RADIO REQUIREMENTS WORKSHEET					ICS-216
1. INCIDENT NAME		2. DATE		3. TIME	
4. UNIT/BRANCH/GROUP	5 AGENCY		6. OPERATIONAL PERIOD		7. BAND

8. REQUIREMENTS

TYPE	MODE	SIMPLEX/REPEATER	FREQUENCY	REQUIREMENTS	LOCATION(S)
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			
☐ P ☐ M	☐ A ☐ D	☐ S ☐ R			

SUMMARY	ANALOG PORTABLE:	ANALOG MOBILE:	DIGITAL PORTABLE:	DIGITAL MOBILE:
	SIMPLEX:		REPEATER:	

9. PREPARED BY	DATE / TIME