

INCIDENT COMMUNICATIONS ACTIVITY REPORT (ICAR)

OMB Control No.: 1670-NEW
 OMB Expiration Date: Expires: MM/DD/YYYY

1. Incident Name:	2. Reporting Period: Date From: _____ Date To: _____	3. Location: Locality State/Tribal/Territory				
4. Activity: Incident Planned Event Exercise	5. Situation:					
6. Incident Action Plan: IAP Developed 6a. Number of Agencies Involved Local Tribal State/Territorial Federal NGOs	7. Command and Coordination: 7a. Role/Function Incident Command Post Emergency Operations Center Emergency Communications Center Other 7b. Structure Incident Command System Incident Support Model Departmental Structure Other					
8. Information and Communications Technology Positions Staffed: (During identified reporting period)						
Position	8a. Number Used	8b. Training Completed	8c. Task Book Completed	8d. Supervised by	8e. Response Time Goals Established	Met
Branch Dir.						
COML						
ITSL						
COMT						
INCM						
INTD/RADO						
AUXC						
9. Information and Communications Technology Plans:						
9a. Plans developed and documented via: ICS 205 (Incident Radio Communications Plan) ICS 205A (Communications List) ICS 205B (Incident IT/Data Plan) Other			9b. References/Tools used to develop plan: Region IFOG CASM State IFOG Pre-filled ICS 217A NIFOG Preplanned ICS 205/A/B TICP Other			
9c. Plan identified secondary and backup communications processes or assets: Secondary Backup						
9d. Plan identified needs of aviation or other complex operational resources: Unmanned (UAV) Fixed-Wing Rotary-Wing Other						
9e. Plan identified process/procedures for generating public alerts and warnings for affected communities:						
System		Process Identified		System Used During Event		
Integrated Public Alert and Warning System (IPAWS)						
Local/Independent Notification System						
Traffic/Transportation Alerting System						
Other						
Other						
10. Social Media:						
10a. Was social media used by command and coordination staff while managing the event? Facebook Instagram Twitter Other:						
10b. Who managed the inbound collection/analysis and outbound messaging via social media for the incident?						
Function		Collection/Analysis		Outbound Messaging		
Incident PIO						
Individual Agency/Jurisdiction PIOs						
Joint Information Center						
Intelligence/Investigations						
Other						

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Incident Communications Activity Report (ICAR)

Purpose. The Incident Communications Activity Report (ICAR) is intended to capture the emergency communications activity of any organized incident management command and coordination structure established for an Incident, Planned Event, or Exercise.

Preparation. The ICAR is completed by the person with overall information and communications technology responsibilities within the identified command and coordination organization, for the indicated reporting period. The reporting period is flexible to meet agency or jurisdictional program needs. The report is designed to accommodate either, a single report for the incident/event duration, or multiple reports for smaller time periods within the same incident/event.

Distribution. This form is a prototype, under development for potential nationwide use as a standard information capture format for information and communications technology support for incidents, planned events, and exercises. While under development, the form is available for use by organized information and communications technology support programs and individual Communications Unit Leaders and Information Technology Services Unit Leaders to use at their discretion.

Notes:

- The report is designed for easy completion. Only applicable and "Yes" responses are captured. Blank fields are assumed no, not applicable, or not being reported.
- All information is optional. Leave fields blank if they are not being reported.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident, event, or exercise. If needed, an incident number can be added.
2	Reporting Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and end date for the reporting period to which the form applies. The reporting period is flexible to meet agency or jurisdictional program needs. The report is designed to accommodate either, a single report for the incident/event duration, or multiple reports for smaller time periods within the same incident/event.
3	Location <ul style="list-style-type: none">• Locality• State/Tribal/Territory	Enter the "locality" or jurisdiction where the activity occurred. Enter Standard State Abbreviations. Write out full tribal, territory, federal facility or land names.
4	Activity	Select (one) the type of activity being reported.
5	Situation	Enter a description that best describes the overall situation.
6	Incident Action Plan	Select if an Incident Action Plan was developed to document the established command and coordination organization and its incident/event objectives etc. Enter the number of participating agencies for each Jurisdiction category.
7	Command and Coordination Structure	See Appendix B of the Third Edition National Incident Management System for more information on EOC organization structures.
	7a. Role/Function	Select (one): Incident Command Post (ICP) is the location of the tactical-level, on-scene incident command organization. Emergency Operations Center (EOC) is where incident support occurs through operational and strategic coordination, resource acquisition and information gathering, analysis, and sharing. Emergency Communications Centers (ECC)/PSAPs Enter other role/function

