INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)**:**

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

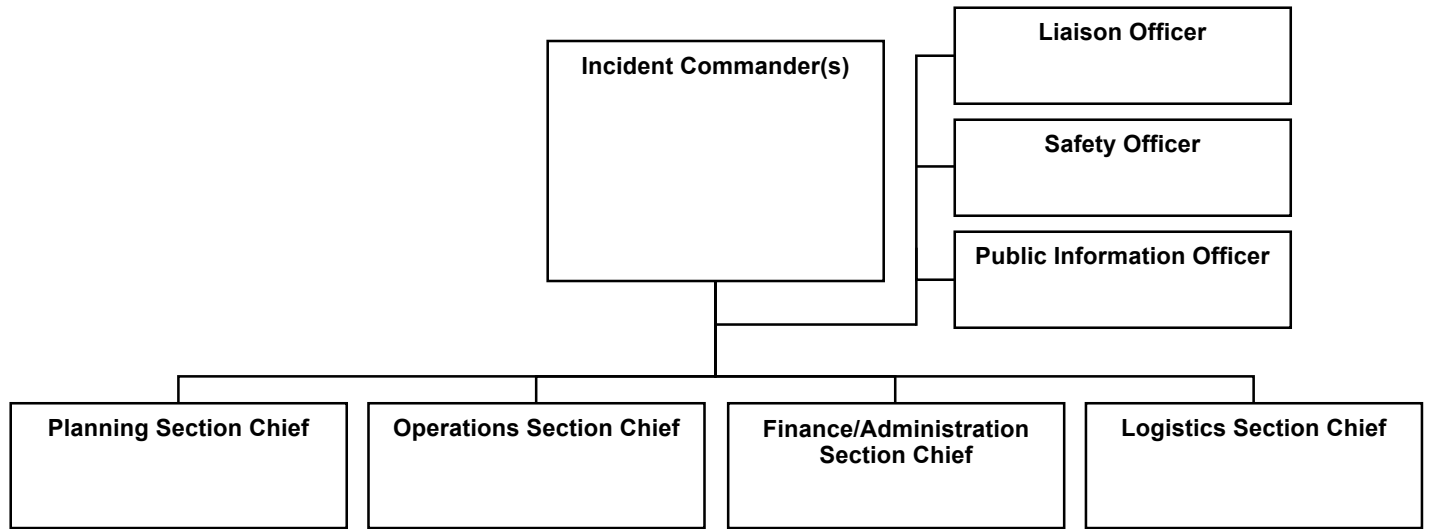**6. Prepared by:** Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1   Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 2 | Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

9. Current Organization (fill in additional organization as appropriate)**:**

```
                          ┌─────────────────────┐        ┌─────────────────────┐
                          │ Incident Commander(s)│────────│   Liaison Officer   │
                          │                     │        └─────────────────────┘
                          │                     │        ┌─────────────────────┐
                          │                     │────────│   Safety Officer    │
                          │                     │        └─────────────────────┘
                          │                     │        ┌─────────────────────┐
                          └─────────────────────┘────────│Public Information   │
                                                         │      Officer        │
                                                         └─────────────────────┘
```

Planning Section Chief	Operations Section Chief	Finance/Administration Section Chief	Logistics Section Chief

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____
ICS 201, Page 3   Date/Time:

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 4   Date/Time: _____

ICS 201
Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

Notes:
- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Date/Time Initiated** • Date, Time	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	**Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	**Situation Summary and Health and Safety Briefing (**for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	**Current and Planned Objectives**	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	**Current and Planned Actions, Strategies, and Tactics** • Time • Actions	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	**Current Organization** (fill in additional organization as appropriate) • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief	• Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	**Resource Summary**	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	• Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	• Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	• Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	• Arrived	Enter an "X" or a checkmark upon arrival to the incident.
	• Notes (location/ assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

Section Title

Overview

Introduction

The Simulated Emergency Test (SET) is an exercise held each year in the fall by ARRL to provide each section an opportunity to conduct and report on large scale testing and exercises.

This participant guide describes the Michigan exercise and is intended for all participants.

