



NHICS FORM 205 | INCIDENT COMMUNICATIONS PLAN (INTERNAL)

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

PURPOSE: DOCUMENT CONTACT INFORMATION/CHANNELS TO BE USED WITHIN FACILITY
ORIGINATION: SITUATION UNIT LEADER
COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, & STAFF/SCHEDULING UNIT LEADER
NOTE: CAN BE PREFILLED BEFORE INCIDENT AND UPDATED AS NEEDED