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| **1. Incident Name** | **2. Operational Period (Date/Time)**From: To: | **INCIDENT ORGANIZATION****CHART ICS 207-CG** |
| **Incident Commander(s)/Unified Command**PUBLIC INFORMATION OFFICERSAFETY OFFICERAGENCY REPS.OPERATIONS SECTION CHIEFPLANNING SECTION CHIEFLOGISTICS SECTION CHIEFFINANCE/ADMIN SECTION CHIEFSTAGING AREA MANAGERTECHNICAL SPECIALISTSSITUATION UNIT LEADERRESOURCE UNIT LEADERDOCUMENTATION UNIT LEADERDEMOBILIZATION UNIT LEADERSUPPORT BRANCH DIRECTORSUPPLY UNIT LEADERFACILITIES UNIT LEADERVESSEL SUPPORT UNIT LEADERGROUND SUPPORT UNIT LEADERSERVICE BRANCH DIRECTORFOOD UNIT LEADERMEDICAL UNIT LEADERCOMMUNICATIONS UNIT LEADERCOST UNIT LEADERTIME UNIT LEADERPROCUREMENT UNIT LEADERCOMPENSATION UNIT LEADERIndicates initial contact pointINTELLIGENCE OFFICERLIAISON OFFICER3. |
| **4. Prepared By: (Resources Unit Leader)** | **5. Date/Time Prepared:**  |