

TEAM ASSIGNMENTS (ICS 104-A)

1. Incident Name (w/ DEM):		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Name:		4. ICS Position:	5. Home Agency (and Unit):
6. Team Leader		7. Team #	Team Leader
			Team #
8. Equipment	In:		
	Time Out:		
	In:		
	Time Out:		
Team Leader		Team #	Team Leader
			Team #
Equipment	In:		
	Time Out:		
	In:		
	Time Out:		
Team Leader		Team #	Team Leader
			Team #
Equipment	In:		
	Time Out:		
	In:		
	Time Out:		
Team Leader		Team #	Team Leader
			Team #
Equipment	In:		
	Time Out:		
	In:		
	Time Out:		
Team Leader		Team #	Team Leader
			Team #
Equipment	In:		
	Time Out:		
	In:		
	Time Out:		

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