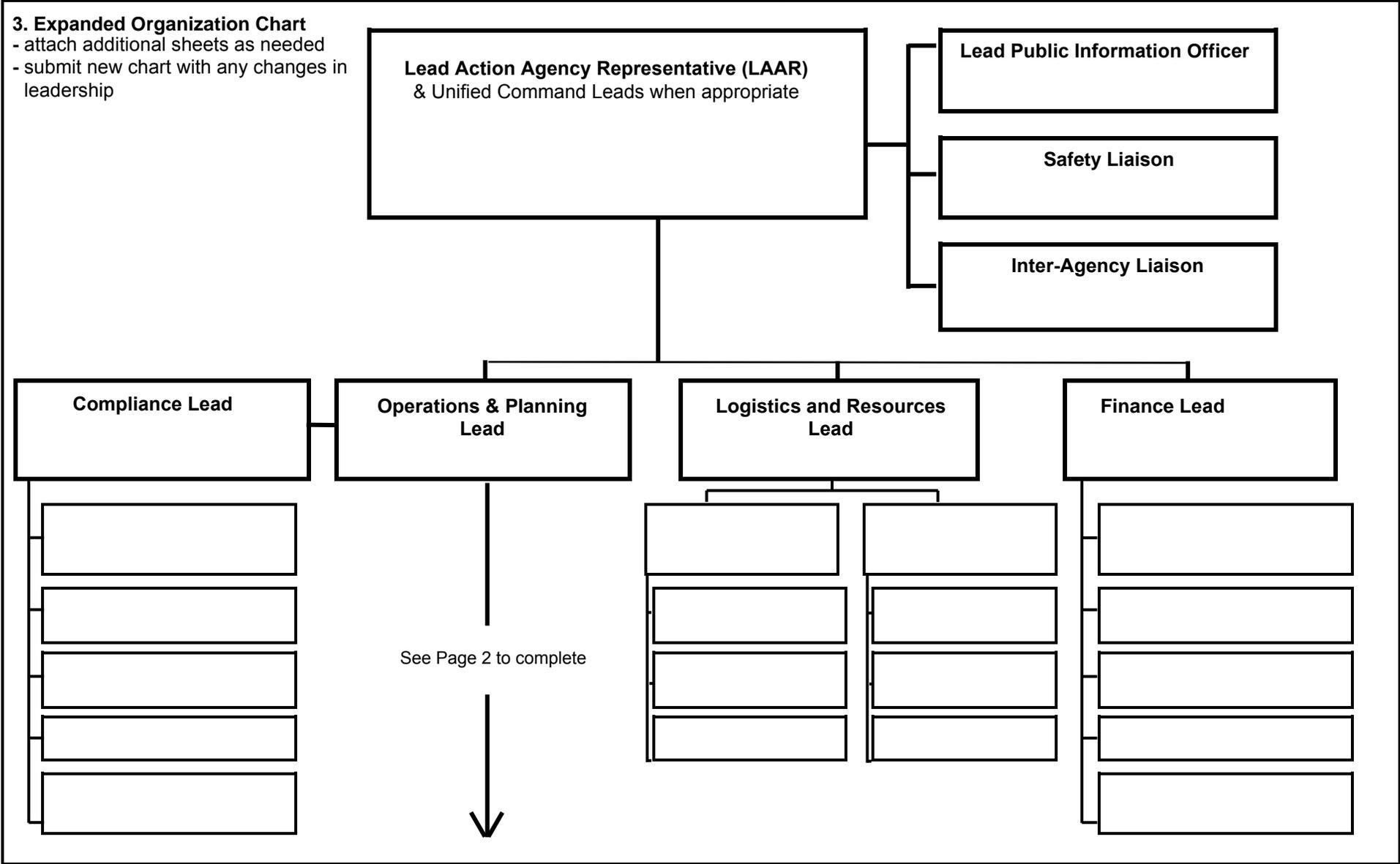


EXPANDED INCIDENT ORGANIZATION CHART (CRB IMS Form B Page 1 of 3)

