

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

1. Incident Name:	2. Incident Number:	3. Date/Time Prepared: Date: _____ Time: _____	4. Vehicle/Equipment Category:
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5. Vehicle/Equipment Information											
Order Request Number	Incident ID No.	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID No.	Incident Assignment	Incident Start Date and Time	Incident Release Date and Time

ICS 218	6. Prepared by: Name: _____ Position/Title: _____ Signature: _____
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ICS 218 Support Vehicle/Equipment Inventory

Purpose. The Support Vehicle/Equipment Inventory (ICS 218) provides an inventory of all transportation and support vehicles and equipment assigned to the incident. The information is used by the Ground Support Unit to maintain a record of the types and locations of vehicles and equipment on the incident. The Resources Unit uses the information to initiate and maintain status/resource information.

Preparation. The ICS 218 is prepared by Ground Support Unit personnel at intervals specified by the Ground Support Unit Leader.

Distribution. Initial inventory information recorded on the form should be given to the Resources Unit. Subsequent changes to the status or location of transportation and support vehicles and equipment should be provided to the Resources Unit immediately.

Notes:

- If additional pages are needed, use a blank ICS 218 and repaginate as needed.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Prepared	Enter the date (month/day/year) and time (using the 24-hour clock) the form is prepared.
4	Vehicle/Equipment Category	Enter the specific vehicle or equipment category (e.g., buses, generators, dozers, pickups/sedans, rental cars, etc.). Use a separate sheet for each vehicle or equipment category.
5	Vehicle/Equipment Information	Record the following information:
	Order Request Number	Enter the order request number for the resource as used by the jurisdiction or discipline, or the relevant EMAC order request number.
	Incident Identification Number	Enter any special incident identification numbers or agency radio identifier assigned to the piece of equipment used only during the incident, if this system is used (e.g., "Decontamination Unit 2," or "Water Tender 14").
	Vehicle or Equipment Classification	Enter the specific vehicle or equipment classification (e.g., bus, backhoe, Type 2 engine, etc.) as relevant.
	Vehicle or Equipment Make	Enter the vehicle or equipment manufacturer name (e.g., "GMC," "International").
	Category/Kind/Type, Capacity, or Size	Enter the vehicle or equipment category/kind/type, capacity, or size (e.g., 30-person bus, 3/4-ton truck, 50 kW generator).
	Vehicle or Equipment Features	Indicate any vehicle or equipment features such as 2WD, 4WD, towing capability, number of axles, heavy-duty tires, high clearance, automatic vehicle locator (AVL), etc.
	Agency or Owner	Enter the name of the agency or owner of the vehicle or equipment.
	Operator Name or Contact	Enter the operator name and/or contact information (cell phone, radio frequency, etc.).
	Vehicle License or Identification Number	Enter the license plate number or another identification number (such as a serial or rig number) of the vehicle or equipment.
	Incident Assignment	Enter where the vehicle or equipment will be located at the incident and its function (use abbreviations per discipline or jurisdiction).

Block Number	Block Title	Instructions
5 (continued)	Incident Start Date and Time	Indicate start date (month/day/year) and time (using the 24-hour clock) for driver or for equipment as may be relevant.
	Incident Release Date and Time	Enter the date (month/day/year) and time (using the 24-hour clock) the vehicle or equipment is released from the incident.
6	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature 	Enter the name, ICS position/title, and signature of the person preparing the form.