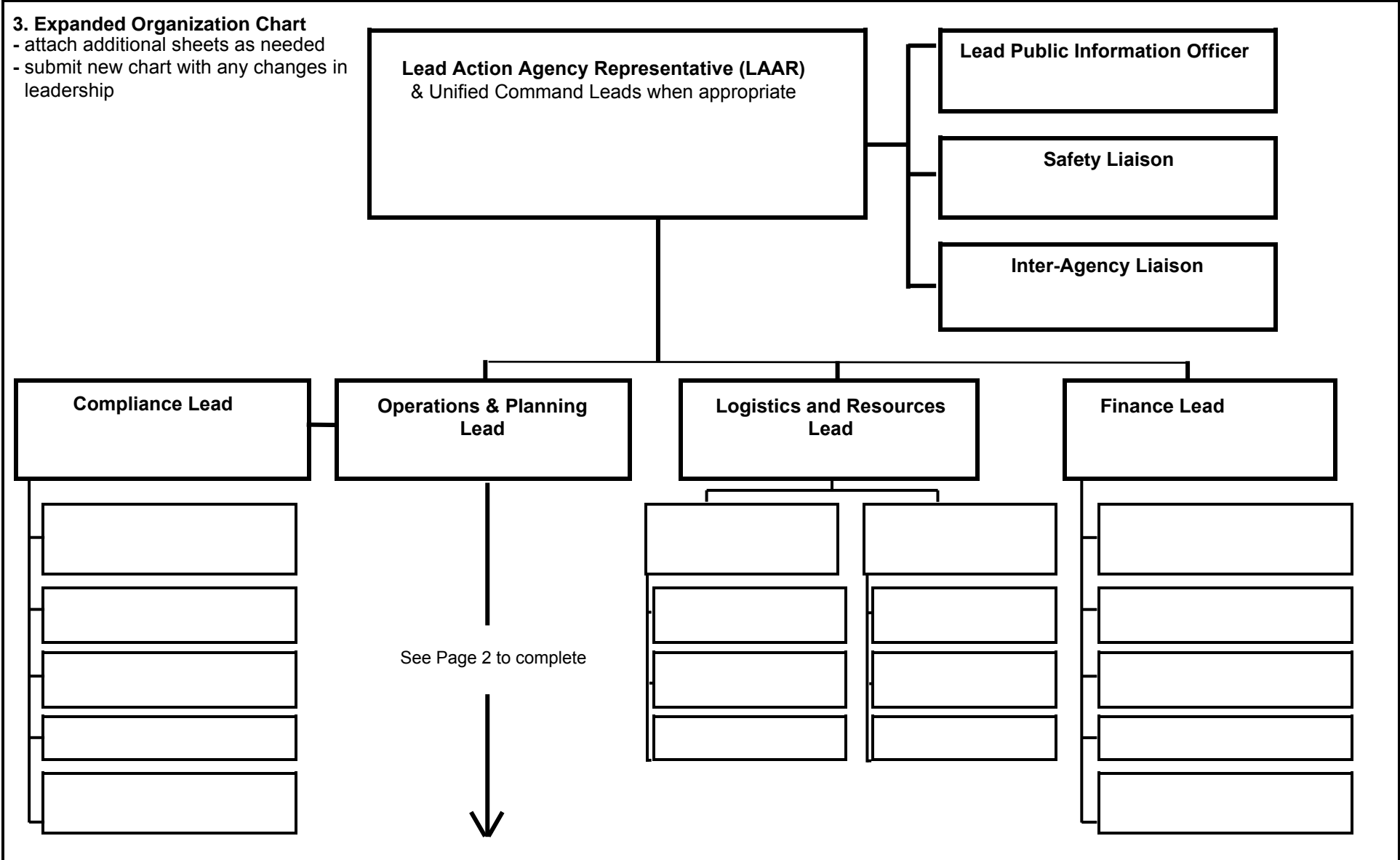


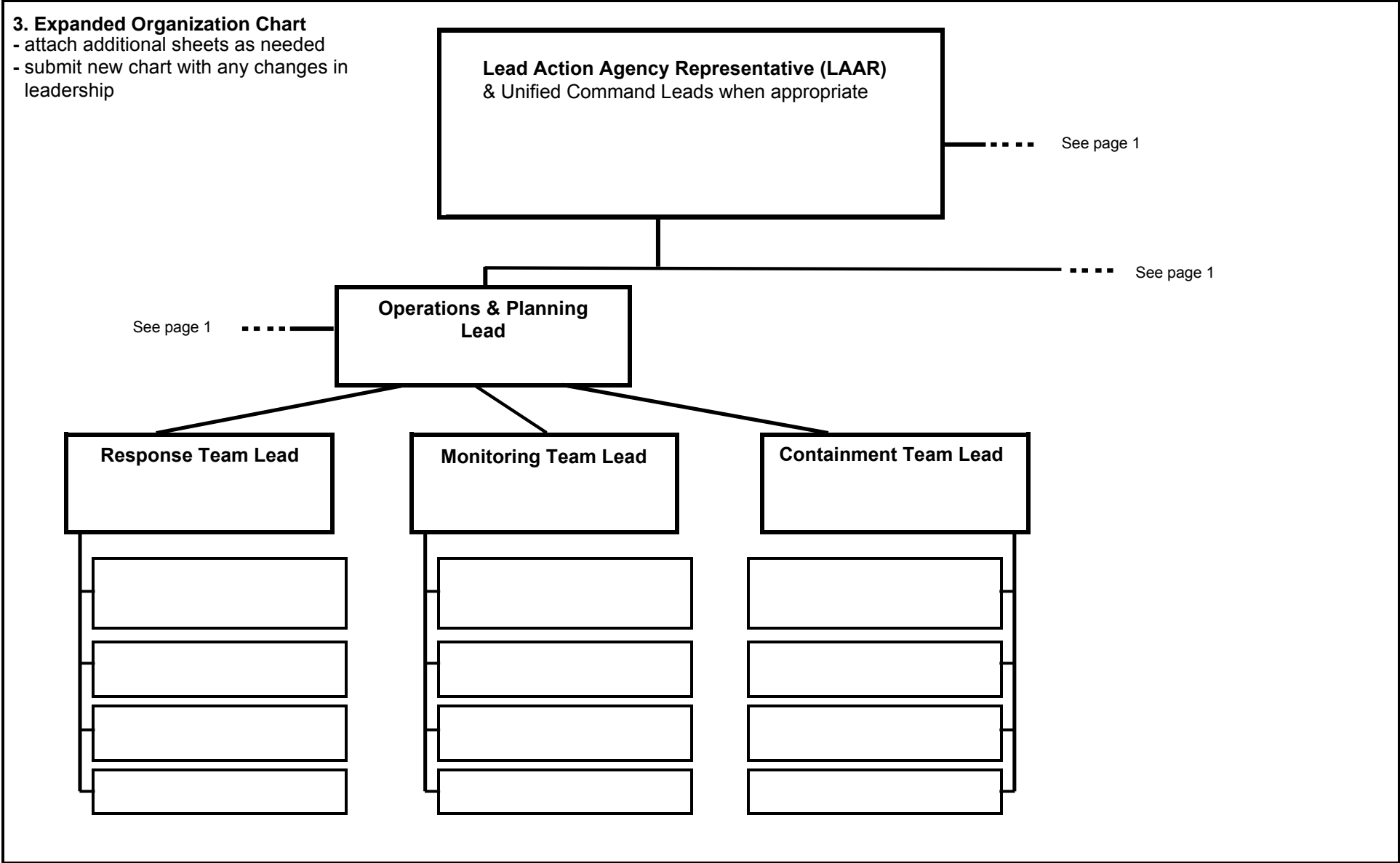
EXPANDED INCIDENT ORGANIZATION CHART (CRB IMS Form B Page 1 of 3)

1. Incident Name:	2. Operational Period: Date From: Date To:
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EXPANDED INCIDENT ORGANIZATION CHART (CRB IMS Form B Page 2 of 3)

1. Incident Name:	2. Operational Period: Date From: Date To:
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CRB IMS Form B [FEMA ICS-201, 203]	4. Prepared by:	Agency/Title:	Signature: _____	Date:
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EXPANDED INCIDENT ORGANIZATION LIST (CRB IMS Form B page 3 of 3)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____	
3. LAAR, Unified Command and Command Staff:		7. Planning and Operations:	
LAAR		Lead	
UCs			
		Response Team	
		Lead	
Lead PIO			
Safety Liaison			
Agency Liaison		Monitoring Team	
		Lead	
4. MAC Agency/Organization Representatives:			
Agency/Org.			
		Containment Team	
		Lead	
5. Science Advisory Panel:			
Lead			
		8. Logistics and Resources:	
		Lead	
6. Compliance Team:			
Lead		9. Finance and Administration:	
		Lead	
9. Prepared by: Name: _____		Agency: _____	
CRB IMS Form B [FEMA ICS-201, 203]		Date: _____	
		Signature: _____	