Only) ORDER #

Use a separate line for each individual resource listed

CFC returns to FOC with resource availability

AGENCY	KIND	TYPE	(U) Urban, (S) Suburban, or (R) Rural (List all that apply)	TOTAL	(Office Use Only) NYS Responds #	(Office Use Only) ORDER #

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Deployment Order Summary

To:

From: OFPC Fire Operations Center Logistics Section Chief

Subject: NYS Fire Mobilization & Mutual Aid Plan Activation

Date/Time:

Incident:

County:

The following resources are being assigned to this incident:

KIND	TYPE	AGENCY	REQUESTING AGENCY	ORDER #

Please do the following:

- Provide each agency with the corresponding deployment order(s).
- Group resources into a convoy if practical.
- Advise the OFPC Fire Operations Center Planning Section (518-292-2337) when the resources have departed and upon their return to home base.
- Collect completed **Resource Information** form from each agency and e-mail (FOCPlans.OFPC@dhses.ny.gov) or fax (518-474-1611).

Sent to CFC, lists all resources from their county they are to deploy

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Deployed Resource Information

Urgent: Return to OFPC As Soon As Possible

1. Agency: _____

2. Resource Tracking #: (if assigned) _____

3. Order #: _____

4. Resource Type and Kind: _____

5. Unit Identifier: _____

6. Leader Name: _____

7. Leader Cell Phone #: _____

Additional Personnel:

FULL NAME	CELL PHONE NUMBER

This form is to be given to the County Fire Coordinator prior to your departure for return to OFPC Fire Operations Planning Section by e-mail (FOCPlans.OFPC@dhses.ny.gov) or fax (518-474-1611).

Fire department gives to CFC sends to FOC sends to appropriate staging and attaches to t-card

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NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

Fire Resource Deployment Order

To:

From: OFPC Fire Operations Center Logistics Section Chief

Subject: NYS Fire Mobilization & Mutual Aid Plan Activation

NYS Responds #:

Request #:

Order #:

Date/Time:

Incident:

Resource to Respond:

County Assignment:

Receiving Agency:

This resource is to report on at hrs to:

This deployment will be for a period of starting at the time of initial check-in and ending at the time of final check-out.

Only the assigned resource is to respond. Individuals are to conduct themselves in a professional manner and shall maintain readiness to work for the duration of the deployment. Upon deployment, command and control of the resources fall within the incident command system. Resources are expected to be self-sufficient (rustic camping conditions). Upon demobilization and check-out, the resource shall contact the OFPC Fire Operations Center Planning Section at 518-292-2337 to inform them that the resource has returned to home base. If there are any issues or questions please feel free to contact us.

Travel Routes/Advisories:

Safety Issues/Messages:

Other (housing, meals, weather, etc.):

UNIT LOG 214 NYS	1. Incident Name	2. Date Prepared	3. Time Prepared

4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period
7. FDID #	**8. Resource Tracking #**	**9. Misc.**

10. Personnel Roster Assigned

Name	Job Title	Home Base

11. Activity Log (Continue on Reverse)

Time	Major Events

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NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

Fire Resource Deployment Order

To:

From: OFPC Fire Operations Center Logistics Section Chief

Subject: NYS Fire Mobilization & Mutual Aid Plan Activation

NYS Responds #:

Request #:

Amended Order #:

Date/Time:

Incident:

Resource to Respond:

County Assignment:

Receiving Agency:

AMENDED

This resource is to report on at hrs to:

This deployment will be for a period of **«Duration_of_Deployment»** starting at the time of initial check-in and ending at the time of final check-out.

Only the assigned resource is to respond. Individuals are to conduct themselves in a professional manner and shall maintain readiness to work for the duration of the deployment. Upon deployment, command and control of the resources fall within the incident command system. Resources are expected to be self-sufficient (rustic camping conditions). Upon demobilization and check-out, the resource shall contact the OFPC Fire Operations Center Planning Section at 518-292-2337 to inform them that the resource has returned to home base. If there are any issues or questions please feel free to contact us.

Travel Routes/Advisories:

Safety Issues/Messages:

Other (housing, meals, weather, etc.):

AMENDED

UNIT LOG 214 NYS	1. Incident Name	2. Date Prepared	3. Time Prepared

4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period
7. FDID #	**8. Resource Tracking #**	**9. Misc.**

10. Personnel Roster Assigned

Name	Job Title	Home Base

11. Activity Log (Continue on Reverse)

Time	Major Events

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NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

Staff Deployment Order

To:

Date/Time Issued: Assignment #:

By The Order Of:

Incident Name:

Shift Date					
Start of Shift					
End of Shift					
Location					
Report To					
Assignment					

Comments/Special Information:

Forward this assignment to your direct supervisor for visibility. Contact the Planning Section in the FOC at 518-292-2338, or the incident supervisor if no one answers, to check-in and out which includes departure, arrival and return to home base. If applicable, also provide the information for the hotel you will be staying in. You are expected to arrive at least a half hour prior to the start of your shift. The end of your shift may vary as it is dependent on the assignment and the event.

Lodging arrangements if applicable:

UNIT LOG 214 NYS	1. Incident Name	2. Date Prepared	3. Time Prepared

4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period
7. FDID #	**8. Resource Tracking #**	**9. Misc.**

10. Personnel Roster Assigned

Name	Job Title	Home Base

11. Activity Log (Continue on Reverse)

Time	Major Events

NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

EMERGENCY COMMUNICATION

FOR IMMEDIATE NOTICE TO COUNTY FIRE COORDINATOR

FIRE MOBILIZATION AND MUTUAL AID PLAN DE-ACTIVATION

DATE

The State Fire Mobilization and Mutual Aid Plan for EVENT has been deactivated. The Fire Operations Center is being shut down as of TIME at DATE/will remain open at this time. The State Emergency Operations Center fire desk remains operating thru DATE TIME/has also been shut down. In response to this activation the following actions and resources were utilized:

LIST RESOURCES AND ACTIONS

Authority:

State Fire Administrator

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Appendix B

ICS Forms & Directions

ICS 201 – Incident Briefing

ICS 202 – Incident Objectives

ICS 203 – Organization Assignment List

ICS 204 – Assignment List

ICS 205 – Incident Radio Communications Plan

ICS 205A – Communications List

ICS 206 – Medical Plan

ICS 208 – Safety Message/Plan

ICS 211 – Incident Check-In List

ICS 213 – General Message

ICS 214 – Activity Log

ICS 215 – Operational Planning Worksheet

ICS 221 – Demobilization Check-Out

ICS Forms can be found at https:training.femba.gov/emiweb/is/icsresource/icsforms.htm

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INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Date Time: HHMM

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)**:**

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name: Position/Title: Signature: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Date Time: HHMM

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
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HHMM	
HHMM	
HHMM	
HHMM	
HHMM	
HHMM	

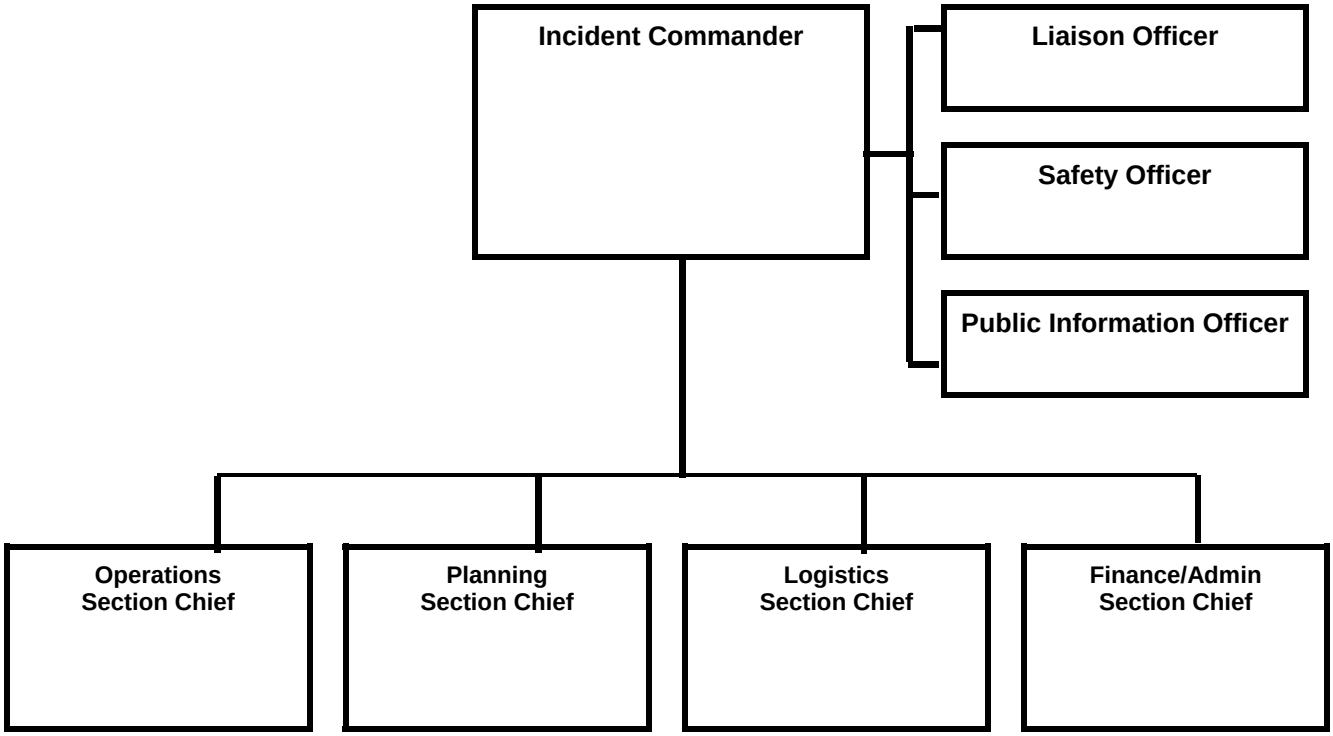
6. Prepared by: Name: Position/Title: Signature: _____

