Resource Tracking Form (ICS 201.10)

| **1. Incident Name:**  | **2. Incident Number:**  | **3. Date/Time Initiated:** Date: Time:  |
| --- | --- | --- |
| **10. Resource Summary:** |
| Name of Resource | Requested By | Date/Time Ordered | Needed By (Date/Time) |  Arrived | Notes (location/assignment/status) | Date Returned |
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| **6. Prepared by:** Name: Position/Title: Date/Time:  |
| **Resource Tracking Form** **ICS 201.10 Page 1 of \_\_** | Signature \_\_\_\_\_\_\_\_\_\_\_\_ |

Form modified by Minnesota Department of Health. For use by MN Department of Health Department Operations Center staff.

January 2015

**ICS 201.10**

**Resource Tracking**

**Purpose:** The Resource Tracking form (ICS 201.10) provides the Resources Unit Leader (RUL) a format for tracking any equipment or supplies (**not people**) that have been specially ordered or obtained and assigned to response personnel. (Personnel that are deployed are tracked on the ICS 204 Assignment List.)

**Preparation:** The Resource Tracking form (ICS 201.10) is prepared, used, and maintained by the Resources Unit Leader (RUL).

**Distribution:** The ICS 201.10 is maintained by the RUL and can be shared with the Demobilization Unit Leader to track demobilization of resources. All final paperwork (this form) will be sent to Documentation Unit for historical recordkeeping.

**Notes:** Resources Unit Leader (RUL) must work closely with the Operations Chief to obtain information on where the resource item ordered is going (geographical location) or to whom it is being assigned. RUL must also work closely with the Logistics Chief to obtain information on resource name, date and time the resource was ordered, and when it is available (arrived).

| **Block Number** | **Block Title** | **Instructions** |
| --- | --- | --- |
| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Incident Number** | Enter the number assigned to the incident. |
| **3** | **Date/Time Initiated**Date, Time | Enter date initiated (month/day/year) and time initiated (using the 24-hour clock). |
| **10** | **Resource Summary** | Enter the following information about the resources obtained and allocated to the incident. If additional pages are needed, use another ICS 201.10 and adjust page numbers accordingly. |
| Name of Resource | Enter the name of the resource item being requested / ordered. |
| Requested By | Enter the name of the person requesting the resource item. |
| Date/Time Ordered | Enter the date (month/day/year) and time (24-hour clock) the resource was ordered. |
| Needed By | Enter the date and time at which the resource needs to be supplied (use 24-hour clock). |
| Arrived | Enter an “X” or a checkmark upon arrival of the resource to the incident or when you obtained the resource and provided it to the requestor/ person needing the item. |
| Notes (location/ assignment /status) | Enter notes such as the assigned location of the resource and/or the actual assignment and status, or the person to whom the resource is being assigned. |
| Date Returned | Enter the date on which the resource item was returned. Be sure to share this information with the Demobilization Unit Leader. |
| **6** | **Prepared by**NamePosition/TitleSignatureDate/Time | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |