

ICS 201-1 - Incident Briefing Map/Sketch	Incident Briefing #:
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Incident Name:	Incident Briefing at:
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Incident Map/Sketch

Current Situation
(See latest SITREP for more details if available)

Approved By

Intelligence Officer: _____	Date: _____
Incident Controller: _____	Date: _____

ICS 201-1 - Incident Briefing Map/Sketch	Prepared By: _____	At: _____
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Incident Name:	Incident Briefing at:
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Initial Response Objectives

- Ensure the safety of response personnel
- Ensure the safety of the community
- Manage a coordinated response effort
- Control the source
- Contain and recover the spilled oil
- Recover and manage oiled wildlife
- Minimise harm to the environment
- Minimise harm to the community and economy
- Keep the community informed of response operations

Current and Planned Actions

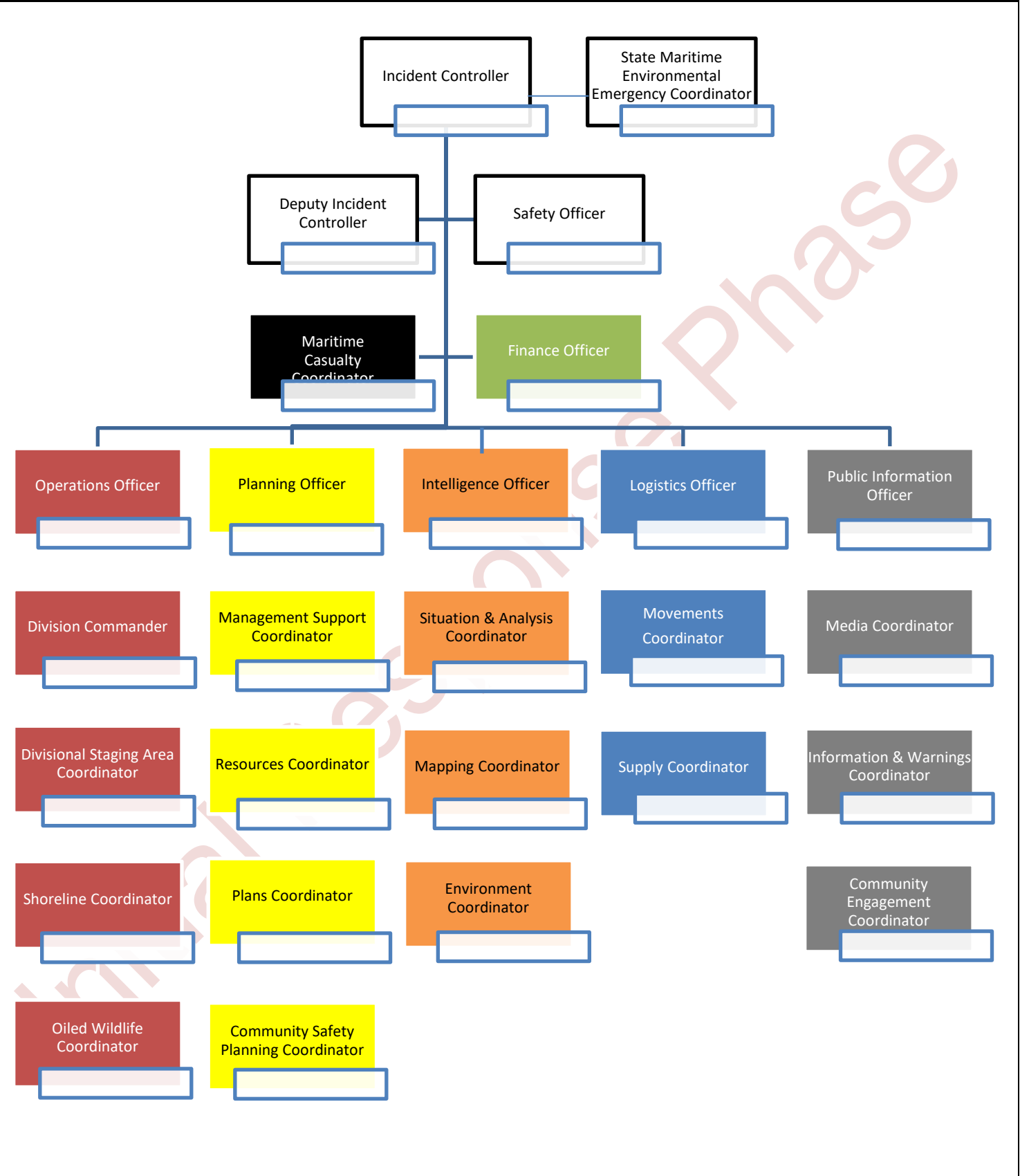
Date/Time	Action/Event/Notes
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Current

