

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____			3. Sunrise: _____ Sunset: _____	
4. Remarks (safety notes, hazards, air operations special equipment, etc.):		5. Ready Alert Aircraft: Medivac: _____ New Incident: _____			6. Temporary Flight Restriction Number: Altitude: _____ Center Point: _____	
		8. Frequencies:		AM	FM	9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft: _____
		Air/Air Fixed-Wing				
7. Personnel:	Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following			
Air Operations Branch Director			Air/Ground			
Air Support Group Supervisor			Command			Other Fixed-Wing Aircraft: _____
Air Tactical Group Supervisor			Deck Coordinator			
Helicopter Coordinator			Take-Off & Landing Coordinator			
Helibase Manager			Air Guard			
10. Helicopters (use additional sheets as necessary):						
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks
11. Prepared by: Name: _____ Position/Title: _____ Signature: _____						
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