 Date/Time: Date

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Date Time: HHMM

9. Current Organization (fill in additional organization as appropriate)**:**



6. Prepared by:	Name:	Position/Title:	Signature: _____
ICS 201, Page 3		Date/Time: Date	

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: DateTime: HHMM

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

6. Prepared by: Name: Position/Title: Signature: _____

ICS 201, Page 4 Date/Time: Date

ICS 201
Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Date/Time Initiated** • Date, Time	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	**Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	**Situation Summary and Health and Safety Briefing (**for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	**Current and Planned Objectives**	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	**Current and Planned Actions, Strategies, and Tactics** • Time • Actions	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	**Current Organization** (fill in additional organization as appropriate) • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief	• Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	**Resource Summary**	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	• Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	• Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	• Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	• Arrived	Enter an “X” or a checkmark upon arrival to the incident.
	• Notes (location/ assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	**2. Operational Period:**	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Objective(s):

4. Operational Period Command Emphasis:

General Situational Awareness

5. Site Safety Plan Required? Yes ☐ No ☐

Approved Site Safety Plan(s) Located at: _____

6. Incident Action Plan (the items checked below are included in this Incident Action Plan)**:**

☐ ICS 203	☐ ICS 207	Other Attachments:
☐ ICS 204	☐ ICS 208	☐ _____
☐ ICS 205	☐ Map/Chart	☐ _____
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____
☐ ICS 206		☐ _____

7. Prepared by: Name: Position/Title: Signature: _____

8. Approved by Incident Commander: Name: Signature: _____

ICS 202	**IAP Page**	Date/Time: Date

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ICS 202
Incident Objectives

Purpose. The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

Distribution. The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident. If needed, an incident number can be added.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Objective(s)**	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable. Objectives should follow the SMART model or a similar approach: **S**pecific – Is the wording precise and unambiguous? **M**easurable – How will achievements be measured? **A**ction-oriented – Is an action verb used to describe expected accomplishments? **R**ealistic – Is the outcome achievable with given available resources? **T**ime-sensitive – What is the timeframe?
4	**Operational Period Command Emphasis**	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	**Site Safety Plan Required?** Yes ☐ No ☐	Safety Officer should check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	**Incident Action Plan** (the items checked below are included in this Incident Action Plan): ☐ ICS 203 ☐ ICS 204 ☐ ICS 205 ☐ ICS 205A ☐ ICS 206 ☐ ICS 207 ☐ ICS 208 ☐ Map/Chart ☐ Weather Forecast/ Tides/Currents Other Attachments:	Check appropriate forms and list other relevant documents that are included in the IAP. ☐ ICS 203 – Organization Assignment List ☐ ICS 204 – Assignment List ☐ ICS 205 – Incident Radio Communications Plan ☐ ICS 205A – Communications List ☐ ICS 206 – Medical Plan ☐ ICS 207 – Incident Organization Chart ☐ ICS 208 – Safety Message/Plan
7	**Prepared by** • Name • Position/Title • Signature	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	**Approved by Incident Commander** • Name • Signature • Date/Time	In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Incident Commander(s) and Command Staff:	
IC/UCs	
Deputy	
Safety Officer	
Public Info. Officer	
Liaison Officer	

4. Agency/Organization Representatives:	
Agency/Organization	Name

5. Planning Section:	
Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	

6. Logistics Section:	
Chief	
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. Operations Section:		
Chief		
Deputy		
Staging Area		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Air Operations Branch		
Air Ops Branch Dir.		

8. Finance/Administration Section:	
Chief	
Deputy	
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

9. Prepared by:	Name:	Position/Title:	Signature: _____
ICS 203	**IAP Page**	Date/Time: Date	

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ICS 203
Organization Assignment List

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

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

Notes:

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

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Incident Commander(s) and Command Staff** • IC/UCs • Deputy • Safety Officer • Public Information Officer • Liaison Officer	Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "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** • Agency/Organization • Name	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** • Chief • Deputy • Resources Unit • Situation Unit • Documentation Unit • Demobilization Unit • Technical Specialists	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.

Block Number	Block Title	Instructions
6	**Logistics Section** • Chief • Deputy **Support Branch** • Director • Supply Unit • Facilities Unit • Ground Support Unit **Service Branch** • Director • Communications Unit • Medical Unit • Food Unit	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** • Chief • Deputy • Staging Area **Branch** • Branch Director • Deputy • Division/Group **Air Operations Branch** • Air Operations Branch Director	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** • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit	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** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM	3. Branch: Division: Group: Staging Area:

4. Operations Personnel:

	Name	Contact Number(s)
Operations Section Chief:		XXX-XXX-XXXX
Branch Director:		XXX-XXX-XXXX
Division/Group Supervisor:		XXX-XXX-XXXX

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment)**:**

Name	/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
	/	
	/	
	/	
	/	

9. Prepared by: Name: Position/Title: Signature: _____

ICS 204	IAP Page	Date/Time: Date

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ICS 204
Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Branch** **Division** **Group** **Staging Area**	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., “Branch 1,” “Division D,” “Group 1A”) in large letters for easy referencing.
4	**Operations Personnel** • Name, Contact Number(s) – Operations Section Chief – Branch Director – Division/Group Supervisor	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	**Resources Assigned**	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader’s name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	**Work Assignments**	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	**Special Instructions**	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	**Communications** (radio and/or phone contact numbers needed for this assignment) • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Enter specific communications information (including emergency numbers) for this Branch/Division/Group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed.
9	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared: Date: Date Time: HHMM	3. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM

4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader)**:** Name: Signature: _____

ICS 205	IAP Page	Date/Time: Date

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ICS 205
Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

Preparation. The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

Distribution. The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Date/Time Prepared**	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	**Basic Radio Channel Use**	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
4 (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an “N” designating narrowband or a “W” designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter “A” for analog operation, “D” for digital operation, or “M” for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
5	**Special Instructions**	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
6	**Prepared by** (Communications Unit Leader) • Name • Signature • Date/Time	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Basic Local Communications Information:

Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)

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ICS 205A
Communications List

Purpose. The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation. The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution. The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Basic Local Communications Information**	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	• Incident Assigned Position	Enter the ICS organizational assignment.
	• Name	Enter the name of the assigned person.
	• Method(s) of Contact (phone, pager, cell, etc.)	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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MEDICAL PLAN (ICS 206)

1. Incident Name:	**2. Operational Period:**	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground)**:**

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					☐ Yes Level: ____	☐ Yes ☐ No	☐ Yes ☐ No
					☐Yes Level: ____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: ____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: ____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader)**:** Name: Signature: _____

8. Approved by (Safety Officer)**:** Name: Signature: _____

ICS 206	**IAP Page**	Date/Time: Date

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ICS 206
Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Medical Aid Stations**	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics on Site? ☐ Yes ☐ No	Indicate (yes or no) if paramedics are at the site indicated.
4	**Transportation** (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	• Ambulance Service	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service ☐ ALS ☐ BLS	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	**Hospitals**	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.

	• Travel Time
	  • Air
	  • Ground
		Enter the travel time by air and ground from the incident to the hospital.

	• Trauma Center ☐ Yes Level:_____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	**Special Medical Emergency Procedures**	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	**Prepared by** (Medical Unit Leader) • Name • Signature	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	**Approved by** (Safety Officer) • Name • Signature • Date/Time	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

4. Site Safety Plan Required? Yes ☐ No ☐

Approved Site Safety Plan(s) Located At:

5. Prepared by:	Name:	Position/Title:	Signature: _____
ICS 208	IAP Page	Date/Time: Date	

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ICS 208
Safety Message/Plan

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:
- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan**	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	**Site Safety Plan Required?** Yes ☐ No ☐	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Incident Number:	3. Check-In Location (complete all that apply):					4. Start Date/Time:
		☐ Base	☐ Staging Area	☐ ICP	☐ Helibase	☐ Other	Date: Date Time: HHMM

Check-In Information (use reverse of form for remarks or comments)

5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:							6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point, Date and Time	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Data Provided to Resources Unit
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF											

ICS 211	17. Prepared by:	Name:	Position/Title:	Signature: _____	Date/Time:

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ICS 211
Incident Check-In List

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

Preparation. The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Distribution. ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Notes:
- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Check-In Location** ☐ Base ☐ Staging Area ☐ ICP ☐ Helibase ☐ Other	Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post. Other may include…
4	**Start Date/Time** • Date • Time	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.

Block Number	Block Title	Instructions
	Check-In Information	Self explanatory.
5	**List single resource personnel (overhead) by agency and name, OR list resources by the following format**	Enter the following information for resources: OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.
	• State	Use this section to list the home State for the resource.
	• Agency	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	• Category	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	• Kind	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	• Type	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	• Resource Name or Identifier	Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team.
	• ST or TF	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.
6	**Order Request #**	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.
7	**Date/Time Check-In**	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
8	**Leader's Name**	• For equipment, enter the operator's name. • Enter the Strike Team or Task Force leader's name. • Leave blank for single resource personnel (overhead).
9	**Total Number of Personnel**	Enter total number of personnel associated with the resource. Include leaders.
10	**Incident Contact Information**	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
11	**Home Unit or Agency**	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
12	**Departure Point, Date and Time**	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
13	**Method of Travel**	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).
14	**Incident Assignment**	Enter the incident assignment at time of dispatch.
15	**Other Qualifications**	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.

Block Number	Block Title	Instructions
16	**Data Provided to Resources Unit**	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.
17	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional)**:**		
2. To (Name and Position)**:**		
3. From (Name and Position)**:**		
4. Subject:	**5. Date:** Date	**6. Time** HHMM
7. Message:		
8. Approved by: Name:	Signature: _____	Position/Title:
9. Reply:		
10. Replied by: Name:	Position/Title:	Signature: _____
ICS 213	Date/Time: Date	

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ICS 213
General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	**Incident Name** (Optional)	Enter the name assigned to the incident. This block is optional.
2	**To** (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	**From** (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	**Subject**	Enter the subject of the message.
5	**Date**	Enter the date (month/day/year) of the message.
6	**Time**	Enter the time (using the 24-hour clock) of the message.
7	**Message**	Enter the content of the message. Try to be as concise as possible.
8	**Approved by** • Name • Signature • Position/Title	Enter the name, signature, and ICS position/title of the person approving the message.
9	**Reply**	The intended recipient will enter a reply to the message and return it to the originator.
10	**Replied by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

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ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:** Date From: Date Time From: HHMM	Date To: Date Time To: HHMM
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: Position/Title: Signature: _____

ICS 214, Page 1 Date/Time: Date

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

7. Activity Log (continuation)**:**

Date/Time	Notable Activities

ICS 214
Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Name**	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	**ICS Position**	Enter the name and ICS position of the individual in charge of the Unit.
5	**Home Agency** (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	**Resources Assigned**	Enter the following information for resources assigned:
	• Name	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	• ICS Position	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	• Home Agency (and Unit)	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	**Activity Log** • Date/Time • Notable Activities	• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:	2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM

3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources													7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.																
			Have																
			Need																
			Req.																
			Have																
			Need																
			Req.																
			Have																
			Need																
			Req.																
			Have																
			Need																
			Req.																
			Have																
			Need																
			Req.																
			Have																
			Need																
		11. Total Resources Required															14. Prepared by:		
		12. Total Resources Have on Hand															Name:		
		13. Total Resources Need To Order															Position/Title:		
																	Signature:		
ICS 215																	Date/Time: Date		

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ICS 215
Operational Planning Worksheet

Purpose. The Operational Planning Worksheet (ICS 215) communicates the decisions made by the Operations Section Chief during the Tactics Meeting concerning resource assignments and needs for the next operational period. The ICS 215 is used by the Resources Unit to complete the Assignment Lists (ICS 204) and by the Logistics Section Chief for ordering resources for the incident.

Preparation. The ICS 215 is initiated by the Operations Section Chief and often involves logistics personnel, the Resources Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staffs during the Planning Meeting. It may be useful in some disciplines or jurisdictions to prefill ICS 215 copies prior to incidents.

Distribution. When the Branch, Division, or Group work assignments and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the ICS 204. The Logistics Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

Notes:

- This worksheet can be made into a wall mount.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.
- If additional pages are needed, use a blank ICS 215 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Branch**	Enter the Branch of the work assignment for the resources.
4	**Division, Group, or Other**	Enter the Division, Group, or other location (e.g., Staging Area) of the work assignment for the resources.
5	**Work Assignment & Special Instructions**	Enter the specific work assignments given to each of the Divisions/Groups and any special instructions, as required.
6	**Resources**	Complete resource headings for category, kind, and type as appropriate for the incident. The use of a slash indicates a single resource in the upper portion of the slash and a Strike Team or Task Force in the bottom portion of the slash.
	• Required	Enter, for the appropriate resources, the number of resources by type (engine, squad car, Advanced Life Support ambulance, etc.) required to perform the work assignment.
	• Have	Enter, for the appropriate resources, the number of resources by type (engines, crew, etc.) available to perform the work assignment.
	• Need	Enter the number of resources needed by subtracting the number in the “Have” row from the number in the “Required” row.
7	**Overhead Position(s)**	List any supervisory and nonsupervisory ICS position(s) not directly assigned to a previously identified resource (e.g., Division/Group Supervisor, Assistant Safety Officer, Technical Specialist, etc.).
8	**Special Equipment & Supplies**	List special equipment and supplies, including aviation support, used or needed. This may be a useful place to monitor span of control.
9	**Reporting Location**	Enter the specific location where the resources are to report (Staging Area, location at incident, etc.).
10	**Requested Arrival Time**	Enter the time (24-hour clock) that resources are requested to arrive at the reporting location.

Block Number	Block Title	Instructions
11	**Total Resources Required**	Enter the total number of resources required by category/kind/type as preferred (e.g., engine, squad car, ALS ambulance, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/ Task Forces in the bottom portion of the slash.
12	**Total Resources Have on Hand**	Enter the total number of resources on hand that are assigned to the incident for incident use. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
13	**Total Resources Need To Order**	Enter the total number of resources needed. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
14	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name:	2. Incident Number:	
3. Planned Release Date/Time: Date: Date Time: HHMM	4. Resource or Personnel Released:	5. Order Request Number:

6. Resource or Personnel:

You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).

LOGISTICS SECTION

	Unit/Manager	Remarks	Name	Signature
☐	Supply Unit			
☐	Communications Unit			
☐	Facilities Unit			
☐	Ground Support Unit			
☐	Security Manager			
☐				

FINANCE/ADMINISTRATION SECTION

	Unit/Leader	Remarks	Name	Signature
☐	Time Unit			
☐				
☐				

OTHER SECTION/STAFF

	Unit/Other	Remarks	Name	Signature
☐				
☐				

PLANNING SECTION

	Unit/Leader	Remarks	Name	Signature
☐				
☐	Documentation Leader			
☐	Demobilization Leader			

7. Remarks:

8. Travel Information:

Room Overnight: ☐ Yes ☐ No

Estimated Time of Departure: _____ Actual Release Date/Time: _____

Destination: _____ Estimated Time of Arrival: _____

Travel Method: _____ Contact Information While Traveling: _____

Manifest: ☐ Yes ☐ No Area/Agency/Region Notified:

Number: _____ _____

9. Reassignment Information: ☐ Yes ☐ No

Incident Name: _____ Incident Number: _____

Location: _____ Order Request Number: _____

10. Prepared by: Name: Position/Title: Signature: _____

ICS 221 Date/Time: Date

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ICS 221
Demobilization Check-Out

Purpose. The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation. The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Planned Release Date/Time**	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	**Resource or Personnel Released**	Enter name of the individual or resource being released.
5	**Order Request Number**	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	**Resource or Personnel** You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative). • Unit/Leader/Manager/Other • Remarks • Name • Signature	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).
	Logistics Section ☐ Supply Unit ☐ Communications Unit ☐ Facilities Unit ☐ Ground Support Unit ☐ Security Manager	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.

Block Number	Block Title	Instructions
6 (continued)	**Finance/Administration Section** ☐ Time Unit	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Other Section/Staff ☐	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Planning Section ☐ Documentation Leader ☐ Demobilization Leader	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
7	**Remarks**	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.
8	**Travel Information**	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest ☐ Yes ☐ No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
	Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.
9	**Reassignment Information** ☐ Yes ☐ No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.

Block Number	Block Title	Instructions
10	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).

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Appendix C

Resource Typing

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Typed Resource Definitions

Resource:	Engine, Fire (Pumper)					
Kind:	Equipment					
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Other
Component	Metric					
Equipment	Pump Capacity	1,000 GPM	500 GPM	120 GPM	70 GPM	
Equipment	Tank Capacity	400 Gal.	400 Gal.	500 Gal.	750 Gal.	
Equipment	Hose, 2.5"	1,200'	1,000'			
Equipment	Hose, 1.5"	400'	500'	1,000'	300'	
Equipment	Hose, 1"	200'	300'	800'	300'	
Personnel	Personnel	4	3	3	2	SCBA Qualified
Comments:	The engine typing needs to be taken out to Type VII. Compromise between FIRESCOPE and NWCG is to use NWCG Standards for Engines and Crews. NWCG has seven engine types.					

Resource:	Fire Truck - Aerial (Ladder or Platform)					
Kind:	Equipment					
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Other
Component	Metric					
Personnel	Number	4	Same as Type I			SCBA Qualified
Equipment	Aerial	75'	50'			
Equipment	Elevated Stream	500 GPM	Same as Type I			
Equipment	Ground Ladders	115'	Same as Type I			
Comments:	Designate "L" for Ladder, or "P" for Platform.					

Resource:	Portable Pump					
Kind:	Equipment					
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Other
Component	Metric					
Equipment	Pumping Capacity	500 GPM	250 GPM	50 GPM		
Comments:	Thes are normally trailer mounted units.					

