

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

ASSIGNMENT LIST (ICS 204-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 Assignment List(s) (ICS 204-CG) informs Division and Group supervisors of incident assignments. Once the Unified Command and General Staff agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204-CG is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202-CG), Operational Planning Worksheet (ICS 215-CG), and either the Operations Section Chief or the Intelligence/Investigations Section Chief. The Assignment List must be approved by the Planning Section Chief and either the Operations Section Chief or the Intelligence/Investigations Section Chief depending on the personnel and assignment. When approved, this form is included as part of the Incident Action Plan (IAP). Specific instructions for specific resources may be entered on an ICS 204a-CG for dissemination to the field. A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.

Distribution. The ICS 204-CG is duplicated and attached to the Incident Objectives (ICS 202-CG) and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

Notes: The ICS 204-CG submits assignments at the level of Divisions and Groups. The Assignment List Attachment (ICS 204A-CG) shows more specific assignment information, if needed. The need for an ICS 204A-CG is determined by the Planning Section Chief and either the Operations Section Chief or the Intelligence/Investigations Section Chief during the development of the Operational Planning Worksheet (ICS 215-CG).

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	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.
3.	Location	Enter the appropriate designator for where the work will be performed.
4.	Operations Personnel	Enter the name and contact information of the Operations Chief, applicable Branch Director, and Division Supervisor.
5.	Resources Assigned	Enter the following information about the resources assigned to Division or Group for this period.
	Resource Identifier	Enter the name or identifier of the resource.
	Leader	Enter the name of the resource leader if applicable.
	# of Persons	Enter the total number of personnel for the strike team, task force, or single resource assigned.
	Contact Information	Enter primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number.
	Reporting Info / Notes	Enter special notes or directions, specific to this strike team, task force, or single resource. The Planning and Operations Section Chief determine the need for an ICS 204A-CG during the Tactics Meeting.
	204A	Enter an X if an Assignment List Attachment (ICS 204A-CG) is attached.
6.	Work Assignments	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7.	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, or other important information.
8.	Communications	Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205-CG). Note: Phone numbers should include area code.
	Emergency Communications	Enter the phone numbers or radio frequency for medical, evacuation or other emergency contacts.
9.	Prepared by	Enter the name of the person that prepared the form and date/time (24-hour).
10.	Reviewed by (PSC)	Enter signature and date/time that the Planning Section Chief reviewed the form.
11.	Reviewed by (OSC/ISC)	Enter the signature and date/time that the appropriate Section Chief has reviewed the form.

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1. Incident Name:		2. Operational Period: From: To:		3. Assigned Location: Branch Division Group Staging Area	
4. Operations or Intelligence/Inspections Personnel:					
Position	Name	Contact Information			
Section Chief					
Branch Director					
Division/Group Supervisor					
5. Resources Assigned:		# of Persons	Contact Information	Reporting Info / Notes	204A
Resource Identifier	Leader				
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
6. Work Assignments:					
7. Special Instructions:					
8. Communications:					
Name / Function		Contact Information – radio (frequency, system, channel) / cell or phone number			
Emergency Communications:					
Medical _____ Evacuation _____ Other _____					
9. Prepared by: _____		10: Reviewed by (PSC): _____		11. Reviewed by (OSC/ISC): _____	
Date/Time _____		Date/Time _____		Date/Time _____	