

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD  
**ORGANIZATION ASSIGNMENT LIST (ICS 203-CG)**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant; general powers.

**PURPOSE:** USCG collects the information to assist emergency response personnel in the application and execution of the Incident Command System (ICS) and corresponding documentation during incident operation.

**ROUTINE USES:** USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally as a "routine use" pursuant to DHS/USCG-013 – Marine Information for Safety and Law Enforcement (MISLE), June 25, 2009, 74 FR 30305.

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. To assist with maintaining confidentiality, respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

**GENERAL INSTRUCTIONS**

**Purpose.** The Organization Assignment List (ICS 203-CG) provides ICS personnel with information on the staffing structure for the incident including the units that are activated and the names of personnel assigned to each position/unit for the planned IAP cycle. This form is used to complete the Incident Organization Chart (ICS 207-CG) which may be included in the Incident Action Plan and should be posted as part of the Situation Unit Display. Staffing of ICS positions is event-specific and not all positions are required to be filled. Some blocks may also contain more than one name. The size of the ICS organization is dependent on the size and complexity of the incident which can be expanded or contracted as necessary.

**Preparation.** The Resources Unit Leader prepares the ICS 203-CG and maintains this list under the direction of the Planning Section Chief.

**Distribution.** The ICS 203-CG is distributed as part of the Incident Action Plan. All completed original forms MUST be given to the Documentation Unit.

**Notes.**

- The ICS 203-CG serves as part of the Incident Action Plan (IAP).
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203-CG and repaginate as needed.

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Operational Period	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 Commander and Command Staff	Enter the names of the Incident Commander(s) and Command Staff. Use at least the first initial and last name.
5.	Agency Representatives	Enter the name of the Agency/Organization and at least the first initial and last name of the designated representative.
6.	Planning Section	Enter at least the first initial and last name of the person assigned to the position. Enter the name of the person staffing each of the listed positions.  For units enter the Unit Leader and for Groups/Divisions enter the name of the Division/Group Supervisor. Use an additional page if more than three branches are activated.  If there is a shift change during the specified operational period, list both names, separated by a slash.
7.	Logistics Section	
8.	Operations Section	
9.	Finance / Administration Section	
10.	Intelligence/Investigations Section	
11.	Prepared by <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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1. Incident Name:		2. Incident Location:		3. Operational Period (Date/Time): From:                      To:	
4. Incident Commanders and Command Staff:			8. Operations Section:		
Incident Commander	Deputy	Agency	Chief		
			Deputy		
			Staging Area Manager		
			Staging Area Manager		
			Staging Area Manager		
Safety Officer			Branch		
Information Officer			Branch Director		
Liaison Officer			Deputy		
			Division/Group		
5. Agency / Organization Representatives:			Division/Group		
Agency/Organization	Name		Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch		
6. Planning Section:			Branch Director		
Chief			Deputy		
Deputy			Division/Group		
Resources Unit			Division/Group		
Situation Unit			Division/Group		
Environmental Unit			Division/Group		
Documentation Unit			Division/Group		
Demobilization Unit			Division/Group		
Technical Specialists			9. Intelligence / Investigations Section:		
			Chief		
			Deputy		
7. Logistics Section			Division/Group		
Chief			Division/Group		
Deputy			Division/Group		
Support Branch			Division/Group		
Director			Division/Group		
Supply Unit			Division/Group		
Facilities Unit			10. Finance / Administration Section:		
			Chief		
Service Branch			Deputy		
Director			Time Unit		
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
			Cost Unit		
11. Prepared by:					
Name:	Position Title:		Signature:		Date/Time: