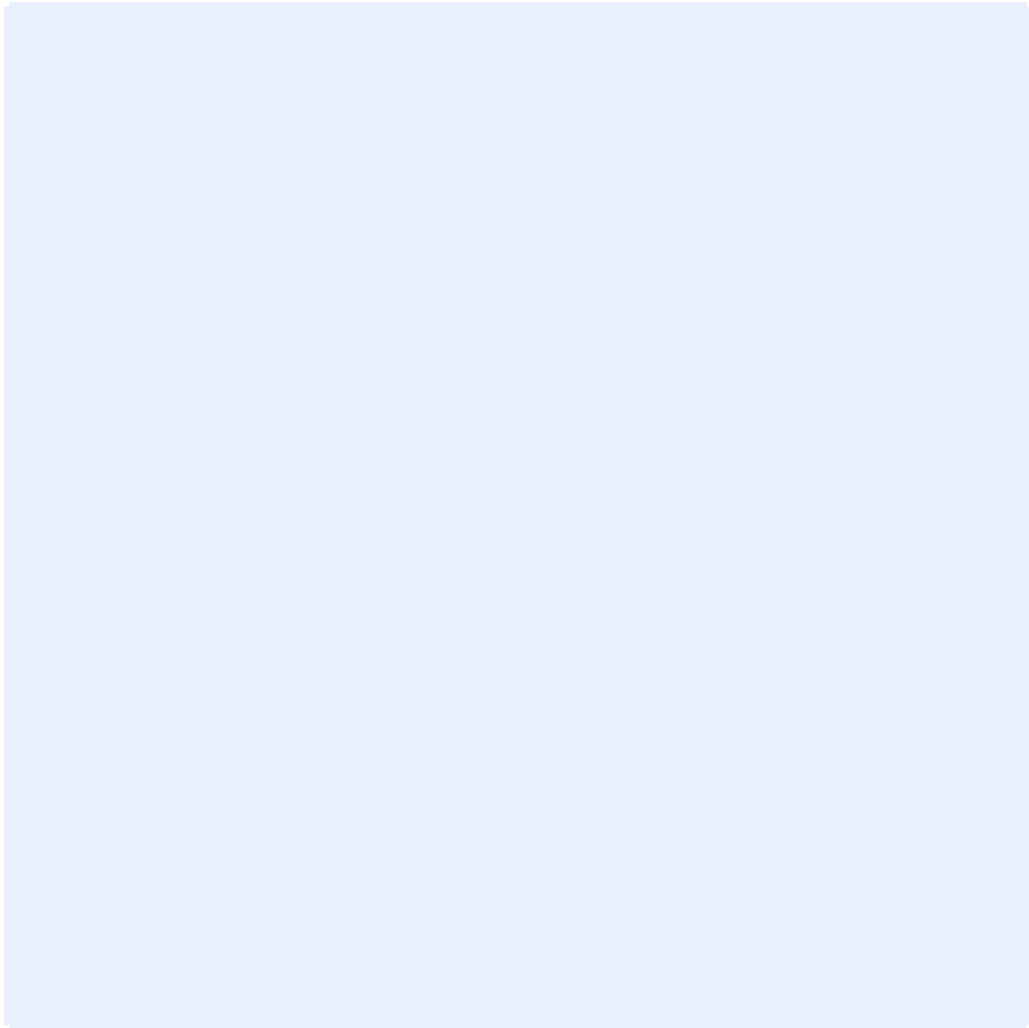


INCIDENT BRIEFING (CRB IMS Form A)

1. Incident Name:	2. Water Body Name:	3. Date Initiated:
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4. Map/Sketch (include sketch or map showing the total area of operations, the suspect or infested site/area, direction of water flow if applicable, impacted shoreline(s), boat ramps and other access points, and other graphics depicting situational and response status)



5. Summary of the current situation (include status of additional monitoring/verification sampling):

6. Prepared by:	Agency/Title:	Signature: _____
CRB IMS Form A, Page 1 of 4 [FEMA ICS - 201]	Date:	

INCIDENT BRIEFING (CRB IMS Form A)

1. Incident Name:	2. Water Body Name:	3. Date Initiated:
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7. Objectives:

8. Timeline of Current and Planned Actions:

Date/Time:	Actions:

6. Prepared by:

Agency/Title:

