|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Incident Name:** 2020-0178 COVID-19 | **2. Operational Period:**  | Date From: | 3/2/2020 | Date To: | 3/9/2020 |
| Time From: | 0900 | Time To: | 0900 |
| **3. Assignment Identifier:** | **4. [Section] Personnel:** | **Contact Info:** |
| Branch: |  | Section Chief: |  |  |
| Group: |  | Branch Director |  |  |
| Unit: |  | Lab |  |  |
| Staging Area: |  | Lab |  |  |
| **5. Resources Assigned:** |
| Resource | Leader | # Staff | Contact | Notes and Reporting Instructions |
|  |  |  |  | This could include who the state staff are working with at the local level |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **6. Work Assignments:****For Locals to Use:**1. Identify contact tracing staffing needs, in coordination with CBOs, within [amount of time].
2. Coordinate and establish process for information sharing with state, local and relevant partners.

**For State Staff:** 1. Provide technical assistance for local COVID-19 response, including public information and warning, contact tracing, testing sites, resource requests, points of dispensing and medical countermeasures.
 |
| **7. Special Instructions:** **Safety:**  |
| **8. Communications** (radio and/or phone contact numbers needed for this assignment)**:**Name/Function Primary Contact: indicate cell/radio (frequency/system/channel)  |
| **9. Prepared by:** Position/Title:  |
| *Signature: o* | *Date/Time:*  |