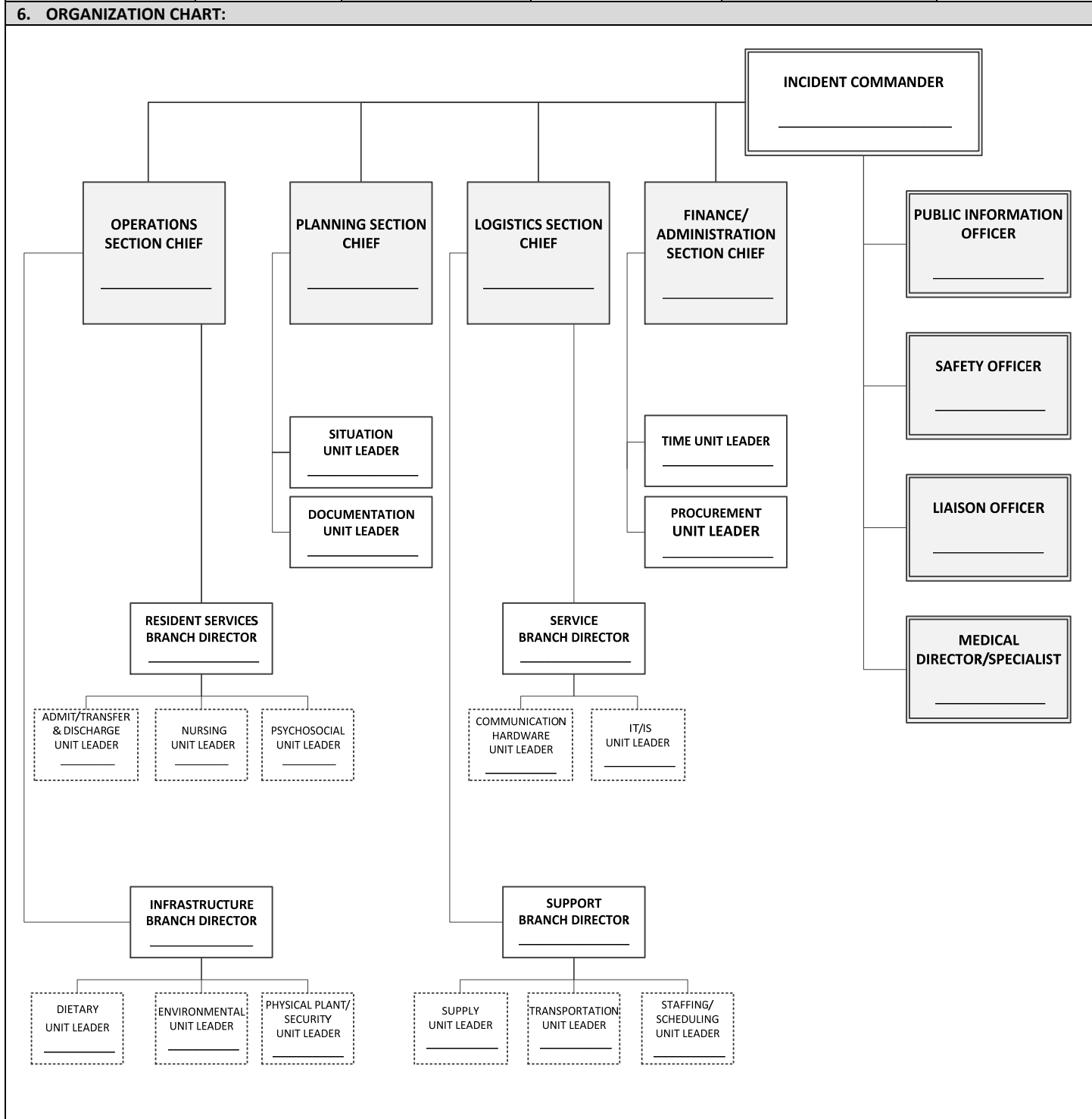


NHICS FORM 207 | ORGANIZATION CHART

| | | |
|--------------------------|--------------------------|---|
| 1. INCIDENT NAME: | 2. FACILITY NAME: | |
| 3. DATE PREPARED: | 4. TIME PREPARED: | 5. OPERATIONAL PERIOD DATE/TIME: |



PURPOSE: DOCUMENT INCIDENT COMMAND SYSTEM POSITIONS ASSIGNED

ORIGINATION: INCIDENT COMMANDER

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, UNIT LEADERS & DOCUMENTATION UNIT LEADER