Typed Resource Definitions

Resource:	Strike Team, Engine (Fire)					
Kind:	Team					
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Other
Component	Metric					
Equipment	Engine, Fire	5	5	5	5	(See Engine for details)
Personnel	STL	1	1	1	1	Strike Team Task Force Leader
Personnel	Engine	4	3	3	3	Staffing on each Engine
Personnel	Total	21	16	16	16	
Comments:	Strike Team defined as like numbe rof resources, with common communictions, and a leader. Engine Strike Team Typing is based on individual Engine Typing.					

Resource:	Water Tender, Firefighting (Tanker)					
Kind:	Equipment					
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Other
Component	Metric					
Equipment	Water Capacity	2,000 Gal.	1,000 Gal.	1,000 Gal.	2,000 Gal.	
Equipment	Pumping Capacity	300 GPM	120 GPM	50 GPM	300 GPM	
Personnel	Number	2	2	2	2	Able to fill and drop water
Comments:						

Resource:	Portable Generator					
Kind:	Equipment (NYS)					
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Other
Component	Metric					
Equipment	Console/ Workstation	2	2			
Equipment	Frequency	Multi Range	Multi Range			
Equipment	Power Source	Internal	Internal			
Equipment	Telephone System	6 Trunk/ 16 Extensions				
Personnel	Number	2	2			
Comments:						

Typed Resource Definitions

Resource:	SEFU (Storm Emergency Fire Unit)					
Kind:	Equipment (NYS)					
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Other
Component	Metric					
Equipment	Fire Dept. Owned	Yes				
Equipment	Transmission	4 Wheel Drive				
Equipment	Portable Pump	100 GPM				
Equipment	Hard Suction w/Strainer	20'				
Equipment	Discharge Hose	200'				
Equipment	Pump fittings and Adapters	Yes				
Equipment	Portable Generator	Yes				
Equipment	Electric Adapters to Adapt to Homes	Yes				
Equipment	Portable Lighting	Yes				
Equipment	Chain Saw	Yes				
Equipment	Fuel and Oil	24 hrs				
Equipment	Shovels	2				
Equipment	CO2 Detector	Yes				
Personnel	Number	2				Able to operate all equipment
Comments:						

Resource:	De-Watering Unit					
Kind:	Equipment (NYS)					
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Other
Component	Metric					
Equipment	Fire Dept. Owned	Yes				
Equipment	Transmission	4 Wheel Drive				
Equipment	Portable Pump	100 GPM				
Equipment	Hard Suction w/Strainer	20'				
Equipment	Discharge Hose	200'				
Equipment	Pump fittings and Adapters	Yes				
Equipment	Portable Generator	Yes				
Equipment	Electric Adapters to Adapt to Homes	Yes				
Equipment	Portable Lighting	Yes				
Equipment	Fuel and Oil	24 hrs				
Personnel	Number	2				
Comments:	CO Detectors may be recommended.					

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Appendix D

Legal References

General Municipal Law Section 209-e. Fire mobilization and mutual aid plan

General Municipal Law Section 209. Outside service by local fire departments, companies, ambulance districts and airport crash-fire rescue units

General Municipal Law Section 209-g. Liability for outside aid

County Law Section 225-a. Fire Training and mutual aid programs

Volunteer Firefighters' Benefit Law Section 30. Liability for and payment of benefits

Title 9. Executive Department, Subtitle F. Local Government, Chapter III. Fire Safety, Part 205 Fire Mobilization and Mutual Aid Plan

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General Municipal Law § 209-e. Fire mobilization and mutual aid plan

1. Plan. The state fire administrator shall prepare a state fire mobilization and mutual aid plan which may provide for the establishment of fire mobilization and mutual aid zones of the state. Upon filing of the plan in the office of fire prevention and control such plan shall become the state fire mobilization and mutual aid plan. Such plan may be amended from time to time in the same manner as originally adopted.

2. Regional fire administrators. The state fire administrator may appoint and remove a regional fire administrator for each fire mobilization and mutual aid zone established pursuant to the state fire mobilization and mutual aid plan. Before he or she enters on the duties of the office, each regional fire administrator shall take and subscribe before an officer authorized by law to administer oaths the constitutional oath of office, which shall be administered and certified by the officer taking the same without compensation and shall be filed in the office of the secretary of state.

3. Regulations. The commissioner of the division of homeland security and emergency services, in consultation with the state fire administrator, may make regulations and issue orders which he or she may deem necessary to implement the state fire mobilization and mutual aid plan and carry out the purposes of this section.

4. Powers. Whenever a county, city, town, village or fire district shall request, or whenever the governor shall determine that the public interest so requires, the state fire administrator shall possess and exercise the powers, functions and duties set forth in the state fire mobilization and mutual aid plan.

5. Standard thread. The state fire mobilization and mutual aid plan shall prescribe a standard hose thread for the state, and each county, city, town, village or fire district not equipped with the same may be required either to recut its threads to such standard or provide adapters whereby the same may be brought to such standards.

6. Records. The state fire administrator shall keep a permanent public record of the activations of the state fire mobilization and mutual aid plan, showing how, when and where it was activated and when such activation was terminated.

7. Reimbursement of assisting municipal corporations or fire districts. Whenever the governor activates the state fire mobilization and mutual aid plan pursuant to subdivision four of this section, claims submitted by an assisting municipal corporation or fire district for expenses allowed by subdivision two of section two hundred nine-g of this article made in performance of its duties on behalf of a receiving municipality or fire district pursuant to such plan may be reimbursed in the first instance by the state from any local assistance appropriation established for such purpose. Reimbursements of such claims from such appropriation may be made only upon certification of such claim by the state fire administrator to the state comptroller and audit of such claim by the state comptroller prior to payment. Expenditures for such reimbursements from such appropriation shall be considered a liability for outside aid as described in section two hundred nine-g of this article and shall be repaid by the municipality or fire district receiving assistance pursuant to the state fire mobilization and mutual aid plan.

8. Hazardous materials incident plan. The state fire administrator shall prepare a hazardous materials incident plan which shall complement and become a part of the plan required by subdivision one of this

section. The plan shall provide for the mobilization and coordination of fire service resources in response to emergencies which involve or may involve hazardous materials and shall establish hazardous materials incidents response zones and criteria for recognized regional hazardous materials incidents response teams. The office of fire prevention and control, by and through the state fire administrator or his or her duly authorized officers and employees, is authorized to approve grants of funds from monies allocated and appropriated therefor for expenditures of municipal corporations for hazardous materials incidents planning and equipment, pursuant to applicable rules and regulations promulgated by the commissioner of the division of homeland security and emergency services, in consultation with the state fire administrator, and approved by the director of the budget.

General Municipal Law § 209. Outside service by local fire departments, companies, ambulance districts and airport crash-fire-rescue units

1. The fire department of any city, village or fire district, the fire companies serving territory outside of villages and fire districts in any town and the fire departments of any town which has a town fire department, an ambulance district and a county or public authority which operates an airport crash-fire-rescue unit, may answer calls for assistance outside the area regularly served and protected by such fire department or fire companies, ambulance district or crash-fire-rescue unit and may engage and participate in fire training programs in territory outside the area regularly served and protected by such fire department, fire companies, ambulance districts or crash-fire-rescue unit. While in the performance of their duties under this subdivision, the members of such departments, companies, districts or crash-fire-rescue units shall have the same immunities and privileges as if such duties were performed within the area regularly served and protected by such departments, companies, districts or crash-fire-rescue units. While responding to a call for assistance under this subdivision a city, village, fire district, ambulance district, town or county or public authority operating an airport crash-fire-rescue unit shall be liable for the negligence of firemen of the city fire department, village fire department, fire district fire department, town fire department, ambulance district or crash-fire-rescue unit, respectively, occurring in the performance of their duties in the same manner and to the same extent as if such negligence occurred in the performance of their duties within the area regularly served and protected by such departments, districts or units. The legislative body of any county, city or village, the board of fire commissioners or other governing board of any fire district, ambulance district or public authority or the town board of any town in relation to the fire companies serving territory outside of villages and fire districts or in relation to a town fire department, or ambulance district, as the case may be, by resolution may restrict such outside service and training to such extent as it shall deem advisable. Any such resolution shall continue in effect until amended or repealed by the adoption of a subsequent resolution. The officer in charge of any fire department or fire company or ambulance district shall be notified promptly of the adoption of any such resolution and of any amendment or repeal thereof. In a county, city, or in a village or town, such action may be taken by local law or by ordinance instead of by resolution. As used in this section, the terms "fire department", "fire companies", "ambulance service" and "crash-fire-rescue unit" shall include all companies, squads, patrols or other units of such departments, companies or units, or volunteer ambulance services organized pursuant to section one hundred twenty-two-b of this chapter, and the term "assistance" includes the services of firefighting forces, fire police squads, ambulance services, emergency rescue and first aid squads rendered in case of a fire or other emergency, including stand-by service, to aid (1) a fire department or fire company, and (2) owners or occupants of property, and other persons, whether or not such owners, occupants or persons are receiving fire or other emergency service from another fire department or fire company or ambulance service. Except as otherwise provided by law in the case of natural disaster emergencies, a call to furnish assistance may be made by any person aware of the peril involved and the need for assistance or pursuant to any legally authorized or recognized plan for the furnishing of mutual aid in cases of fire or other emergency. The call need not originate in the municipal corporation, district or area liable for the payment of financial benefits in the event of the death or injury of a fireman or ambulance or rescue squad member engaged in rendering such assistance. The call may be relayed through one or more persons or mediums of communication. The provisions of this subdivision shall supersede the provisions of any general, special or local law to the extent that there is a conflict between the provisions of this subdivision and such law, except that if (1) any city had, prior to April fifteenth, nineteen hundred fifty, restricted in any manner the fire department of the city from engaging in service outside the city or (2) any city, village, fire district or town has heretofore restricted in any manner a fire department or fire company or ambulance service from engaging in service or training

pursuant to the provisions of this subdivision, such restrictions shall continue in effect until changed pursuant to the provisions of this subdivision.

