

ICS 204a - Field Task Assignment			
Incident Name:		Operational Period:	
Complied By		IMT Section:	
Time Compiled:		Date Compiled:	
Response Team:		Call Sign:	#:
Division / Sector / Segment or Location:			
<i>Operational Task</i>			
<i>Execution – Detailed Instructions</i>			
<i>Administration and Resources</i>			
Team Leader:		Phone:	
Team Members			
Name:	Phone:	Name:	Phone:
<i>Team Resources</i>			
<i>Communications and Reporting</i>			
Standing Reporting Requirements		Standing Documentation Requirements	
Additional Task Reporting Requirements		Additional Task documentation Requirements	
<i>Task Assignment - Attachments</i>			
1		2	
3		4	
<i>Additional Notes:</i>			
<i>Approved By</i>			
Operations Officer:		Date:	
ICS 204A – Field Task Assignment		Prepared by:	At:
Prepared by Operations		Page 1 of 1	WA Department of Transport