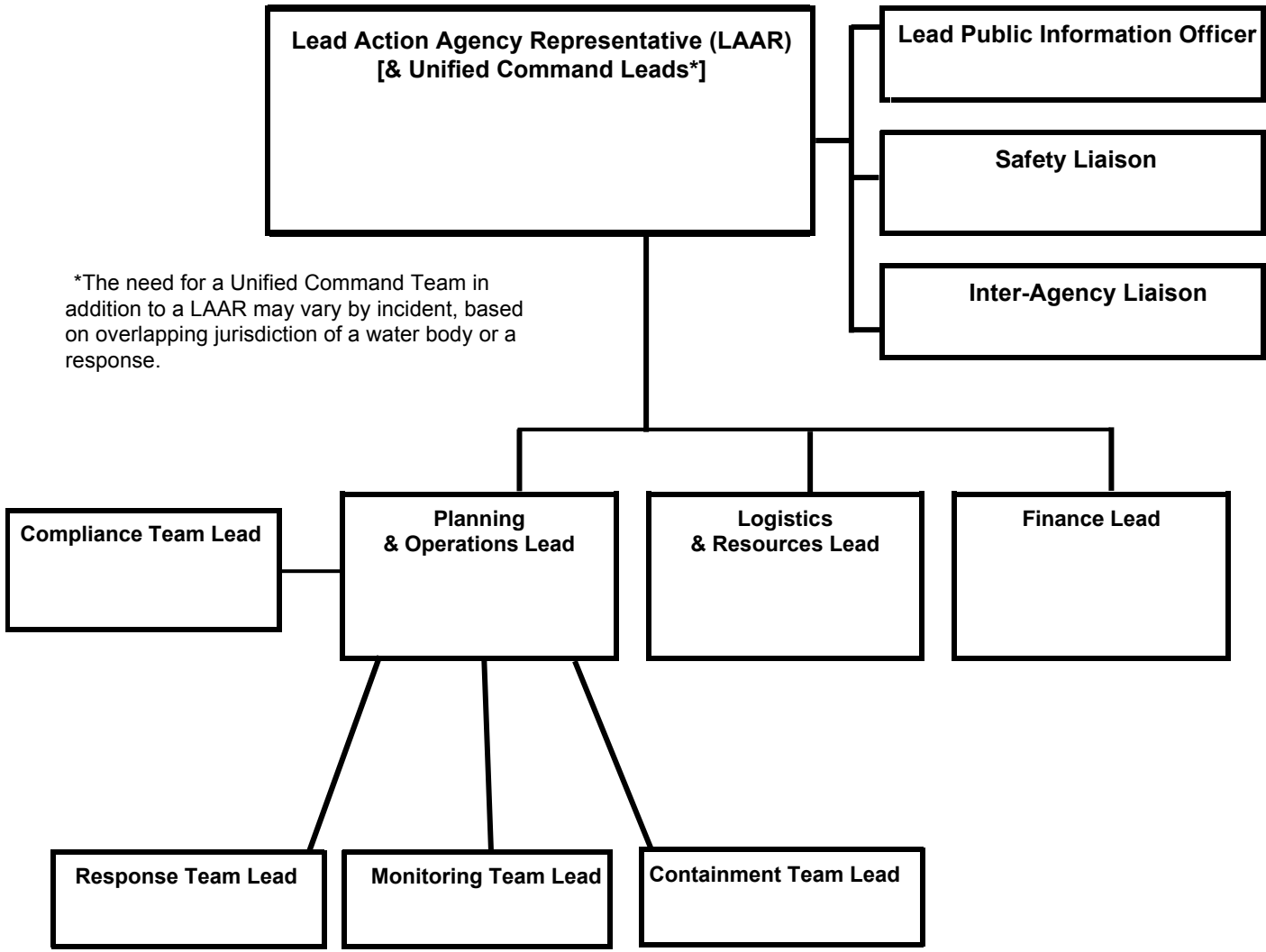
Signature: _____

Date:

INCIDENT BRIEFING (CRB IMS Form A)

1. Incident Name:	2. Water Body Name:	3. Date Initiated:
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9. Organizational Chart (fill in additional organization as appropriate):



*The need for a Unified Command Team in addition to a LAAR may vary by incident, based on overlapping jurisdiction of a water body or a response.

- Please see also:
- Form B - Expanded Incident Organizational Chart
 - Form E - Contact Names and Information for People Associated with the Incident

6. Prepared by:	Agency/Title:	Signature: _____
CRB IMS Form A, Page 3 of 4 [FEMA ICS - 2011]	Date:	

INCIDENT BRIEFING (CRB IMS Form A)

1. Incident Name:	2. Water Body Name:	3. Date Initiated:
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10. Resource Information:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Cost	Notes (agency/location/status)
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

Notes:	Total Costs:
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6. Prepared by:	Agency/Title:	Signature: _____
CRB IMS Form A, Page 4 of 4 [FEMA ICS - 201]	Date:	