2. Any loss or damage to, or expense incurred in the operation of, fire apparatus or other equipment answering a call for assistance from outside territory, as provided for in subdivision one of this section or otherwise, and the cost of any materials used in connection with such call, shall be a charge against and paid by the city, village, fire district, ambulance district or by the town in relation to territory in the town located in (1) a fire protection district, (2) a fire alarm district, (3) or ambulance district or (4) the territory in the town outside of any village, fire district or any such fire protection district or fire alarm district, ambulance district, which issued the call for assistance. No such claim, however, shall be allowed unless, within sixty days after such loss or damage has been sustained, or such expense has been incurred, or such materials have been used, written notice thereof be served by mail or otherwise on the comptroller or chief financial officer of the city, the village clerk of the village, the secretary of the fire district, the clerk of the ambulance district or the town clerk of the town in relation to the territory in the town located as aforesaid, from which issued the call for assistance.

3. In cities such loss, damage, expense or cost shall be a city charge and audited and paid as other city charges. In villages such loss, damage, expense or cost shall be a village charge and shall be audited and paid in the same manner as village charges, and shall be assessed upon the property liable to taxation in said village, and levied and collected in the same manner as village taxes. In fire districts or ambulance districts such loss, damage, expense or cost shall be audited and paid in the same manner as other fire district or ambulance district charges, and shall be assessed and levied upon the property liable to taxation in such district and collected in the same manner as other fire or ambulance district charges. The limitations on fire district expenditures set forth in subdivision eighteen of section one hundred seventy-six of the town law shall not be applicable to appropriations or expenditures for the purpose of paying any such loss, damage, expense or cost.

4. In towns which do not contain a city, village, fire district, fire protection district, ambulance district or fire alarm district, such loss, damage, expense or cost shall be a town charge audited and paid in the same manner as town charges. In fire protection districts, fire alarm districts, or territory outside of cities, villages, fire districts, ambulance districts or any such fire protection or fire alarm district, such loss, damage, expense or cost shall be a town charge, audited and paid in the same manner as town charges, and shall be assessed upon the property liable to taxation in such fire protection district, fire alarm district or territory outside of cities, villages, fire districts, ambulance districts or such fire protection and fire alarm districts, as the case may be.

5. Provided, however, that nothing contained in this section shall preclude a city, village, fire district, ambulance district or town from entering into a reciprocal fire protection agreement with the state of New York and the head of any military department of the United States government, which agreement shall waive all compensation for any loss, damage, personal injury, or death occurring in consequence of the performance of said reciprocal fire protection agreement. Provided further, however, that any reciprocal fire protection agreement entered into under the authority of this subdivision may provide for the reimbursement for any and all costs incurred by the party issuing the call for assistance.

General Municipal Law § 209-g. Liability for outside aid

1. Notwithstanding any inconsistent provision of law, general, special or local, any county, city, town, village or fire district requesting fire aid pursuant to section two hundred nine-e of this article or any county, city, town or village requesting police aid pursuant to section two hundred nine-f of this article, shall be liable and responsible to the assisting municipal corporation or fire district for any loss of or damage to apparatus or equipment or supplies and shall bear and pay the expense incurred in the operation and maintenance of any apparatus or equipment and the cost of materials and supplies used or consumed in rendering such aid and assistance, but such liability and responsibility shall not apply or extend to apparatus, equipment, materials and supplies owned or supplied by the state.

2. The state or assisting municipal corporation or fire district in such case shall be liable for salaries or other compensation to the assisting forces furnished during the time they shall not be performing their duties for the state or for the assisting municipal corporation or fire district and shall defray the actual traveling and maintenance expense of such assisting forces while they are rendering such aid and assistance, but the receiving municipal corporation or fire district shall reimburse the assisting municipal corporation or fire district for any moneys paid for such salaries or other compensation and traveling and maintenance expense. Any such claim for loss, damage, expense or cost shall not be allowed unless within sixty days after the same shall have been sustained or incurred a written notice of such claim, under oath, itemizing such loss, damage, expense or cost, is served by mail or otherwise upon the comptroller or chief fiscal officer of such receiving municipal corporation or fire district. An assisting municipal corporation or fire district may assume any such loss, damage, expense or cost or loan such equipment and apparatus or donate such services to the receiving municipal corporation or fire district without charge or cost.

3. A county, city, town, village or fire district shall be liable for all payments to be made to or on behalf of injured volunteer firefighters or to representatives of deceased volunteer firefighters pursuant to and in accordance with the provisions of the volunteer firefighters' benefit law. The amount so paid by a town shall be assessed in the manner provided in such law.

4. Neither the state nor the civil or political subdivision of the state whose police or fire forces or employees are engaged in rendering such outside aid and assistance pursuant to any request for aid and assistance or pursuant to direction of the governor or other official or agency authorized by, or pursuant to law so to direct shall be liable or accountable in any way or on account of any act or omission on the part of any officer or member of such forces or of any such employee while so engaged or for or on account of the operation, maintenance or use of any apparatus, equipment, materials or supplies in connection therewith, nor shall any sheriff be held liable or accountable in any way for or on account of any act or omission on the part of any of his or her deputies within or without the county of their appointment where such deputies are under the command of an officer other than himself or herself.

5. Notwithstanding any inconsistent provision of law, general, special or local, (a) any county whose sheriff, or in the county of Nassau the county executive, declared a state of special emergency within his or her county pursuant to section two hundred nine-f of this article, which resulted in men or women and/or equipment being furnished by the sheriff of another county for use in the county of the sheriff, or in the county of Nassau the county executive, declaring the state of emergency, shall be liable and responsible to the county of the assisting sheriff for salaries or other compensation paid or due the persons comprising the assisting forces during the time they were engaged in performing services in the county of the requesting sheriff, or in the county of Nassau the county executive, and for all loss or

damage to apparatus, equipment and supplies used or consumed by the persons comprising such assisting forces in rendering aid and assistance in the county of the requesting sheriff, or in the county of Nassau the county executive, provided an itemized claim therefor is submitted in writing to the chief fiscal officer of the county of the requesting sheriff, or in the county of Nassau the county executive, within sixty days after the termination of such an emergency. An assisting county may, however, assume any such cost, loss or damage, and all payments made or to be made to or on behalf of such persons comprising such assisting forces or to representatives of deceased persons who comprised such assisting forces pursuant to and in accordance with the provisions of any applicable law, rule or ordinance, including the workmen's compensation law which shall be deemed to be applicable. Neither the county whose sheriff responded with men and/or equipment to a request for assistance made by another sheriff who declared a state of special emergency, or in the county of Nassau the county executive, nor a responding sheriff or employee of the responding county, shall be liable or accountable in any way for any act or omission on the part of any person during the continuance of any such emergency, including but not restricted to the operation, maintenance or use of any apparatus, equipment or supplies in connection therewith, nor shall any sheriff be held liable or accountable in any way for or on account of any act or omission on the part of any of his or her deputies within or without the county of their appointment where such deputies are under the command of any person other than himself or herself, and (b) the city, town or village receiving police aid pursuant to section two hundred nine-f of this article shall assume the liability for all damages arising out of any act performed in rendering such aid and shall reimburse the assisting city, town, village, parkway police force, state park police force and/or county police department for any moneys paid by it for salaries or for other expenses incurred by it, including damage to or loss of equipment and supplies. An assisting city, town, village, parkway police force, state park police force and/or county police department may, however, assume in whole or in part any such cost, loss, damage or other cost or charge sustained or suffered by it which is applicable to its rendering such aid, by taking appropriate action to accomplish the same, and the county of the receiving city, town or village may, by appropriate action, elect to obligate itself to pay all or part of any money which such receiving municipality is obliged to pay arising out of and applicable to its having received such aid, and (c) a regular, part time or special deputy sheriff of a county shall not, for any reason, lose or forfeit any right, benefit or privilege which he or she would have had in the county of his or her residence by becoming and/or acting as an emergency special deputy sheriff of another county during an emergency.

6. The commissioner of the division of homeland security and emergency services, in consultation with the state fire administrator, may promulgate rules and regulations necessary to carry out the purpose and provisions of this section.

County Law § 225-a. Fire training and mutual aid programs

1. In order to develop and maintain programs for fire training, fire service-related activities and mutual aid in cases of fire and other emergencies in which the services of firemen would be used and to cooperate with the office of fire prevention and control <1> in furthering such programs, the board of supervisors of any county may create a county fire advisory board and may establish the office of county fire coordinator.

2. A county fire advisory board shall consist of not less than five nor more than twenty-one members, each of whom shall be appointed by the board of supervisors for a term of not to exceed one year, two years or three years. Such terms of office need not be the same for all members. It shall be the duty of such board to cooperate with the office of fire prevention and control <1> in relation to such programs for fire training, fire service-related activities and mutual aid; to act as an advisory body to the board of supervisors and to the county fire coordinator, if any, in connection with the county participation in such programs for fire training, fire service-related activities and mutual aid and in connection with the county establishment and maintenance of a county fire training school and mutual aid programs in cases of fire and other emergencies in which the services of firemen would be used; to perform such other duties as the board of supervisors may prescribe in relation to fire training, fire service-related activities and mutual aid in cases of fire and other emergencies in which the services of firemen would be used. The members of such board shall be county officers, and shall serve without compensation.

