

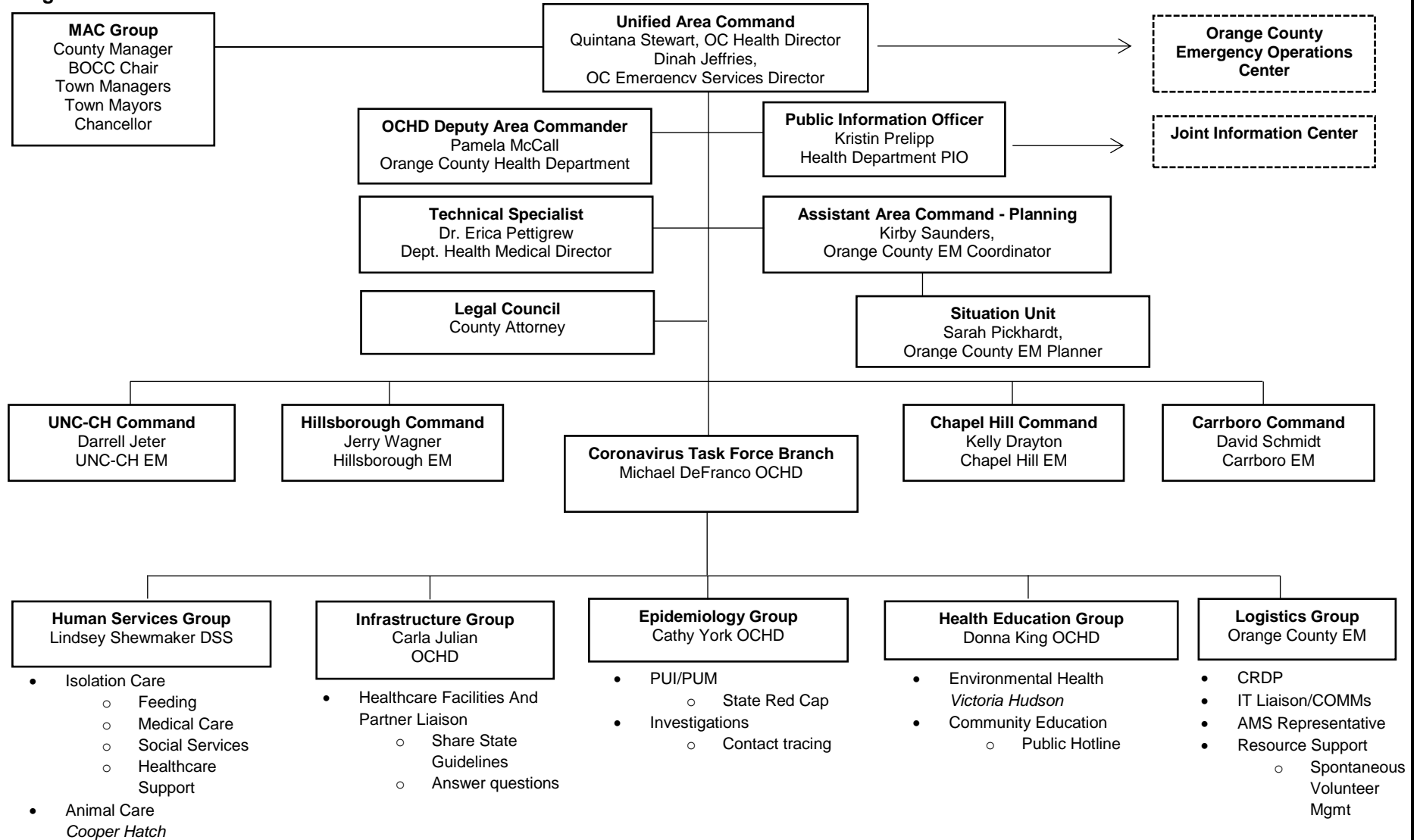
INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name: COVID-19

2. Operational Period: Date From: _____
Time From: _____

Date To: _____
Time To: _____

3. Organization Chart



ICS 207

IAP Page ____

4. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____