

Incident Action Plan

for

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Operational Period

Date From:		Date To:	
Time From:		Time To:	

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Incident Briefing (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):		
5. Situation Summary (for briefings or transfer of command):		
6. Prepared by: _____	Position Title: _____	Signature: _____
ICS 201, Page 3	Date/Time: _____	

Incident Briefing (ICS 201)

1. Incident Name:

2. Incident Number:

3. Date/Time Initiated:

Date:

Time:

9. Current Organization (fill in additional organization as appropriate):

Incident Commander(s)

Liaison Officer

Safety Officer

Public Information Officer

Planning Section Chief

Operations Section Chief

Finance/Administration Section Chief

Logistics Section Chief

Division or Group

Division or Group

Division or Group

Division or Group

Division or Group

Division or Group

6. Prepared by:

Position Title:

Signature:

ICS 201, Page 3

Date/Time:

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From:	Date To:													
Time From:		Time To:													
3. Objective(s):															
4. Operational Period Command Emphasis:															
General Situational Awareness:															
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:															
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table border="0"><tr><td><input type="checkbox"/> ICS 202</td><td><input type="checkbox"/> ICS 206</td><td rowspan="6"><u>Other Attachments:</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td colspan="2"></td></tr></table>			<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents		
<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207														
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208														
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart														
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents														
7. Prepared by: Name: _____ Position Title: _____		Signature: _____													
8. Approved by Incident Commander: Name: _____		Signature: _____													
ICS 202	IAP Page _____	Date/Time: _____													

ORGANIZATION ASSIGNMENT LIST(ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UC's		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Division/Group	
Demobilization Unit		Branch	
Technical Specialists:		Branch Director	
		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Air Operations Branch	
Deputy		Air Ops Branch Dir.	
Support Branch			
Director			
Supply Unit			
Facilities Unit		8. Finance Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared By: Name: _____		Position/Title _____ Signature: _____	
ICS 203	IAP Page	Date/Time: _____	

ASSIGNMENT LIST (204)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3, Branch: Division: Group: Staging Area:
4. Operations Personnel:				
		<u>Name</u>	<u>Contact Number(s)</u>	
Operations Section Chief: _____				
Branch Director: _____				
Division/Group Supervisor: _____				
5. Resources Assigned:				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	# of Persons	Contact e.g., (phone, pager, radio, frequency, etc.)	
6. Work Assignments:				
7. Special Instructions:				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Name/Function	Assignment	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>		
<i>Command/</i>	/ <i>Command</i>	_____		
<i>Support/</i>	/ <i>Logistics</i>	_____		
/	/	_____		
/	/	_____		
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____
8. Approved by (Safety Officer): Name: _____ Signature: _____
ICS 206 IAP Page Date/Time: _____

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From:	Date To:
		Time From:	Time To:

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

4. Site Safety Plan Required? Yes No
Approved Site Safety Plan(s) Located At:

5. Prepared By: Name: _____ Position/Title: _____ Signature: _____

ICS 208	IAP Page	Date/Time:
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Incident Status Summary (ICS 209)

*1. Incident Name:		2. Incident Number:	
*3. Report Version (check one box on left):		*4. Incident Commander(s) & Agency or Organization:	5. Incident Management Organization:
<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final	Rpt # (if used):		
			Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., “sq mi,” “city block”):	8. Percent (%) Contained or Completed:	*9. Incident Definition:	10. Incident Complexity Level:
			*11. For Time Period:
			From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

*12. Prepared By:	*13. Date/Time Submitted:
Print Name: _____ ICS Position: _____	Time Zone: _____
Date/Time Prepared: _____	
*14. Approved By:	*15. Primary Location, Organization, or Agency Sent To:
Print Name: _____ ICS Position: _____	
Signature: _____	

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
Latitude (indicate format):		
*25. Short Location or Area Description (list all affected areas or a reference point):	26. UTM Coordinates:	
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	G. Other Minor Structures			

Incident Status Summary (ICS 209)

*1. Incident Name:	2. Incident Number:
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Additional Incident Decision Support

