INCIDENT COMMUNICATIONS PLAN (ICS 205), Adapted for FDA

1. Incident Name:	2. Date/Time Prepared: Date: Time:	3. Operational Period: Date From: Date To: Time From: Time To:

4. Incident communication information:

Incident Assigned Position	Name (Last, First)	Primary Number	Secondary Number	Other Method (s) of Contact (pager, email, radio, etc.)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader)**:** Name: _____ Signature: _____

ICS 205	**IAP Page** _____	Date/Time: _____

Updated by FDA 2/2011

ICS 205
Incident Communications Plan

Purpose. The Incident Communications Plan (ICS 205) provides contact information for all incident personnel. The ICS 205 indicates methods of contact for personnel assigned to the incident (phone numbers, pager numbers, radio frequencies, etc.) and functions as an incident directory.

Preparation. The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan. This form should be updated each operational period.

Distribution. The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- If additional pages are needed, use a blank ICS 205 and repaginate as needed.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Date/Time Prepared**	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	**Incident Communications Information**	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	• Incident Assigned Position	Enter the ICS organizational assignment.
	• Name	Enter the name of the assigned person.
	• Primary and Secondary Numbers • Other Method(s) of Contact (pager, email, radio, etc.)	For each assignment, enter primary and secondary contact number(s) to include area code, etc. If applicable, include the radio channel and frequency,
	• Remarks	Enter miscellaneous information concerning how to contact the assigned personnel
5	**Special Instructions**	Enter any special instructions or other emergency communications needs.
6	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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