

## INCIDENT BRIEFING

|                           |       |       |
|---------------------------|-------|-------|
| CERT DISTRICT             |       |       |
| TEAM LEADER:              | DATE: | TIME: |
| TEAM NAME:                |       |       |
| INCIDENT NAME & ADDRESS   |       |       |
| MAP SKETCH:               |       |       |
|                           |       |       |
| SUMMARY OF ACTIONS TAKEN: |       |       |

**FOR TEAM LEADER**

**TEAM LEADER:** Sketch a map of the incident area with any hazards, if not done by district leader. Summarize the actions of your teams. When incident is complete, return this form, along with Assignment Status, to district leader.