

## OPERATIONAL PLANNING WORKSHEET (CRB IMS Form D)

1. Incident Name:			2. Date:					3. Planning and Operations Team:				
4. Team, Group, or Other designation	5. Work Assignment & Special Instructions	6. Resources						7. Costs	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time	
		Req.										
		Have										
		Need										
		Req.										
		Have										
		Need										
		Req.										
		Have										
		Need										
<b>CRB IMS Form D Page ___ of ___</b>  Adapted from ICS Form-215	<b>11. Total Resources Required</b>							<b>Total Costs:</b>  \$	<b>14. Prepared by:</b> Name:  Agency:  Signature:			
	<b>12. Total Resources Have on Hand</b>											
	<b>13. Total Resources Need To Order</b>											