Contents

Scope and Objectives

Scope   The scope of the SET includes the following:

- Unlike the ARRL exercise, this exercise is open to all members of the AuxComm community
- The timing will align with the ARRL Fall SET and will serve as the submission for the Michigan section

Objectives   The exercise will test the following capabilities:

- Determine whether it is feasible to establish circuits purely via VHF simplex between counties within each district
- Determine whether counties are able to reach counties in adjacent district or districts
- Identify all counties capable of reaching the SEOC via VHF simplex
- Identify any circuits that exist via VHF simplex relay between each district and the SEOC

Mode of Operation

Introduction	This section outlines the structure of the exercise, identifying available modes valid for each part of the exercise.

Exercise Structure	The exercise will be divided into two parts:

- Part One will focus on establishing communication between counties within a district as well as counties in adjacent districts.
- Part Two will involve each county sending a summary to the SEOC

Both parts must be completed in order to be credited with full participation.

Teams	In the spirit of AuxComm, there will be at most one team for each county. The team will be led by the Emergency Coordinator (EC) or a delegate of the EC. The EC should make use of all available volunteer resources and assets for the exercise, including all locally available AuxComm members such as Civil Air Patrol, SATERN, REACT, etc.

For counties that do not have an EC, the District Emergency Coordinator (DEC) serves as the EC and can either lead the team or appoint the delegate. |

Part One – within and between districts	During the first part of the exercise, each county needs to send a MI-CIMS Resource Request to at least two counties within its district. Messages can be sent directly or via relay through one or more counties. Each county is then encouraged to contact counties in adjacent districts to send as well as relay resource requests.

Mode of Operation, Continued

Part Two – between counties and SEOC

During Part Two, each county must send a MI-CIMS ICS-213 to the SEOC containing the following information:

- Number of participants and call signs
- Number of messages sent and to which counties
- Number of messages received and from which counties
- Whether or not the EC has a username and password for MI-CIMS

Modes permitted for Part Two

The 213 may be sent via one of the following modes:

- VHF simplex, relayed as needed
- HF phone (band will depend on conditions)
- Winlink via RMS gateway, i.e. sent as Winlink message

Only one message should be sent. In the event that a county sends a message via more than one mode, only the first one received will be accepted for scoring.

Rules and Restrictions

Introduction   This section outlines rules and restrictions which must be followed during the exercise.

Safety First   All participants must follow safe practices when setting up and operating. In addition to the usual best practices, team members need to ensure that safe practices are followed with respect to current guidelines and restrictions regarding safe distancing.

Operating Rules   The following rules apply for operating in the exercise:

- For Part One,
    - All communications must be exchanged via VHF/UHF simplex
    - Each county must send a resource request to a minimum of two counties within their district
- For Part Two,
    - Exactly one ICS-213 must be sent to the SEOC using one of the following modes in order of preference:
        - VHF simplex
        - HF SSB phone
        - Winlink
    - If a county sends more than one ICS-213, the first one received at the SEOC will be the officially accepted form

Exercise Schedule

Introduction   The exercise will be held on October 10 and will run from 09:00 to 13:00. All times listed are Eastern Daylight Time.

Schedule   The schedule will occur as follows.

Time	Description
09:00	Part One begins: counties send resource requests to other counties within district and potentially nearby districts
11:00	Part Two begins: counties complete any exchanges in process, prepare and send ICS-213 to SEOC
13:00	Exercise concludes; hot wash to be conducted via conference call
13:30	Scoring tabulation begins
15:00	Scoring completed; winning scores announced via email

Scoring

Introduction	This section outlines the scoring that will be applied for each county participating in the exercise.
Part One scoring	A county will receive one point for each county it sends a message to, and one point for each message it receives from another county. Each hop of a relayed message will be scored independently.
Example of relayed scoring	For example, County A sends a message to County B to be delivered to County C. County A gets one point for sending to B County B gets one point for receiving from B and for sending to C County C gets one point for receiving from B
Part Two scoring	Part Two will be scored as a multiplier of the total score for Part One as follows: • Messages sent via VHF simplex will receive a 5X multiplier • Messages sent via HF SSB Phone will receive a 3X multiplier • Messages sent via Winlink will receive a 2X multiplier

Message Numbering and Logging

Introduction

This section outlines the requirements for message numbering and logging of messages sent and received.