3. If the office of county fire coordinator is created in any county, the board of supervisors thereof shall appoint a county fire coordinator. It shall be his duty to administer the county programs for fire training and mutual aid in cases of fire and other emergencies in which the services of firemen would be used; to act as a liaison officer between the board of supervisors and the county fire advisory board and the fire fighting forces in the county and the officers and governing boards or bodies thereof; and to perform such other duties as the board of supervisors shall prescribe. The county fire coordinator shall be a county officer and the amount of his compensation, if any, shall be fixed by the board of supervisors.

4. A member of the board of supervisors, the county fire coordinator, or a deputy county fire coordinator appointed pursuant to the provisions of section four hundred one of this chapter, may be appointed as a member of the county fire advisory board, but shall receive no additional compensation for services performed as a member of such advisory board.

5. Where, pursuant to section one hundred eighty-four of the town law, a town has contracted with an incorporated fire company to furnish fire protection within a fire protection district, the respective county may acquire by gift or purchase suitable apparatus and appliances for use in such district and in conjunction with the county mutual aid program and may contract with said incorporated fire company for operation, maintenance, and repair of same and for the furnishing of fire protection in such district.

Volunteer Firefighters' Benefit Law § 30. Liability for and payment of benefits

Except as otherwise provided in article five of the workmen's compensation law, in section two hundred nine-i of the general municipal law and in section twenty-one of this chapter:

1. If at the time of injury the volunteer fireman was a member of a fire company of a county, city, town, village or fire district fire department, any benefit under this chapter shall be a county, city, town, village or fire district charge, as the case may be, and any claim therefor shall be audited in the same manner as other claims against the county, city, town, village or fire district and the amount thereof shall be raised and paid in the same manner as other county, city, town, village or fire district charges.

2. If at the time of injury the volunteer fireman was a member of a fire company incorporated under the membership corporations law, or any other law, and located in a city, village, or fire district, protected under a contract by the fire department or fire company of which the volunteer fireman was a member, any benefit under this chapter shall be a city, village or fire district charge, as the case may be, and any claim therefor shall be audited in the same manner as other claims against the city, village or fire district and the amount thereof shall be raised and paid in the same manner as other city, village or fire district charges.

3. If at the time of injury the volunteer fireman was a member of a fire company incorporated under the membership corporations law, or any other law, and located in a fire protection district, or fire alarm district, protected under a contract by such fire company, any benefit under this chapter shall be a town charge and any claim therefor shall be audited and paid in the same manner as town charges and the amount thereof shall be raised upon the property liable to taxation in the fire protection district or fire alarm district in the same manner as town charges therein are raised.

4. If at the time of injury the volunteer fireman was a member of a fire company incorporated under the membership corporations law, or any other law, and located outside of a city, village, fire district, fire protection district or fire alarm district, any benefit under this chapter shall be a town charge and any claim therefor shall be audited and paid in the same manner as town charges and the amount thereof raised upon the property liable to taxation in such outside territory protected by such fire company in the same manner as town charges therein are raised.

5. If at the time of injury the volunteer fireman was a member of a fire company or fire department operating in, or maintained jointly by two or more villages, or two or more towns, or two or more fire districts, any benefit under this chapter shall be a charge against such villages, towns or fire districts, in the proportion that the full valuation of taxable real estate in each bears to the aggregate full valuation of the taxable real estate of all such villages, towns or fire districts and the amount thereof shall be audited, raised and paid in the same manner as other village, town or fire district charges. Full valuation shall be determined by dividing the assessed valuations of taxable real estate of each such village, town or fire district as shown by the latest completed assessment roll of the village, town or fire district by the equalization rate established by the authorized state agency or officer for such roll; provided, however, in a county having a county department of assessment the full valuation in towns and fire districts shall be determined by applying the state equalization rate established for the town, or the town in which the fire district is located, to the appropriate portion of the last completed county roll.

6. The provisions of subdivisions one to five, inclusive, of this section shall not apply if the injury results from services performed when assistance is being rendered to:

a. Another city, town which has a town fire department, village or fire district, including one protected under a contract by the fire department or fire company of which the volunteer fireman is a member,

b. A fire protection district or fire alarm district, including one protected under a contract by the fire department or fire company of which the volunteer fireman is a member,

c. The area of a town protected by a fire company incorporated under the membership corporations law, or any other law, and located outside of a city, village, fire district, fire protection district, or fire alarm district,

d. The unorganized area of a town (outside of a city, village, fire district, fire protection district, fire alarm district, and also outside the area protected by a fire company incorporated under the membership corporations law, or any other law, and located outside of a city, village, fire district, fire protection district or fire alarm district),

e. The joint area protected by a fire company or fire department operating in, or maintained jointly by two or more villages, or two or more towns, or two or more fire districts,

f. A fire department of a county which has a fire department, or

g. A county which has requested fire aid pursuant to section two hundred nine-e of the general municipal law, pursuant to a call to furnish assistance to any such municipal corporation, district or area in cases of fire or other emergencies, or for other authorized purposes, or while going to or returning from the place where the assistance is to be or was rendered, or if death shall result from the effects of any such injury, and in any such case any such benefit shall be a charge against such aided municipal corporation, district or area and after audit shall be paid and the amount thereof shall be raised upon the property liable to taxation in such municipal corporation, district or area, in the same manner as other charges against the same are raised, except that in the cases described at paragraphs b, c and d of this subdivision, the town in which the district or area is located shall be primarily liable for such payment. If there is no property liable to taxation in any area described in paragraph d, the benefit shall be a town charge and any claim therefor shall be audited and paid in the same manner as town charges and the amount thereof shall be raised upon the taxable real property in the town in the same manner as town charges therein are raised.

In the case of a false call for assistance, any such benefit shall be audited, raised and paid in the manner provided in subdivisions one to five, inclusive, of this section, as the case may be.

The term "assistance", as used in this section, includes the services of firefighting forces, fire police squads, emergency rescue and first aid squads rendered in case of a fire or other emergency, including stand-by service, to aid (1) a fire department, fire company, or any unit thereof, other than that of which the volunteer fireman is a member and (2) owners or occupants of property, and other persons, whether or not such owners, occupants or persons are receiving fire or other emergency service from a fire department, fire company, or any unit thereof, other than that of which the volunteer fireman is a member.

Except as otherwise provided by law in the case of natural disaster emergencies, a call to furnish assistance may be made by any person aware of the peril involved and the need for assistance or pursuant to any legally authorized or recognized plan for the furnishing of mutual aid in cases of fire or other emergency. The call need not originate in the municipal corporation, district or area ultimately liable for benefits under this section and may be relayed through one or more persons or mediums of communication.

The provisions of this subdivision six shall not apply if the injury results from services performed by the volunteer fireman in a natural disaster emergency and he was serving as part of the civil defense forces activated pursuant to section six hundred fifty-six-a of the county law, section two hundred nine-n of the general municipal law, section two hundred nine-o of the general municipal law as added by chapter six hundred thirty-one of the laws of nineteen hundred fifty-seven, or section ten of the executive law, and when assistance is being so rendered the benefits to be paid and provided under this chapter shall be paid and provided by the political subdivisions which would be liable under subdivisions one to five, inclusive, of this section.

If death or injury results from the performance of duty by a volunteer fireman serving as fire chief while inspecting a public or private school pursuant to paragraph c of subdivision seven of section eight hundred seven-a of the education law for fire prevention and protection purposes in a fire district, fire protection district or fire alarm district furnished fire protection pursuant to a contract by his fire department or fire company, or from necessary travel directly connected with any such duty, then the benefits to be paid and provided under this chapter shall be a charge against such fire district, fire protection district or fire alarm district so protected pursuant to contract and after audit shall be paid and the amount thereof shall be raised upon the property liable to taxation in any such district in the same manner as other charges against the same are raised, except that in the case of a fire protection district or fire alarm district, the town in which the district is located shall be primarily liable for such payment.

If death or injury results from the performance of duty under subdivision four of section three hundred three of the multiple residence law, or from necessary travel directly connected with any such assignment, and the building or property inspected or to be inspected is not located in the area regularly served and protected by the fire department or fire company of which the volunteer fireman is a member, but is located in a city, town which has a fire department, village, fire district, fire protection district or fire alarm district served and protected pursuant to a contract for fire protection by the fire department or fire company of which the volunteer fireman is a member, then the benefits to be paid and provided under this chapter shall be a charge against such political subdivision, fire protection district or fire alarm district so protected pursuant to contract and after audit shall be paid and the amount thereof shall be raised upon the property liable to taxation in such political subdivision or district in the same manner as other charges against the same are raised, except that in the case of a fire protection district or fire alarm district, the town in which the district is located shall be primarily liable for such payment.

