EQUIPMENT INVENTORY (CRB IMS Form D2)

Adopted from FEMA ICS-218

1. Incident Name:	2. Date:	3. Equipment Category:

4. Vehicle/Equipment Information

	Order Request Number	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/ Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID No.	Incident Assignment	Incident Start Date and Time	Incident Release Date and Time

CRB IMS D2 Pg ___ of ___	5. Prepared by:	Agency:	Signature: _____