ASSIGNMENT LIST (ICS 204)

1. Incident Name: Ogden Marathon - Marathon Command	2. Operational Period: Date From: 05/20/2023 Date To: 05/20/2023 Time From: 0500 Time To: 1400	3. Branch: Medical

4. Operations Personnel: Name   Contact Number(s)

Operations Section Chief: Unified Operations (OFD name and Weber name)

Branch Director: Unified Command had retained Fire/EMS

Division/Group Supervisor: (Ogden name for Lower Valley, Weber for Upper)

Division:

Group:

Staging Area:

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
WFD-AEMT A262	TBD	2	Event Channel	Staged at Eden Park
OFD-AEMT AMB 13	TBD	2	Event Channel	Staged at Mouth of Canyon
OFD- Heavy Engine 2	TBD	1	Event Channel	Staged at MTC Park
OFD-AEMT Can-Am 1	TBD	2	Event Channel	Staged at MTC Park
OFD-AEMT AMB 17	TBD	2	Event Channel	Staged at Finish line
OFD-AEMT Can-Am 2	TBD	2	Event Channel	Staged at Finish Line
IHC-Med Van 1	TBD	2	Event Channel	Start to Spillway
IHC-Med Van 2	TBD	2	Event Channel	Ogden Canyon
IHC-Med Van 3	TBD	2	Event Channel	Mouth of Canyon to Finish

6. Work Assignments:

All units will be responsible for providing excellent care for all runners and bystanders. All medical incidents iwll be treated as important, but to maintain resources ready to respond at all levels, triage will be performed per county policy. Incidents that are less severe will be handled by the Med Vans and Aid Stations. If the incident is deemed more severe, ambulances and paramedic units will be sent to treat and transport patients that require evalaution and treatment at a hospital. All medical units working together as a team will ensure that the event runs smoothly.

7. Special Instructions:

Police escorts are needed for travel up and down the canyon. Be aware that runners and spectators will be on the road and can be unpredictable.

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Command and LE / Ops	Event Channel
Race Management /PW radios	Public Works 1 Command Ham 448.60/145.550
Medical LZ /	LZ1 Backup Ham 146.90/147.580
Mutual Aid LE /	Event Channel

9. Prepared by: Name: Kenny Miller   Position/Title: Emergency Manager Signature: _____

ICS 204	IAP Page _____	Date/Time: _____

ICS 204
Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). 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 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	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	**Branch** **Division** **Group** **Staging Area**	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	**Operations Personnel** • Name, Contact Number(s) – Operations Section Chief – Branch Director – Division/Group Supervisor	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	**Resources Assigned**	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
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, dropoff or pickup points, or other important information.
8	**Communications** (radio and/or phone contact numbers needed for this assignment) • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Enter specific communications information (including emergency numbers) for this Branch/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). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed.
9	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).