

<b>1. Operation Name</b>	<b>2. Operational Period</b>	<b>IAP COVER SHEET</b>
	Date Time	

<b>3. Incident Control Point Location</b>

## INCIDENT ACTION PLAN

The items checked below are included in the Incident Action Plan

- SITUATION REPORT (Plan/Intel)
- INCIDENT OBJECTIVES (Incident Control)
- ORGANISATION LIST (Plan/Intel)
- COMMUNICATIONS PLAN (Logistics)
- SAFETY PLAN (Incident Control)
- SECTOR ASSIGNMENT (Operations)
- MEDICAL PLAN (Logistics)
- FACILITIES LAYOUT PLAN (Logistics)
- WEATHER FORECAST/MAP (Plan/Intel)
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<b>4. Approved by Incident Controller:</b>		
<b>Name</b>	<b>Signed</b>	<b>Date/Time</b>

1. Incident Name		2. Operational Period		SITUATION REPORT
		Date		
		Time		
3. Location		4. Next report to be done		
5. Assessment				
6. Action taken				
7. Factors				
8. Predicted Incident Development				
9. Prepared by:		Date/Time		

<b>1. Incident Name</b>	<b>2. Operational Period</b>	<b>INCIDENT OBJECTIVES</b>
	Date Time	
<b>3. Objective for Incident</b>		
<b>4. Strategies for specified Operational Period</b>		
<b>5. Prepared by:</b>	<b>Date/Time</b>	

1. Incident Name		2. Operational Period		ORGANISATION LIST		
		Date	Time			
<b>3. Incident Control</b>				<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
Incident Controller						
Deputy IC						
Information Officer						
Safety Officer						
Liaison Officer						
Agency Representative				<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
Lead Agency						
Agency						
Agency						
<b>4. Planning/Intell Section</b>				<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
Planning/Intell Manager						
Situation Unit						
Planning Unit						
Intelligence Unit						
Resource Unit						
Management Support Unit						
<b>5. Logistics Section</b>				<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
Logistics Manager						
Supply Unit						
Catering Unit						
Facilities Unit						
Finance Unit						
Communications Unit						
Medical Unit						

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<b>6. Operations Section</b>		<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
Operations Manager				
Deputy Operations Manager				
Sector A Supervisor				
Sector B Supervisor				
Sector C Supervisor				
Sector D Supervisor				
Sector E Supervisor				
Clue Unit				
Air Unit				
<b>7. Prepared by:</b>	<b>Date/Time</b>			



<b>1. Incident Name</b>	<b>2. Operational Period</b>	<b>SAFETY PLAN</b>
	Date Time	
<b>3. General Safety Points</b>		
<p>(i) Everyone will be signed in and out of the incident and to and from the field assignments through the Incident Control Point or Staging Area.</p> <p>(ii) Maintain regular situation reports (containing all relevant information) via line supervisors.</p>		
<b>4. Specific Safety Points / Emergency Procedures</b>		
<b>5. Prepared By:</b>	<b>Date/Time</b>	

<b>1. Incident Name</b>		<b>2. Operational Period</b>		<b>SECTOR ASSIGNMENT</b>	
		Date			
<b>3. Sector</b>		<b>4. Description</b>			
<b>5. Sector Supervisor</b>		<i>Affiliation</i>	<i>Phone</i>	<i>Radio Ch</i>	
<b>6. Resources Assigned this period</b>					
<i>Resource/Team</i>	<i>Leader</i>	<i># Persons</i>	<i>Transport Required</i>	<i>Drop-off Point/time</i>	<i>Pickup Point/time</i>
<b>7. Sector Assignment / Special Instructions</b>					
<b>8. Sector Communications</b>				<i>Phone</i>	<i>Radio Ch</i>
Sector Supervisor					
Aircraft					
Safety Officer					
<b>9. Prepared By:</b>	<b>Date/Time</b>				

1. Incident Name		2. Operational Period		MEDICAL PLAN		
		Date				
		Time				
3. First Aid Station				Phone/Radio		Paramedics
<i>Name</i>	<i>Location</i>	<i>Channel</i>		<i>available at Station</i>		
4. Transportation				Phone/Radio		Paramedics
<i>Ambulance Service</i>	<i>Address</i>	<i>Channel</i>		<i>available with Ambulance</i>		
5. Hospitals				<u>Travel Time</u>		
<i>Hospital Name</i>	<i>Address</i>	<i>Phone</i>		<i>Road</i>	<i>Air</i>	<i>Heli Pad</i>
<b>6. Special Emergency Procedures</b>						
<b>7. Prepared by:</b>				Date/Time		
<b>8. Reviewed by Safety Officer:</b>				Date/Time		

<b>1. Incident Name</b>	<b>2. Operational Period</b>	<b>FACILITIES LAYOUT PLAN</b>
	Date Time	
<b>3. Sketch or attach here</b>		
<p><b>Facilities Checklist</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ICP (Incident Control Point)</li> <li><input type="checkbox"/> AA (Assembly Area)</li> <li><input type="checkbox"/> CP (Check Point)</li> <li><input type="checkbox"/> C (Cordon)</li> <li><input type="checkbox"/> HP (Helipad)</li> <li><input type="checkbox"/> SA (Staging Area)</li> <li><input type="checkbox"/> RB (Road Blocks)</li> </ul>		
<b>4. Prepared by:</b>	<b>Date/Time</b>	

<b>1. Incident Name</b>	<b>2. Operational Period</b>	<b>WEATHER FORECAST</b>
	Date Time	

**3. Attach map and forecast/or write a summary in here**

<b>4. Prepared by:</b>	<b>Date/Time</b>
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