



MINNESOTA INCIDENT COMMAND SYSTEM

Working Team Assignment

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Air Operations | <input type="checkbox"/> Communication | <input type="checkbox"/> Dispatch | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Operations | <input type="checkbox"/> Rx Fire & Fuels | <input type="checkbox"/> Information Management |
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Training | <input type="checkbox"/> Type 3 IMT | <input type="checkbox"/> Information Technology |

DATE: _____

ASSIGNMENT
BACKGROUND
EXPECTED PRODUCT
IMPLEMENTATION PLAN (MEETING DATES, ETC)
REMARKS

Draft due to Taskforce: _____

Completed

Anticipated Completion Due Date: _____

Completed

Taskforce Approval: Yes No