ORGANIZATION ASSIGNMENT LIST (D 203)

| 1. Incident Name: | 2. Operational Period: Date From: Date To: |
| | Time From: Time To: |

3. Policy Group:		10. Local School District:	
		11. Local Law Enforcement:	
4. Joint Information Center:			
		12. Department of Public Health:	
		13. Fire Department:	
5. Emergency Manager, Deputies, and EM Support Staff:			
6. Department of Public Works:		**14. Support Staff:**	
		Department of Information Technology	
		Liaison Officer	
		Technical Specialists	
7. Department of Neighborhood Services:			
		15. Additional Department Representatives and Support Staff:	
8. Department of Parks and Recreation:			
9. Department of Human Resources:			

16. Prepared by: Name:_____ Position/Title:_____ Signature: _____

| **D 203** | **IAP Page** _____ | Date/Time: _____ |

D 203
Organization Assignment List

Purpose. The Organization Assignment List (D 203) provides personnel with information on the positions that are currently activated and the names of personnel staffing each position. It is used to complete the Departmental EOC Organization Chart (D 207), which is posted on the EOC display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

Preparation. The Emergency Manager prepares and maintains this list.

Distribution. The D 203 is duplicated and attached to the Incident Objectives (D 202) and given to all recipients as part of the Incident Action Plan (IAP).

Notes:
- The D 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank D 203 and repaginate as needed.
- The Intelligence/Investigations Function can be embedded in several different places within the organizational structure or set up as a separate unit.

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	**Policy Group**	Enter the titles and names of the members of Policy Group. For all individuals, use at least the first initial and last name.
4	**Joint Information Center**	Enter the names of the individuals in the Joint Information Center. For all individuals, use at least the first initial and last name.
5	**Emergency Manager, Deputies, and EM Support Staff**	Enter the name of the Emergency Manager, Deputies, and EM Support staff. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6–13	**Department Representatives** • Department of Public Works • Department of Neighborhood Services • Department of Parks and Recreation • Department of Human Resources • Local School District • Local Law Enforcement • Department of Public Health • Fire Department	Enter the names of the Department Representatives. If there is a shift change after the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
14	**Support Staff** • Department of Information Technology • Liaison Officer • Technical Specialists	Enter the names of the Support Staff after each position title. List Technical Specialists with an indication of specialty. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
15	**Additional Department Representatives and Support Staff**	Enter the names of the Additional Department Representatives and Support Staff. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
16	**Prepared By** • Name • Position/Title • Signature • Date/Time	Enter the name, position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).