This does not affect the scoring. It provides the basis for documenting the routes that messages travel around the state and will serve to help with further planning and development of this capability.

County codes

The participant packet contains a separate list of four-character county codes for Michigan.

Message number

Each county should log their message in the format of XXXX-NN, where

- XXXX is the four-character abbreviation for the county
- NN is a two-digit sequence number, starting from 01 and incrementing with each new message sent.

Preserve relayed message numbers

It's important that a message carry the message number assigned by the county that originated the message. This is essential as it facilitates tracking a message from county to county.

Log all messages sent and received

Please log all messages sent and received using the ICS-309 included in the participant packet. Instructions for completing the log are included with the form. The template is provided in Excel and PDF formats.

County Codes

Code	Name
ALCO	Alcona
ALGE	Alger
ALLE	Allegan
ALPE	Alpena
ANTR	Antrim
AREN	Arenac
BARA	Baraga
BARR	Barry
BAY	Bay
BENZ	Benzie
BERR	Berrien
BRAN	Branch
CALH	Calhoun
CASS	Cass
CHAR	Charlevoix
CHEB	Cheboygan
CHIP	Chippewa
CLAR	Clare
CLIN	Clinton
CRAW	Crawford
DELT	Delta
DICK	Dickinson
EATO	Eaton
EMME	Emmet
GENE	Genesee
GLAD	Gladwin
GOGE	Gogebic
GRAN	Grand Traverse
GRAT	Gratiot
HILL	Hillsdale
HOUG	Houghton
HURO	Huron
INGH	Ingham
IONI	Ionia
IOSC	Iosco
IRON	Iron
ISAB	Isabella
JACK	Jackson
KZOO	Kalamazoo
KALK	Kalkaska
KENT	Kent
KEWE	Keweenaw
LAKE	Lake

LAPE	Lapeer
LEEL	Leelanau
LENA	Lenawee
LIVI	Livingston
LUCE	Luce
MACK	Mackinac
MACO	Macomb
MANI	Manistee
MARQ	Marquette
MASO	Mason
MECO	Mecosta
MENO	Menominee
MIDL	Midland
MISS	Missaukee
MONR	Monroe
MONT	Montcalm
MTMO	Montmorency
MUSK	Muskegon
NEWA	Newaygo
OAKL	Oakland
OCEA	Oceana
OGEM	Ogemaw
ONTO	Ontonagon
OSCE	Osceola
OSCO	Oscoda
OTSE	Otsego
OTTA	Ottawa
PRES	Presque Isle
ROSC	Roscommon
SAGI	Saginaw
STCL	Saint Clair
STJO	Saint Joseph
SANI	Sanilac
SCHO	Schoolcraft
SHIA	Shiawassee
TUSC	Tuscola
VANB	Van Buren
WASH	Washtenaw
WAYN	Wayne
WEXF	Wexford

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):	

2. To (Name and Position):

3. From (Name and Position):

4. Subject:	**5. Date:**	**6. Time:**

7. Message:

8. Approved by: Name:	Position/Title:	Signature:

9. Reply:

10. Replied by: Name:	Position/Title:	Signature:
ICS 213	Date/Time:	

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional)**:**
2020 Fall Simulated Emergency Test

2. To (Name and Position)**:**
Max Schneider, SEC

3. From (Name and Position)**:**
Jack Robinson, EC Midland County

4. Subject:	**5. Date:**	**6. Time:**
Exercise Summary	10/10/2020	11:00

7. Message:
6 participants: K8GTG, N8ERF, W8PMR, W8LSS, KB8PGW, KB8UIH. 3 messages sent to Bay, Saginaw, and Tuscola counties. 4 received from Bay, Saginaw, Tuscola, and Ogemaw counties. Our EC has a username and password for MI-CIMS.