If death or injury results from the performance of duty by a volunteer fireman while inspecting buildings for fire hazards in a city, village, fire district, fire protection district or fire alarm district furnished fire protection pursuant to a contract by his fire department or fire company, or from necessary travel directly connected with any such duty, then the benefits to be paid and provided under this chapter shall be a charge against such city, village, fire district, fire protection district or fire alarm district so protected pursuant to contract and after audit shall be paid and the amount thereof shall be raised

upon the property liable to taxation in any such city, village or district in the same manner as other charges against the same are raised, except that in the case of a fire protection district or fire alarm district, the town in which the district is located shall be primarily liable for such payment. This paragraph shall not be applicable in any city, however, unless a city charter or other law under which the city operates, or a local law adopted by the city, authorizes such an inspection in areas of the city receiving fire protection pursuant to a contract. The term "building," as used in this paragraph, does not include a multiple dwelling which may be inspected by such fire department or company under and pursuant to the provisions of subdivision four of section three hundred three of the multiple residence law.

The foregoing provisions of this subdivision six shall apply only in cases where volunteer firemen are injured in line of duty prior to the first day of March, nineteen hundred sixty-four; and in death cases where death results from injuries sustained prior to such date. Where volunteer firemen are injured in line of duty on or after the first day of March, nineteen hundred sixty-four, and in death cases where death results from injuries sustained on or after such date, the liability for benefits under this chapter shall be determined pursuant to subdivisions one to five, inclusive, of this section, except as otherwise provided in article five of the workmen's compensation law, section two hundred nine-i of the general municipal law and in section twenty-one of this chapter.

6-a. The provisions of subdivisions one to six, inclusive, of this section shall not apply if the injury results from services performed when general ambulance service is furnished under a fire protection contract pursuant to section two hundred nine-b of the general municipal law for (1) another city, village or fire district, protected under a contract by the fire department or fire company of which the volunteer fireman is a member or (2) a fire protection district or fire alarm district, protected under a contract by the fire department or fire company of which the volunteer fireman is a member, pursuant to a call to furnish such service in any such municipal corporation or district, or while going to or returning from the place where the service is to be or was furnished, or if death shall result from the effects of any such injury, and in any such case any such benefit shall be a charge against such municipal corporation or district and after audit shall be paid and the amount thereof shall be raised upon the property liable to taxation in such municipal corporation or district, in the same manner as other charges against the same are raised, except that in the case of a fire protection district or fire alarm district the town in which the district is located shall be primarily liable for such payment.

The foregoing provisions of this subdivision six-a shall apply only in cases where volunteer firemen are injured in line of such general ambulance service duty prior to the first day of March, nineteen hundred sixty-four, and in death cases where death results from injuries sustained prior to such date. Where volunteer firemen are injured in line of such general ambulance service duty on or after the first day of March, nineteen hundred sixty-four, and in death cases where death results from injuries sustained on or after such date, the liability for benefits under this chapter shall be determined pursuant to subdivisions one to five, inclusive, of this section, except as otherwise provided in article five of the workmen's compensation law, section two hundred nine-i of the general municipal law and section twenty-one of this chapter.

7. Any political subdivision may finance the payment of any benefits to be paid and provided under this chapter by the issuance of serial bonds or capital notes pursuant to the local finance law unless it is required by some law, other than this chapter, to pay such benefits from current funds.

8. Any political subdivision may contract for insurance indemnifying against the liability imposed by this chapter and the cost of such insurance shall be audited, raised and paid in the same manner as benefits are required to be audited, raised and paid in this section.

9. Insurance authorized to be purchased pursuant to subdivision eight of this section may be secured from the state fund or any stock corporation, mutual corporation or reciprocal insurer authorized to transact the business of <1> workers' compensation in this state. If such insurance is not secured, the political subdivision liable shall be deemed to have elected to be a self-insurer unless it is a participant in a county plan of self-insurance or its liability for benefits under this chapter is covered by a town's participation in a county plan of self-insurance as provided in subdivision three of section sixty-three of the <2> workers' compensation law. Every such self-insurer shall file with the <3> chair of the <4> workers' compensation board a notice of such election prescribed in form by such <5> chair. For failure to file such notice within ten days after such election is made, the treasurer or other fiscal officer of such political subdivision shall be liable to pay to the <6> chair of the <7> workers' compensation board the sum of one hundred dollars as a penalty, to be transferred to the state treasury <8> . A notice of election to be a self-insurer for compensation and benefits to volunteer <9> firefighters under the provisions of the <10> workers' compensation law and the general municipal law in effect prior to March first, nineteen hundred fifty-seven, which was filed prior to such date pursuant to the provisions of subdivision four of section fifty of the <11> workers' compensation law as in effect prior to such date shall be deemed to be a notice of election filed under this section unless the <12> chair of the <13> workers' compensation board is notified to the contrary. The provisions of subdivision five of section fifty of the <14> workers' compensation law shall be applicable to such self-insurers.

10. The governing board of a political subdivision liable for the payment of such benefits may authorize the treasurer or other fiscal officer thereof to pay the financial benefits provided for in this chapter to the person entitled thereto without waiting for an award in any case in the manner provided in section forty-nine of this chapter. The amount payable prior to an award pursuant to such authorization shall constitute a settled claim within the meaning of the local finance law.

11. A contract for fire protection, for the purposes of this section, shall be deemed in full force and effect if negotiations are pending for the renewal thereof.

12. Where a city, village, fire district or town on behalf of a fire protection district or fire alarm district is furnished service by a fire company, fire department, or any unit thereof pursuant to a contract with another city, village, fire district, or an incorporated fire company having its headquarters outside the city, village, fire district, fire protection district or fire alarm district receiving such service and the liability for benefits under this chapter in relation to volunteer firefighters rendering such service pursuant to such contract is not covered pursuant to a county self-insurance plan pursuant to section sixty-three of the workers' compensation law, such contract shall provide for payment to the city, village, fire district or town in which such incorporated fire company has its headquarters, of a sum in addition to the amount to be paid for such service pursuant to the contract, to provide for any increase in cost, or any new or added cost for insurance coverage for the liability for benefits under this chapter by reason of the service rendered pursuant to such contract, unless such additional sum has been specifically included in the contract amount for such service. Any such additional sum so paid shall not be subject to division with a volunteer fire company as otherwise provided by law in the case of contracts for such service.

TITLE 9. EXECUTIVE DEPARTMENT
SUBTITLE F. LOCAL GOVERNMENT
CHAPTER III. FIRE SAFETY
PART 205. FIRE MOBILIZATION AND MUTUAL AID PLAN

§ 205.1 Definition of mutual aid

Organized, supervised, coordinated, cooperative, reciprocal assistance in which personnel, equipment and physical facilities of fire departments, regardless of type or size, are utilized for fire or other public emergency in which the services of firemen would be used throughout the State of New York and contiguous areas.

§ 205.2 Purposes

The New York State fire mobilization and mutual aid plan is hereby established to provide for the mobilization of manpower and equipment of fire departments:
(a) whenever the Governor shall determine that the public interest so requires;
(b) whenever a municipality shall determine that assistance is required;
(c) whenever a county fire coordinator shall determine that assistance in addition to that established under his county fire mutual aid plan is required.

§ 205.3 Organization of the Division of Safety for activation of the State fire mobilization and mutual aid plan

The organization of the Division of Safety for activation of the plan is depicted on the diagram on the following page.

§ 205.4 Composition of the State fire mobilization and mutual aid plan

The plan is an aggregation of county fire mutual aid plans when admitted by the bureau of fire mobilization and control.

§ 205.5 Procedure for admission of county fire mutual aid plans in the State fire mobilization and mutual aid plan

(a) A county fire mutual aid plan upon adoption by the county board of supervisors may be admitted into the State fire mobilization and mutual aid plan provided it meets minimum standards as established and published by the bureau of fire mobilization and control.
(b) Upon adoption of such county fire mutual aid plan by the county board of supervisors and admission into the State fire mobilization and mutual aid plan, certified copies of the plan are deposited with these agencies as a permanent file:
(1) Bureau of fire mobilization and control of the State Division of Safety.
(2) County board of supervisors.
(3) County fire advisory board.
(4) County fire control center.

§ 205.6 Authority of the State Division of Safety

Authorized representatives of the Division of Safety and its bureau of fire mobilization and control have these powers, functions and duties:
(a) direct the dispatch of manpower and equipment of fire departments consistent with maintenance of local fire protection;
(b) coordinate the response and assignment of manpower and equipment under direction of the fire chief in command.

COPY OF DIAGRAM FROM SECTION 205.6 MAY BE OBTAINED FROM:
NYS LEGISLATIVE BILL DRAFTING COMMISSION
CONTACT: LEGISLATIVE RETRIEVAL SYSTEM'S HELPLINE
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§ 205.7 Identification of a fire mobilization and mutual aid zone

A "zone" as used in the statutes is a "county" as determined by the State Constitution. Those counties comprising the City of New York are constituted as a single zone.

§ 205.8 Regional fire administrators and their duties

(a) A regional fire administrator shall be appointed for each fire mobilization and mutual aid zone. It shall be the policy, where practicable, to appoint as regional fire administrator the person holding the county office of county fire coordinator, except in the case of counties comprising the city of New York where it shall be the person holding the office of chief of department of the fire department of the city of New York.
(b) The regional fire administrator, for practical purposes, assumes the position of county fire coordinator upon the activation of the State fire mobilization and mutual aid plan. He is empowered to:
(1) dispatch manpower and equipment of fire departments consistent with maintenance of local fire protection;
(2) coordinate the response and assignment of manpower and equipment, such manpower and equipment being under the command of the fire chief requesting assistance.

