

Incident Name				Incident Status Summary			
A	Report #	Date/Time of Report:		Date/Time of Incident:			
B	Send <input type="checkbox"/> County EOC <input type="checkbox"/> Town EOC <input type="checkbox"/> Area Command Report To: <input type="checkbox"/> State EOC <input type="checkbox"/> Other:			Callback Phone#: _____ Radio Freq/Channel: _____			
C	Incident Type:	<input type="checkbox"/> Pollution Incident (HazMat/Fuel Spill/etc) <input type="checkbox"/> Weather Event: _____ <input type="checkbox"/> Aircraft / Ship / Boat / Train Incident <input type="checkbox"/> Terrorist WMD/CBRN Incident <input type="checkbox"/> Wild Fire		<input type="checkbox"/> Shooting/Hostage <input type="checkbox"/> Munitions/Explosives <input type="checkbox"/> Structural Fire/Collapse <input type="checkbox"/> Dam Breach <input type="checkbox"/> Other: _____			
D	Location of Incident:			Lat/Long, USNG or UTM	Elevation:		
E	Municipality:		County:		State:		
F	Incident Specifics:						
G	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No Status:			Explosion? <input type="checkbox"/> Yes <input type="checkbox"/> No Time:			
H	HazMat/CBRNE Information:						
I	Evacuation Information:						
J	Disaster Cordon Size:		feet/miles	Perimeter Established? <input type="checkbox"/> Yes <input type="checkbox"/> No Time:			
K	ECP Location:		ICP Location:		CCP Location:		
L	ICP Established at:		Name of IC:		IMT on scene at:		
M	Units Involved:						
N	Mutual Aid on Scene:						
O	Dead:	Injured:	Missing:	Sheltered:	Evac'd:	Trapped:	
P	Wind Direction (From):		Wind Speed: _____ mph/knots		Temperature (°F): _____		
	Precipitation:				Humidity: _____		
Q	Damage Assessment:						
R	Media on Scene:						
S	Prepared By (Situation Unit): _____			Date/Time Prepared: _____			

Instructions for Completing the Incident Status Summary (ICS Form 209).

#	TITLE	INSTRUCTIONS
A	Report # Date/Time of Report Date/Time	Enter the numerical order of the report (1 = first report, 2 = second) Enter date (month, day, year) and time prepared (24-hour clock) Enter the date (month, day, year) and time (24-hour clock) the incident occurred
B	Send Report to Callback Phone# Radio Freq/Channel	Indicate which EOC or other centers/agencies that the report was sent to Enter the phone number of the contact person on scene so that other centers have a point of contact to inquire about more information. Indicate what radio frequency or channel name of the SITL, PSC or IC
C	Incident Type	Indicate what type of incident
D	Location of Incident Elevation	Enter the Lat/Long, U.S. National Grid or UTM grid coordinates of the incident location Enter the approximate elevation of the incident location
E	Municipality County State	Enter the municipality in which the incident occurred Enter the county in which the incident occurred Enter the State in which the incident occurred
F	Incident Specifics	Generally describe what has occurred
G	Fire Status Explosion Time	Indicate if there was a fire involved in the incident Indicate if the fire has been extinguished or not Indicate if there was an explosion involved in the incident Indicate at what time (24 hour clock) the explosion occurred
H	HazMat/CBRNE	Enter any information on the type, amount and effects of any hazmat release
I	Evacuation	Enter any information on whether evacuations are underway or planned, the size and directions of the evacuations and what populations are effected
J	Disaster Cordon Perimeter	Indicate the diameter of the Hot/Warm Zone in feet or miles. Indicate whether a security perimeter has been established and at what time.
K	ECP Location ICP Location CCP Location	Enter the location of any Entry Control Points Enter the location of the Incident Command Post Enter the location of the Casualty Collection Point
L	ICP Established IC Name IMT on Scene	Enter the time (24 hour clock) the Incident Command Post was established Enter the name of the Incident Commander Enter the time (24 hour clock) the Incident Management Team arrived on scene
M	Units Involved	List the major emergency response agencies on scene
N	Mutual Aid	List the mutual aid departments called and on scene
O	DIM-SET	Indicate the number of Dead, Injured, Missing, Sheltered, Evacuated and Trapped.
P	Weather	Enter the weather information
Q	Damage Assessment	Describe any damage assessment efforts that are underway. Describe any major damages incurred during the incident.
R	Media on Scene	List the Media companies that are on scene. Indicate if they are TV, radio or print.
S	Prepared By Date/Time Prepared	Enter the name of the Situation Unit Leader or Planning Section Chief. Enter the date (month, day, year) and time (24-hour clock) the report was prepared