Planned

Approved By

Planning Officer: _____	Date: _____
Incident Controller: _____	Date: _____



Incident Name:	Incident Briefing at:
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ID	Resource			Ordered	ETA	Arrived	Area of Operation
	Quantity	Description	Supplier & Location				
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ICS 201-5 - Site Safety and Control Analysis		Incident Briefing #:	
Incident Name:		Incident Briefing at:	
Site Control			
1. Is Site Control set up? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?		2. Is there a Staging Area set up? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?	
3. Are adequate land based exclusions in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?		4. Are adequate marine based exclusions in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	
5. Are Safety Representatives on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?		6. Are there adequate Decon facilities on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	
Hazard Identification			
1. Hazardous Material Data Sheet been received? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:		2. Has air monitoring taken place? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:	
3. Are conditions within the permissible response band?: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		4. Is adequate PPE on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	
5. Is Heat Monitoring in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?		6. Are responder welfare checks being conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	
7. Are adequate first aid arrangements in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?		8. Are adequate communications in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	
9. Are adequate traffic management in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?		10. Is there adequate food and water available? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	
11. Are dangerous fauna prevalent in the area? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:		12. Is adequately waste being managed? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	
13. Is a registration/induction regime in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?		14. Has a site risk assessment been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when?	
Hazard Mitigation Strategies			
1. Confirm the hazards, including those posed by any emitted material: Update -			
2. Ensure adherence to DoT MEER SMS by all response personnel: Update -			
3. Establish site control, including appropriate decontamination facilities for personnel and equipment: Update -			
4. Establish induction and safety briefing regime for response personnel: Update -			
5. Develop site safety and health plan for response personnel: Update -			
6. Establish air monitoring regime in impacted areas: Update -			
7. Deploy Safety Representatives across the response effort: Update -			
8. Other:			
Approved By			
Safety Officer: _____		Date: _____	
Incident Controller: _____		Date: _____	
ICS 201-5 - Site Safety and Control Analysis		Prepared By: _____	At: _____
Prepared by Safety Section		Page 5 of 6	WA Department of Transport

INCIDENT BRIEFING (ICS FORM 201)

Purpose: The Incident Briefing form provides the Incident Controller, the Section Heads and other key personnel with basic information regarding the incident situation and the resources allocated to the incident. It also serves as a permanent record of the initial response to the incident. The 201

document suite serves as an Incident Action Plan during the Initial Response Phase and is the key document prior to the commencement of the Proactive Phase (if required).

Preparation: The Initial Incident Controller prepares the briefing form for presentation to the relieving Incident Controller along with a more detailed verbal briefing (if required).

Distribution: After each Incident Briefing the document saved on NEMO and distributed within the IMT as required.

Item Title	Instructions
Incident Name	Enter the name assigned to the incident.
Incident Briefing #	Enter the number of the Incident Briefing (The initial Incident Briefing being #1).
Incident Briefing at:	Enter the Time (24 hr) and Date (DD MMM YY) of the Incident Briefing for which the ICS 201 was finalised. For example, 1200 03 Mar 19.
<i>ICS 201-1</i> Map Sketch	Show the Areas of Operations, the incident site, overflight results, trajectories, impacted shorelines, or other graphics depicting situation and response status on a sketch or attached map.
<i>ICS 201-2</i> Summary of Current Actions	Enter information on: <ul style="list-style-type: none"> – What, when, and how the incident occurred – Surveillance & weather information – Overall initial response objectives – Timeline of major events or actions that have taken place.
<i>ICS 201-3</i> Current Organization	Enter on the organisation chart the names of the individuals assigned to each position. Modify the chart as necessary.
<i>ICS 201-4</i> Incident Resources	Track the following information about the resources allocated to the incident. <ul style="list-style-type: none"> – Name of supplier and location of the organisation providing the resource – Resource Type (e.g. fire truck, boom, skimmer) – Description (e.g. size, name, capacity) – Quantity or amount of resource(s) – Area of Operation – destination of the resource (e.g. staging area, division, group, task force) – Status of each resource (e.g. Standby, En-route with Estimated time of arrival, At Staging, Assigned, & Out of Service).
<i>ICS 201-5</i> Site Safety and Control Analysis	Enter safety information related to the incident.
Prepared By	Enter name of the person preparing the form. Enter time (24 hr) and date (DD MMM YY).

Document Control

Version No.	Date	Prepared by	Revision or issue description	Issued to
1	05 Nov 19	E. Gifford	Revisions from 2019 State Ex	All