Incident Command and General Staff Roster→ Submit this form by \_\_\_\_\_\_\_ to ornwc\_mcco@firenet.gov or (503) 808-2789 (fax)

Incident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Staff** | **Name** | **Phone Number** | **Email** |
| **Incident Commander** |  | **Official Cell #:** |  |
| **ICP #:** |
| **Operations Sections Chief** |  | **Official Cell #:** |  |
| **ICP #:** |
| **Air Operations Branch Director** |  | **Official Cell #:** |  |
| **ICP #:** |
| **Planning Section Chief** |  | **Official Cell #:** |  |
| **ICP #:** |
| **Logistics Section Chief** |  | **Official Cell #:** |  |
| **ICP #:** |
| **Finance Section Chief** |  | **Official Cell #:** |  |
| **ICP #:** |
| **Information Officer** | Please add NWCCmedia@gmail.com to your press release list | **Official Cell #:** | **Incident email:** |
| **ICP #:** | **Agency email:** |
| **Safety Officer** |  | **Official Cell #:** |  |
| **ICP #:** |