

1. Incident Name	2. Operational Period to be covered by IAP (Date/Time) From: DD MMM YY / TIME To: DD MMM YY / TIME	IAP COVER SHEET
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3. Approved by Incident Commander(s):

<u>ORG</u>	<u>NAME</u>

INCIDENT ACTION PLAN

The items checked below are included in this Incident Action Plan:

- ICS 202 (Incident Objectives)

- ICS 202A (Command Direction)

- ICS 203 (Organization List) – OR – ICS 207 (Organization Chart)

- ICS 204s (Assignment Lists)
One Copy each of any ICS 204 attachments:

- ICS 205 (Communications Plan)

- ICS 206 (Medical Plan)

- ICS 208 (Site Safety Plan) or Note SSP Location

- Map / Chart

- Weather Forecast / Tides/Currents

Other Attachments

- _____
- _____
- _____
- _____
- _____
- _____
- _____

4. Prepared by: NAME, DUTY POSITION	Date/Time DD MMM YY / TIME
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