



Alsip Fire Department Incident Command Board



TIME OF ALARM: _____ TIME COMPLETED: _____ <input type="checkbox"/> 360 _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> Secondary _____ <input type="checkbox"/> Accountability _____	INCIDENT ADDRESS: _____ _____ _____ RADIO FREQUENCY: _____ _____ SIZE: _____ <small>(GPM=Length x Width / 3)</small>	STATUS REPORT <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90	NOTIFICATIONS <input type="checkbox"/> NICOR _____ <input type="checkbox"/> COMED _____ <input type="checkbox"/> Board Up _____ <input type="checkbox"/> Building Insp _____ <input type="checkbox"/> Elect Insp _____ <input type="checkbox"/> Health Insp _____ <input type="checkbox"/> Cable _____ <input type="checkbox"/> Phone _____
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INTERIOR

ROOF

WATER SUPPLY

R.I.T.

OPERATIONS FRONT (A)

OPERATIONS REAR (C)

REHAB/MEDICAL

SAFETY

ENGINE	TRUCK	AUTO AID AMBULANCE	SQUAD	CHIEF
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BOX # _____ STAGING: (Location) _____

FULL STILL				
Engine	Truck	Ambulance	Squad	Chief
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIDE	FLOORS	
A: _____	B: _____	FIRE INVESTIGATOR: _____ POLICE LIAISON: _____ PUBLIC WORKS: _____
B: _____	1: _____	
C: _____	2: _____	
D: _____	3: _____	
	4: _____	

Use Dry Erase, Grease Pencil
or Permanent Marker Only



800-424-8228