

ORGANIZATION ASSIGNMENT LIST (IMS 203)

1. Incident Name:		2. Operational Period:		Date From:		Date To:	
				Time From:		Time To:	
3. Command and Command Staff:				7. Operations Section:			
Incident/EOC Commander (as applicable)				Chief			
Unified Command Reps (as applicable)				Deputy			
				Staging Area			
Deputy				Branch:			
Safety Officer				Branch Director			
Information Officer				Deputy			
Liaison Officer				Division/Group			
				Division/Group			
4. Organization Representatives:				Division/Group			
Organization		Name		Division/Group			
				Division/Group			
				Branch:			
				Branch Director			
				Deputy			
5. Planning Section:				Division/Group			
Chief				Division/Group			
Deputy Chief				Division/Group			
Resources Unit				Division/Group			
Situation Unit				Division/Group			
Documentation Unit				Branch:			
Demobilization Unit				Branch Director			
Technical Specialists				Deputy			
				Division/Group			
				Division/Group			
				Division/Group			
6. Logistics Section:				Division/Group			
Chief				Division/Group			
Deputy Chief				Air Ops Branch:			
Support Branch:				Air Ops Branch Dir.			
Director							
Supply Unit							
Facilities Unit				8. Finance/Administration Section:			
Ground Support Unit				Chief			
Service Branch:				Deputy			
Director				Time Unit			
Telecoms Unit				Procurement Unit			
Medical Unit				Comp/Claims Unit			
Food Unit				Cost Unit			
9. Prepared By:							
Name:		Position/Title:		Signature:			
IAP Page: _____			Date/Time:				

IMS 203**Organization Assignment List**

Purpose: The Organization Assignment List provides IMS personnel with information on IMS functions that are currently activated and the personnel staffing each position/function. This form is used to complete the Incident Organization Chart (IMS 207) and may be included or attached to the Incident Action Plan.

Preparation: Prepared and maintained by the Resources Unit Leader under the direction of the Planning Section Chief

Distribution: May be included in the Incident Action Plan (version IMS 1001 or IMS 202) and/or used to complete IMS Form 207.

Note: This Form may be completed or updated any time the number of personnel assigned to the incident increases or decreases, or a change in personnel assignment occurs.

Item Number	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Operational Period	Enter the start date (YYYY/MM/DD) and time (using the 24-hour clock) and end date and time for the operational period, to which the form applies.
3 – 8	Organization Assignments	Enter the names of the personnel staffing each of the listed positions. This form may be modified or expanded to accommodate individual organization requirements. Use additional pages if more the 3 Branches are activated.
9	Prepared By	Enter the name and position of the person completing the form (usually the Resource Unit Leader). Enter the date (YYYY/MM/DD) and time prepared (24-hour clock).