ICS 215-2

City of Ankeny
Emergency Operations Plan

Operational Planning Summary

Incident Name:	Date Prepared:	Time Prepared:	Operational Period Date: From: To:	Operational Period Time: From: To:

Division/Group Or Other Location	Work Assignments		Equipment																				Personnel				Reporting Location	Requested Arrival Time
		Req.																										
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		Need																										
		Req.																										
		Have																										
		Need																										
Total Resources Required:																											Prepared By: (Name & Position)	
Total Resources on Hand:																												
Total Resources Needed:																												

Prepared By:	Company Name:	ICS Position:	Approved By:	Company Name:	ICS Position:

Note: this page is a summary of the 215-1 worksheets.