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7	Command and Coordination Structure (Continued)	See Appendix B of the Third Edition National Incident Management System for more information on EOC organization structures.
	7b. Structure	Select (one): Incident Command System, Incident Support Model (includes ESF or hybrid structure), Departmental Structure, or... Enter other structure.
8	Information and Communications Technology Positions Staffed	Enter the information for each position relevant to the Reporting Period. Leave blank or use 0 if not staffed, not-applicable, or No.
	8a. Number Used	Enter the number of people who were assigned to each position.
	8b. Training Completed	Enter the number of people who staffed the position and have completed the associated All-Hazards Position Specific Training.
	8c. Task Book Completed	Enter the number of trained people who staffed the position and have completed the associated All-Hazards Position Specific Task Book, per the requirements of the authority having jurisdiction.
	8d. Supervised by	Select the position that each staffed position reported to for the reporting period. Choices are Incident Commander, Operations Chief, Logistics Chief, Services Branch Director, Information and Communications Technology Branch Director, Communications Unit Leader, Information Technology Services Unit Leader, Incident Communications Center Manager. If no appropriate choices are listed, enter a position title.
	8e. Response Time Goals	Select the appropriate categories if the SLTT jurisdiction has established a communications program (COMU) with response-time goals for the positions. This category is only applicable during the reporting period that the resource was requested. If no goals exist or are not applicable, leave the section blank. Check Yes if Established Check Yes under Met if a goal is established for the position AND the goal was met for the initial notification and response.
9	Information and Communications Technology Plan	Documented plans that identify the information and communications technology resources, and their function, used for the incident/event.
	9a. Plans developed and documented via	Select (all) the methods used to document the plan(s). Enter Other methods not listed.
	9b. References/Tools used to develop plan	Select (all) of the existing plans, resources, and tools that were referenced to assist in developing the specific incident/event plans. Enter Other resources not listed.
	9c. Plan identified secondary and backup communications processes or assets	Select "Secondary" if the incident/event specific plans identified communications assets to be used if issues occurred with the primary planned assets. Select "Backup" if the plan identified assets to be used if issues occurred with the primary and secondary planned assets. (3 rd level)
	9d. Plan identified needs of aviation or other complex operational resources	Select (all) aviation resources used during the event. Enter Other complex resources not listed. (E.g. Marine, Tunnel)
	9e. Plan identified process/procedures for generating public alerts and warnings for affected communities	Select (all) the public alert and warning systems available to the command and control organization with process identified to generate an alert message. Enter Other systems not listed. Select (all) the systems that were used during the report period.

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10	Social Media 10a. Was social media used	Select (all) the social media methods used by command and coordination staff while managing the event. Enter Other systems not listed.
	10b. Who managed the inbound collection/analysis and outbound messaging via social media	Select (all) the functional areas with the responsibility of social media inbound collection/analysis and outbound messaging. Enter Other functions not listed.
11	Tactical Equipment/Systems Deployed	Select (all) tactical equipment, systems, and technical specialists (THSP) deployed under control of the command and coordination organization to support the incident/event. Enter Other resources not listed
12	Voice Usage and Interoperability	Select (all) voice communications and interoperability resources planned for or used to support the incident/event. Enter Other resources not listed.
13	Data Usage	Select (all) sources of data access and connectivity planned for or used to support the incident/event. Enter Other sources not listed.
	13a. Functions/Tools that required data access	Select (all) functions and/or tools requiring data access that were planned for or used to support the incident/event. Enter Other functions or tools not listed.
14	Incident Communications Objectives	Enter the number of issues encountered for both Voice and Data within each Issue Category. Enter the number of issues Resolved by assigned information and communications technology personnel for both Voice and Data within each Issue Category. Enter Other Issue Category if not listed.
15	Optional Information	Enter any additional information to record for the reported period. Examples may include incident/event details, weather influences, unmet needs, overview of major tasks accomplished, etc.
16	Optional Submitted by	Enter the name, organizational position, and email address of the person preparing the form.
	16a. Allow Follow-up Contact	Select Yes to authorize follow-up contact from program managers.
	16b. Special Codes	Enter any special codes designated by your COMU program.
	16c. Special Codes	Enter any special codes designated by your COMU program.

Burden Statement: The public reporting burden to complete this information collection is estimated at 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Emergency Communications Division, CISA-NGR STOP 0645, Cybersecurity and Infrastructure Security Agency, 1110 N. Glebe Rd, Arlington, VA 20598-0645, ATTN: PRA [OMB Control No. 1670-NEW].

Privacy Act Statement: Authority: Presidential Policy Directive – 21 (PPD-21), and Sec. 1801 of the Homeland Security Act of 2002 (6 U.S.C. § 451) authorizes the collection of this information.

Purpose: CISA will use this information to capture the emergency communications activity of any organized incident management command and coordination structure established for an Incident, Planned Event, or Exercise. The form may also collect limited respondent contact information to be only used in the event CISA requires additional information or clarification of any submitted responses.

Routine Use: The information requested may be shared externally as a routine use to the National Counsel of Statewide Interoperability Coordinators (NCSWIC) which includes emergency response providers at the, state, local, and territory level. A complete list of routine uses can be found in the system of records notice associated with this form, DHS/ALL-002 Department of Homeland Security (DHS) Mailing and Other Lists System of Records (November 25, 2008, 73 FR 71659). The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

Disclosure: Providing this information is voluntary. However, failure to provide this information could prevent CISA from clarifying submitted responses and to better support Federal, State/Territory, Tribal, Urban, Local, emergency response professionals in identifying lessons learned to drive strategy and improve existing or offer new technical assistance as it relates to emergency communications activity