	A. # This Reporting Period	B. Total # to Date		A. # This Reporting Period	B. Total # to Date
*31. Public Status Summary:			*32. Responder Status Summary:		
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing (note if estimated)			G. Missing		
H. Evacuated (note if estimated)			H. Sheltering in Place		
I. Sheltering in Place (note if est.)			I. Have Received Immunizations		
J. In Temporary Shelters (note if est.)			J. Require Immunizations		
K. Have Received Mass Immunization			K. In Quarantine		
L. Require Immunizations (note if est.)					
M. In Quarantine					
N. Total # Civilians (Public) Affected:			N. Total # Responders Affected:		

33. Life, Safety, and Health Status/Threat Remarks:	*34. Life, Safety, and Health Threat Management:
	A. Check if Active
	A. No Likely Threat <input type="checkbox"/>
	B. Potential Future Threat <input type="checkbox"/>
	C. Mass Notifications in Progress <input type="checkbox"/>
	D. Mass Notifications Completed <input type="checkbox"/>
	E. No Evacuation(s) Imminent <input type="checkbox"/>
	F. Planning for Evacuation <input type="checkbox"/>
	G. Planning for Shelter-in-Place <input type="checkbox"/>
	H. Evacuation(s) in Progress <input type="checkbox"/>
	I. Shelter-in-Place in Progress <input type="checkbox"/>
	J. Repopulation in Progress <input type="checkbox"/>
	K. Mass Immunization in Progress <input type="checkbox"/>
	L. Mass Immunization Complete <input type="checkbox"/>
	M. Quarantine in Progress <input type="checkbox"/>
	N. Area Restriction in Effect <input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):

36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

37. Strategic Objectives (define)

Incident Status Summary (ICS 209)

*1. Incident Name:	2. Incident Number:
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Additional Incident Decision Support Information (continued)

38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”):

43. Anticipated Incident Management Completion Date:

44. Projected Significant Resource Demobilization Start Date:

45. Estimated Incident Costs to Date:

46. Projected Final Incident Cost Estimate:

47. Remarks (or continuation of any blocks above – list block number in notation):

Incident Status Summary (ICS 209)

1. Incident Name:	2. Incident Number:
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Incident Resource Commitment Summary

48. Agency or Organization:	Shelter Mgmt Group	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top ½ of box, show # of personnel associated with resource on bottom ½ of box):										50. # of Personnel not assigned to a resource:	51. Total Personnel (includes those associated with resources– e.g., aircraft or engines –and individual overhead):	
52. Total Resources														

53. Additional Cooperating and Assisting Organizations Not Listed Above:

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date:	6. Time
7. Message:		
8. Approved by:	Signature:	Position/Title:
9. Reply:		
10. Replied by:	Signature:	Position/Title:
ICS 213	Date/Time:	

Demobilization Check-Out (ICS 221)

1. Incident Name:	2. Incident Number:
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3. Planned Release Date/Time: Date: _____ Time: _____	4. Resource or Personnel Released:	5. Order Request Number:
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6. Resource or Personnel:
 You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).

Logistics Section

	Unit/Manager	Remarks	Name	Signature
<input type="checkbox"/>	Supply Unit			
<input type="checkbox"/>	Communications Unit			
<input type="checkbox"/>	Facilities Unit			
<input type="checkbox"/>	Ground Support Unit			
<input type="checkbox"/>	Security Manager			
<input type="checkbox"/>				

Finance/Administration Section

	Unit/Leader	Remarks	Name	Signature
<input type="checkbox"/>	Time Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				

Other Section/STAFF

	Unit/Other	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>				

Planning Section

	Unit/Leader	Remarks	Name	Signature
	Documentation Leader			
	Demobilization Leader			

7. Remarks:

8. Travel Information:

Estimated Time of Departure: _____	Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No
Destination: _____	Actual Release Date/Time: _____
Travel Method: _____	Estimated Time of Arrival: _____
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information While Traveling: _____
Number: _____	Area/Agency/Region Notified: _____

9. Reassignment Information: Yes No

Incident Name: _____	Incident Number: _____
Location: _____	Order Request Number: _____

10. Prepared by: _____ **Position/Title:** _____ **Signature:** _____

ICS 221 _____ Date / Time _____