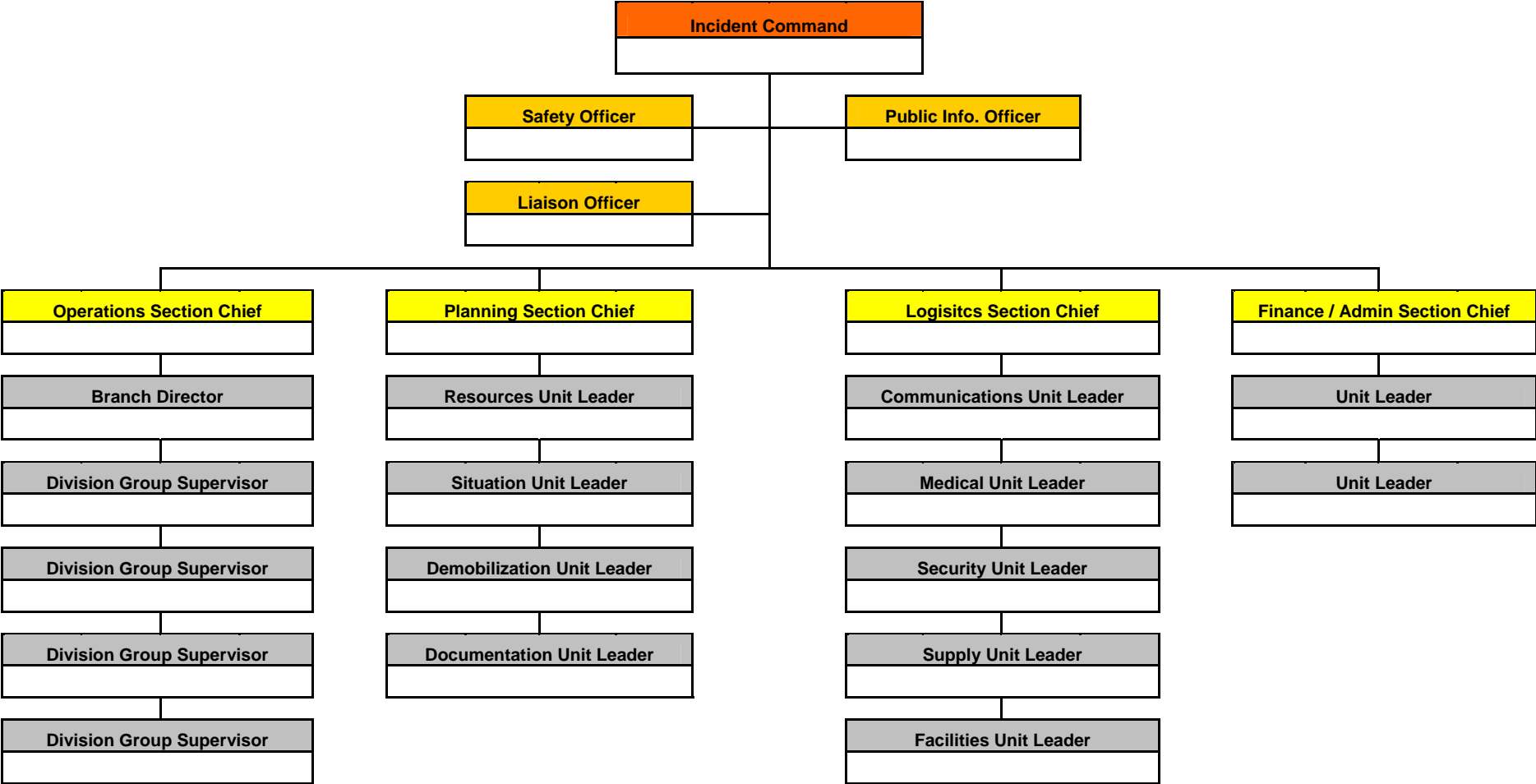


ICS Form 207

Incident Name :	
Date :	Time :
Operational Period :	



Other Health District Personnel	
Name	Assignment

Technical Specialists	
Name	Specialty