8. Approved by: Name: Jack Robinson   Position/Title: EC, Midland County   Signature:

9. Reply:

10. Replied by: Name: Position/Title: Signature:

ICS 213   Date/Time: 10/10/2020 11:05:06

ICS-309 Communications Log

1. Incident Name		2. Operational Period	
Fall 2020 SET		From:	To:
3. County Reporting		4. Operator Name/Call Sign	

5. Communications Log

Time (24:00)	Message #	From Call	To Call	To County	Comment

Instructions for ICS-309 Communications Log

The following table describes each part of the form and how to complete it.
Note: a separate log must be maintained for each participant. **Log all messages sent and received.**

1. Incident Name - this pre-populated with the exercise name
2. Operational period - Record the start and end time for the station
3. County Reporting - The name of the county of the participant
4. Operator Name/Call Sign - as indicated, the name and call sign of the operator of the station for this log
5. Communications Log

       Time - Record the time that the message was sent or received

       Message # - the message number assigned by the originating station, given as XXXXNN. Refer to participant guide

       From Call - This operator's call sign for messages sent, other party's for messages received

       From County - County as corresponds to From Call

       To Call - This operator's call sign for messages received, other party's for messages sent

       To County - County as corresponds to To Call

       Comment - any optional comments this operator wishes to note such as reception report

RESOURCE REQUEST

Resource Request Number:	Automaticaly filled in by MI-CIMS
Incident Name:	1.

Resource Request Details

Typed Resource:	2. ☐ Yes ☐ No
Resource Name:	3. **Required**
Quantity:	4.
Units:	5. ☐ ☐ Gallons ☐ Strike Team ☐ Bottles ☐ Other ☐ Task Force ☐ Boxes ☐ Pallets ☐ Teams ☐ Cases ☐ Pounds ☐ Tons ☐ Each ☐ Roll ☐ Units
Resource Mission/Description:	6. **Required**
Requested Reporting Location:	7.
Suggested Sources:	8. **Required**
Date/Time Due:	9. **Required**
Associated Task Assignment #:	10.
IAP Objective:	11.
IAP Strategy:	12.

RESOURCE REQUEST (continued)

IAP Tactic:	13.
Point of Contact:	14.
Point of Contact Number:	15.

Attachments

If attachments necessary, send separately

Fullfillment Details

Assigned To:	16. *If unknown SEOC LOG Logistics Section Chief*

Instructions

Assign a unique message number and be sure to notify the receiving station that this is a Resource Request. Your message number should not be the same as any message number you have sent within the past month. Suggestion is to use sequential numbers starting annually, or sequential within the month preceded by the month number. Unlike National Traffic System practice, dates and times are always local, not UTC.

At the top of the form record the date and time the message was received from emergency management. At the bottom, the time transmitted.

When sending over voice circuits, do not send the field description, but rather the field number only if it is known that the recipient has a blank form.
For Example:
One mixed group tango romeo november dash two zero one seven dash one two dash one nine dash northern initials mike india dash epidemic.
Two yes, three shelter manager type two, four figures three, five each, six ...

If you do not have access to MI-CIMS, give enough description of the incident that the receiving station can select the correct incident.

Always use proper phonetics and remember to speak slowly and clearly, the receiving station must write everything down.

On NBEMS circuits, use the proper flmsg form and be sure the receiving station has the form available.

Sending Operator Call	Receiving Station Call	Time Sent	Date Sent

Message Number	Originating Station	Time Filed	Date

RESOURCE REQUEST

Resource Request Number:	Automaticaly filled in by MI-CIMS
Incident Name:	1.

Resource Request Details

Typed Resource:	2. ☐ Yes ☐ No
Resource Name:	3. **Required**
Quantity:	4.
Units:	5. ☐ ☐ Gallons ☐ Strike Team ☐ Bottles ☐ Other ☐ Task Force ☐ Boxes ☐ Pallets ☐ Teams ☐ Cases ☐ Pounds ☐ Tons ☐ Each ☐ Roll ☐ Units
Resource Mission/Description:	6. **Required**
Requested Reporting Location:	7.
Suggested Sources:	8. **Required**
Date/Time Due:	9. **Required**
Associated Task Assignment #:	10.
IAP Objective:	11.
IAP Strategy:	12.

RESOURCE REQUEST (continued)

IAP Tactic:	13.
Point of Contact:	14.
Point of Contact Number:	15.

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Sending Operator Call	Receiving Station Call	Time Sent	Date Sent