§ 205.9 Activation of the State fire mobilization and mutual aid plan

(a) The bureau of fire mobilization and control shall establish and publish a list of counties together with the adjacent counties which are required to provide mutual aid consistent with their own fire protection before this plan shall be activated.
(b) When it is determined that the specified adjacent counties have provided the maximum mutual aid and it is deemed inadequate, then this plan may be activated by any one of the following State officers or employees:
(1) State director of safety;
(2) State deputy director of safety;
(3) chief, bureau of fire mobilization and control;
(4) acting chief, bureau of fire mobilization and control;
(5) field representative, bureau of fire mobilization and control.

§ 205.10 Authority of regional fire administrator

The authority and responsibility of the regional fire administrator are suspended until the State fire mobilization and mutual aid plan is activated. When this plan is activated, the authority and responsibility of the regional fire administrator are instituted. When this plan is deactivated, the authority and responsibility of the regional fire administrator are suspended.

§ 205.11 Identification of regional fire administrator

The bureau of fire mobilization and control shall issue the following appointment certificate and identification card to regional fire administrators:
(a) Appointment certificate.

COPY OF APPOINTMENT CERTIFICATE MAY BE OBTAINED FROM:
NYS LEGISLATIVE BILL DRAFTING COMMISSION
CONTACT: LEGISLATIVE RETRIEVAL SYSTEM'S HELPLINE

(b) Identification card.

COPY OF IDENTIFICATION CARD MAY BE OBTAINED FROM:
NYS LEGISLATIVE BILL DRAFTING COMMISSION
CONTACT: LEGISLATIVE RETRIEVAL SYSTEM'S HELPLINE
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§ 205.12 Standard thread for fire service use in the State of New York

(a) Pursuant to the requirement of law in subdivision 4 of section 209-e of the General Municipal Law, the "American National Standard" thread as hereinafter set out in full, is hereby prescribed as the standard thread for the State.
(b) The thread standards of the State of New York are those of the National Bureau of Standards, U. S. Department of Commerce, Washington, D.C. The standards are the same as those presented by the National Fire Protection Association, the National Board of Fire Underwriters and the American Standards Association.

COPY OF DIAGRAM FROM SECTION 205.12 MAY BE OBTAINED FROM:
NYS LEGISLATIVE BILL DRAFTING COMMISSION
CONTACT: LEGISLATIVE RETRIEVAL SYSTEM'S HELPLINE

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Appendix E

New York State County Map

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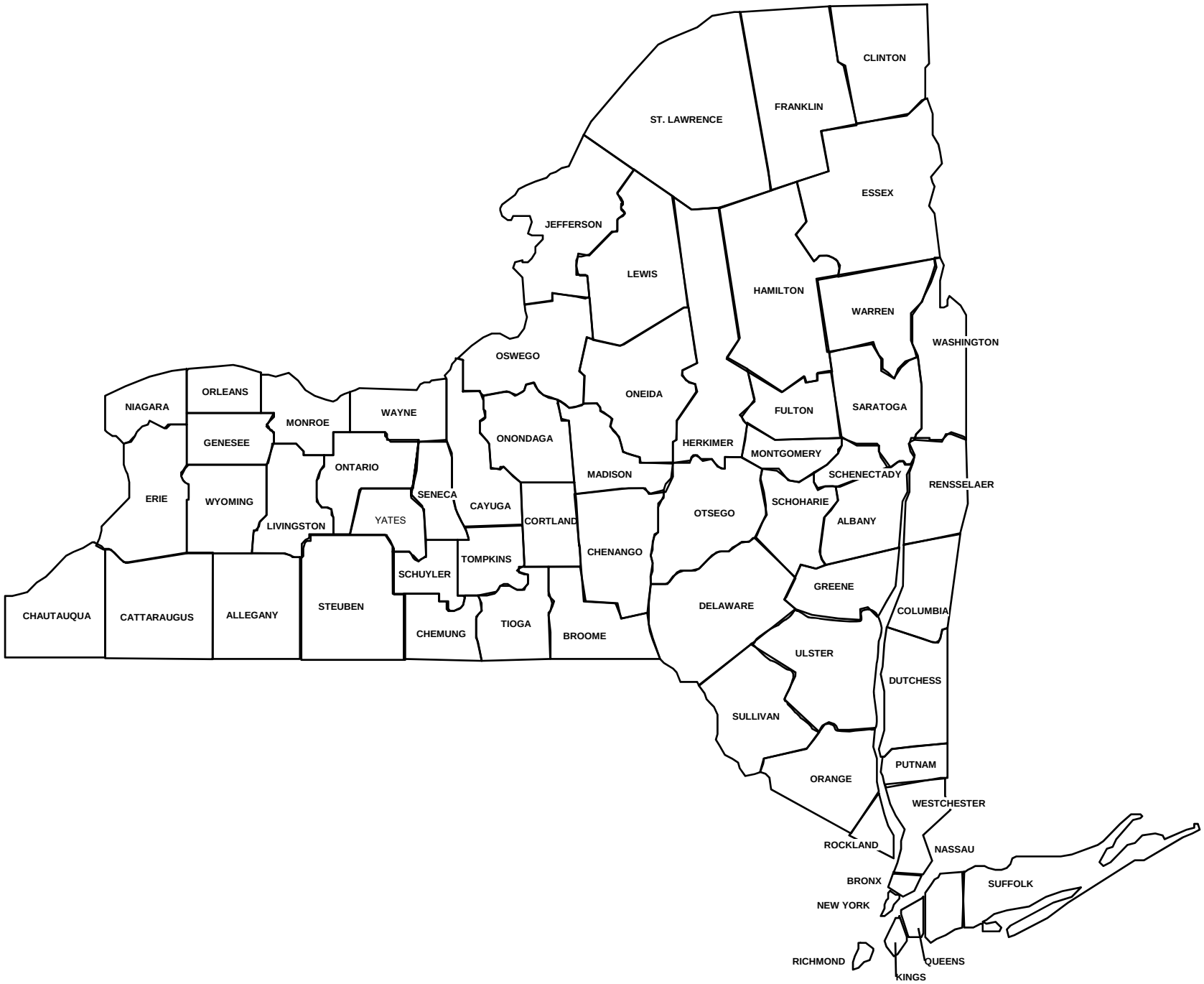
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ST. LAWRENCE
ESSEX
JEFFERSON
LEWIS
HAMILTON
WARREN
WASHINGTON
OSWEGO
ONEIDA
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SARATOGA
NIAGARA
ORLEANS
MONROE
WAYNE
ONONDAGA
HERKIMER
MONTGOMERY
GENESEE
ONTARIO
MADISON
SCHENECTADY
RENSSELAER
ERIE
WYOMING
SENECA
CAYUGA
SCHOHARIE
OTSEGO
ALBANY
LIVINGSTON
YATES
CORTLAND
CHENANGO
TOMPKINS
SCHUYLER
GREENE
COLUMBIA
CHAUTAUQUA
CATTARAUGUS
ALLEGANY
STEUBEN
CHEMUNG
TIOGA
BROOME
DELAWARE
ULSTER
DUTCHESS
SULLIVAN
PUTNAM
ORANGE
WESTCHESTER
ROCKLAND
NASSAU
BRONX
SUFFOLK
NEW YORK
RICHMOND
QUEENS
KINGS

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Appendix F

County Plan Requirements

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NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

County Mutual Aid Plan Review Check List

County Being Reviewed: ☐ **Revised Submission**

Date Plan Received:

Date Reviewed:

Reviewed By:

FPS Review: ☐ **Approved** ☐ **Corrections Needed**

Supervisor Review: ☐ **Approved** ☐ **Corrections Needed**

Final OFPC Approval Date:

Date returned to county for adoption:

Date adopted plan received:

County Organization

- ☐ Include county organization chart
- ☐ List duties and authority of county fire officials

Coordinators

- ☐ Identify individual responsible to complete the duties of the County Fire Coordinator
- ☐ Identify individuals responsible to complete the duties of the Deputy County Fire coordinator
- ☐ Identify line of authority/succession

County Fire and Specialized Resources

- ☐ Identify county fire and specialized resources
- ☐ Type county fire and specialized resources consistent with FEMA guidelines

Fire Departments

- ☐ Identify county fire departments
- ☐ Identify county fire department resources
- ☐ Type county fire department resources consistent with FEMA guidelines
- ☐ Identify participating county fire departments

Non-Municipal Fire Resources

- ☐ Identify county non-municipal fire resources
- ☐ Type county non-municipal fire resources consistent with FEMA guidelines

Out of County Fire Resources

- ☐ Identify contiguous counties that participate in plan
- ☐ Identify out of county specialized resources that participate in plan

Radio Frequencies

- ☐ Identify county fire radio frequencies and private line codes

General

- ☐ Use “Office of Fire Prevention and Control” throughout
- ☐ Ensure clear and easy to understand
- ☐ Place content under appropriate headings
- ☐ Define mutual aid

Legal Issues

- ☐ Identify legal authority
- ☐ Define fire department participation
- ☐ Address obligation to respond

Review/Update/Amendments

- ☐ Identify review and update procedure
- ☐ Include frequencies in review and update procedure
- ☐ Include amendment procedure
- ☐ Include update/amendment submission procedure to OFPC

Withdraw

Include procedure to withdraw from the plan

Identify consequences of withdraw from the plan

Appendices

- ☐ Include information subject to change in the appendixes instead of the main body plan examples:
    - Radio Procedures
    - County Hazmat Plan
    - County Arson Plan

- ☐ List all appendixes in the Table of Contents
- ☐ Reference all appendixes within the main body of the plan