ICS 215 OPERATIONAL PLANNING WORKSHEET	COUNTY #		OPS PERIOD		DATE	
	STATE #		OPS START		TIME	
INCIDENT NAME			OPS END			

DIVISION OR OTHER LOCATION	WORK ASSIGNMENTS	RESOURCES BY TYPE *(SHOW STRIKE TEAM AS 'ST')*																				REPORTING LOCATION	REQUESTED ARRIVAL TIME
		RESOURCE																					
		TYPE																					
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TOTAL RESOURCES REQUIRED	SINGLE RESOURCES / STRIKE TEAMS																						
TOTAL RESOURCES ON HAND	SINGLE RESOURCES / STRIKE TEAMS																						
TOTAL RESOURCES NEEDED	SINGLE RESOURCES / STRIKE TEAMS																						

PREPARED BY		(OSC)	APPROVED BY		**OSSA SAR**