

INCIDENT INFORMATION MANAGEMENT PLAN (Form 205B)		1. Incident Name		2. Date/Time Prepared		3. Operational Period Date/Time			
				Date:		Date From:		Date To:	
				Time:		Time From:		Time To:	
4. Information Technology Infrastructure & Services									
Assignment	IT Resource Type	Name of Application or Resource	Usage or Description	Platform	Developer	Login/Install	Equipment Location Web Address, IP Address or SSID	POC Information	Remarks
5. Prepared By (Name and Position)			Phone #	Signature	Date / Time	6. Incident Location			
						State	County	City	

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident
2	Date/Time Prepared	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock)
3	Operational Period • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies
4	Information Technology Infrastructure & Services	Enter the following information:
	Assignment	Enter the ICS position, unit assignment or intended audience utilizing the application/service
	IT Resource Type	Use Form 205B, Information Management Plan to identify how information is transmitted (via a voice, video or data network)
	Name of Application or Resource	Enter the name or title of the application/service
	Usage or Description	Enter the intended usage or description of the application/service
	Platform	Enter the hardware platform and/or operating system supported by the application
	Developer	Enter the name of the application developer
	Login / Install	Enter the basic login or install instructions this may include listing the system administrator or POC for the application/service
	Equipment Location Web Address, IP Address or SSID	<ul style="list-style-type: none"> • For IT Infrastructure list the location of the equipment • For wireless access list SSID • For cloud-based applications enter the web address used to access the site • For mobile apps or software applications that require installation list the application source
	POC Information	Enter POC Name and contact information
	Remarks	Enter general information about the voice, video or data application that would be useful to end users
5	Prepared by • Name • Phone • Signature • Date/Time	Enter the name, phone number and signature of the person preparing the form, typically the IT Service Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
6	Location • State • County • City	Enter Incident Location Address, State, County and City