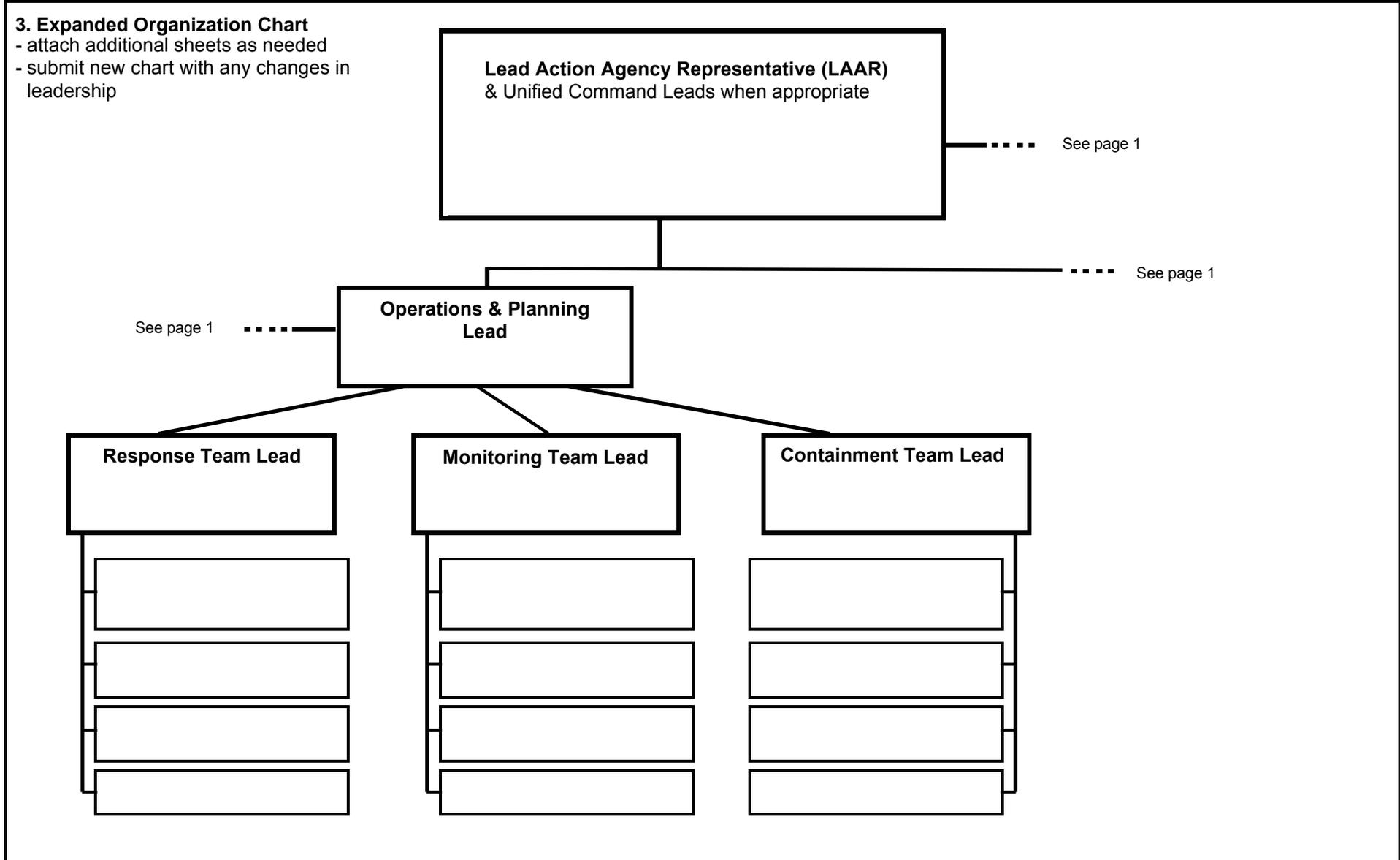
1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____
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CRB IMS Form B [FEMA ICS - 201, 203]	4. Prepared by: _____	Agency: _____	Signature: _____	Date: _____
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EXPANDED INCIDENT ORGANIZATION CHART (CRB IMS Form B Page 2 of 3)

1. Incident Name:	2. Operational Period: Date From: Date To:
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CRB IMS Form B [FEMA ICS-201, 203]	4. Prepared by:	Agency/Title:	Signature: _____	Date:
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EXPANDED INCIDENT ORGANIZATION LIST (CRB IMS Form B page 3 of 3)

1. Incident Name:		2. Operational Period:		Date From:	Date To:
3. LAAR, Unified Command and Command Staff:		7. Planning and Operations:			
LAAR		Lead			
UCs					
Lead PIO		Lead			
Safety Liaison					
Agency Liaison					
4. MAC Agency/Organization Representatives:					
Agency/Org.					
5. Science Advisory Panel:					
Lead					
6. Compliance Team:		8. Logistics and Resources:			
Lead		Lead			
9. Prepared by: Name:		Agency:		Signature: _____	
CRB IMS Form B [FEMA ICS-201, 203]		Date:			