

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
		4. OPERATIONAL PERIOD (DATE/TIME)		
<i>POSITION</i>	<i>NAME</i>			
5. UNIFIED COMMAND AND STAFF		9. OPERATIONS SECTION		
FIRE REP.		CHIEF		
LAW REP.		DEPUTY		
HEALTH REP.				
SAFETY OFFICER		a. SECURITY BRANCH		
PUBLIC INFORMATION OFFICER		BRANCH DIRECTOR		
PUBLIC INFORMATION OFFICER				
COMMUNITY LIAISON OFFICER		PERIMETER/PARKING		
		COMMAND POST		
		CLINIC SECURITY		
		MEDICAL STORAGE/TRANSPORT		
		TRAFFIC/CROWD CONTROL		
		b. CLINIC BRANCH (Drive Through)		
		BRANCH DIRECTOR		
		DEPUTY		
		CHECK-IN		
		VACCINATION/DISPENSING		
		FORMS COLLECTION		
		c. CLINIC BRANCH (Walk Through)		
		BRANCH DIRECTOR		
		DEPUTY		
		CHECK-IN		
		VACCINATION/DISPENSING		
		FORMS COLLECTION		
		MEDICAL BRANCH DIRECTOR		
6. AGENCY REPRESENTATIVES		ADDITIONAL ASSIGNMENTS		
<i>AGENCY</i>	<i>NAME</i>			
7. PLANNING SECTION				
CHIEF				
SITUATION STATUS UNIT				
RESOURCES UNIT				
DEMOBILIZATION UNIT				
DOCUMENTATION UNIT				
8. LOGISTICS SECTION				
CHIEF				
DEPUTY				
a. SUPPORT BRANCH				
DIRECTOR				
SUPPLY UNIT				
FACILITIES UNIT				
GROUND SUPPORT UNIT				
PHARMACY TEAM LEAD				
STAFF REGISTRATION				
b. SERVICE BRANCH				
DIRECTOR				
COMMUNICATIONS UNIT				
MEDICAL UNIT				
FOOD UNIT				
PREPARED BY (NAME and POSITION)				