

ICS 204a - Field Task Assignment			
Incident Name:		Operational Period:	
Complied By		IMT Section:	
Time Compiled:		Date Compiled:	
Response Team:		Call Sign:	#:
Division / Sector / Segment or Location:			
Operational Task			
Execution – Detailed Instructions			
Administration and Resources			
Team Leader:		Phone:	
Team Members			
Name:	Phone:	Name:	Phone:
Team Resources			
Communications and Reporting			
Standing Reporting Requirements		Standing Documentation Requirements	
Additional Task Reporting Requirements		Additional Task documentation Requirements	
Task Assignment - Attachments			
1		2	
3		4	
Additional Notes:			
Approved By			
Operations Officer:		Date:	
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Prepared by Operations		Page 1 of 1	WA Department of Transport