



INCIDENT ACTION PLAN

INCIDENT NAME: _____

INCIDENT DATE: _____



US&R REGIONAL TASK FORCE 4

ICS 201 WORKSHEET

INCIDENT BRIEFING

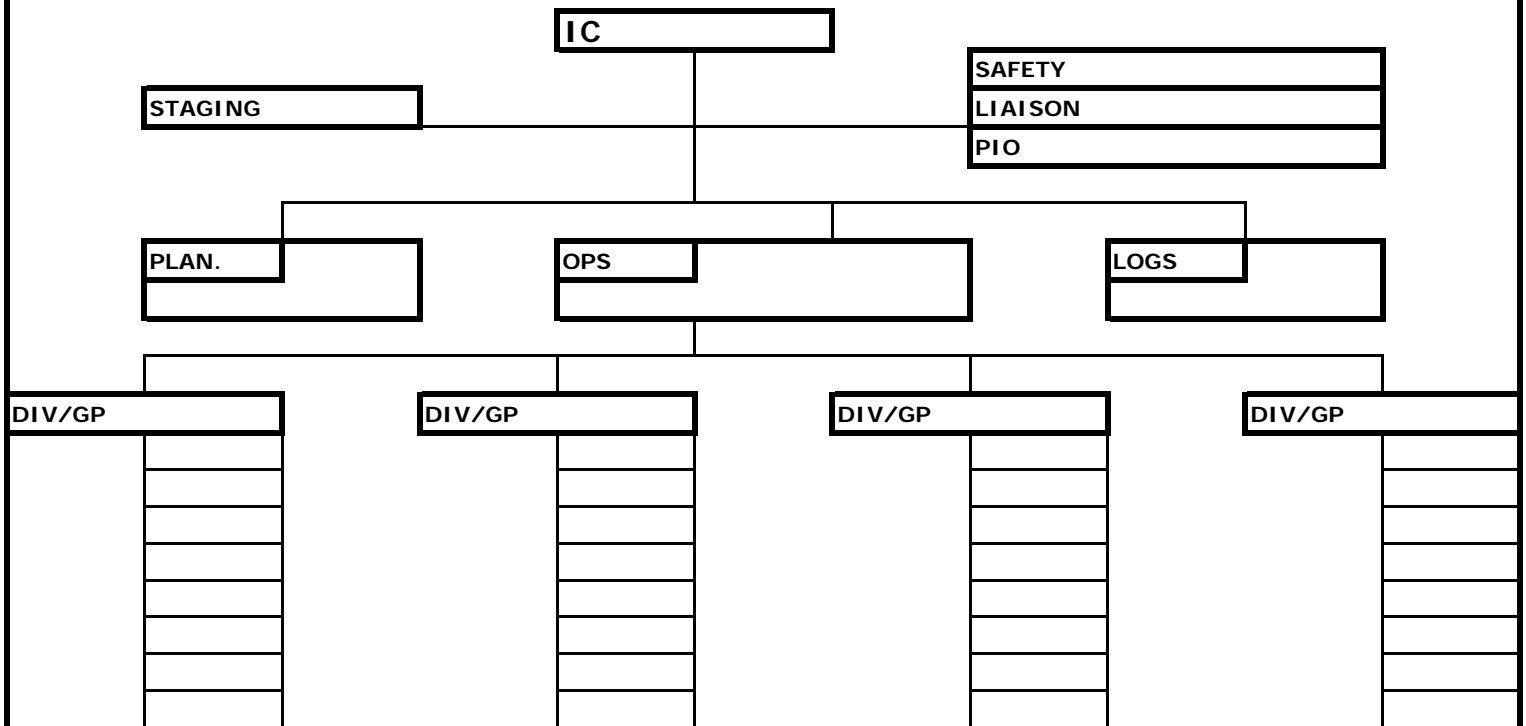
1. INCIDENT NAME

2. DATE

3. TIME

4. MAP SKETCH

5. ORG CHART



PREPARED BY:



US&R REGIONAL TASK FORCE 4

ICS 202 WORKSHEET

INCIDENT OBJECTIVES

1. INCIDENT NAME

2. DATE

3. TIME

4. OPERATIONAL PERIOD

5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT

6. WEATHER FORECAST FOR PERIOD

7. GENERAL SAFETY MESSAGE

8. ATTACHMENTS (CHECK BOXES TO LEFT)

<input type="checkbox"/>	IAP COVER
<input type="checkbox"/>	201 INCIDENT BRIEFING
<input type="checkbox"/>	202 INCIDENT OBJECTIVES
<input type="checkbox"/>	203 ORGANIZATION LIST
<input type="checkbox"/>	204 DIVISION ASSIGNMENTS
<input type="checkbox"/>	205 COMMUNICATION PLAN
<input type="checkbox"/>	206 MEDICAL PLAN

<input type="checkbox"/>	207 ORGANIZATION CHART
<input type="checkbox"/>	211 INCIDENT CHECK-IN LIST
<input type="checkbox"/>	214 UNIT LOG
<input type="checkbox"/>	225 PERFORMANCE RATING
<input type="checkbox"/>	TRAFFIC PLAN
<input type="checkbox"/>	INCIDENT MAPS
<input type="checkbox"/>	RTF ORG CHATR/ SEARCH MARKINGS

PREPARED BY:

APPROVED BY:



US&R REGIONAL TASK FORCE 4

ICS 203 WORKSHEET

ORGANIZATION LIST	1. INCIDENT NAME	2. DATE	3. TIME
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4. OPERATIONAL PERIOD:

5. INCIDENT COMMANDER AND STAFF

IC	
DEPUTY IC	
SAFETY	
PIO	
LIAISON	

6. AGENCY REPRESENTATIVE

AGENCY	NAME

7. PLANNING SECTION

CHIEF	
DEPUTY	
RESOURCES UNIT	
SITUATION UNIT	
DOCUMENTATION UNIT	
DEMOBILIZATION UNIT	
TECHNICAL SPECIALISTS	
HUMAN RESOURCES	
TRAINING	

8. LOGISTICS SECTION

CHIEF	
DEPUTY	
SUPPLY UNIT	
FACILITIES UNIT	
GROUND SUPPORT UNIT	
COMMUNICATIONS UNIT	
MEDICAL UNIT	
SECURITY UNIT	
FOOD UNIT	

9. FINANCE SECTION

CHIEF	
DEPUTY	
TIME UNIT	
PROCUREMENT UNIT	
COMPENSATION/CLAIMS UNIT	
COST UNIT	

10. OPERATIONS SECTION

CHIEF	
DEPUTY	

11. BRANCH I DIVISIONS / GROUPS

BRANCH DIRECTOR	
SAFETY	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	

12. BRANCH II DIVISIONS / GROUPS

BRANCH DIRECTOR	
DEPUTY	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	

13. BRANCH III DIVISIONS / GROUPS

BRANCH DIRECTOR	
DEPUTY	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	

14. BRANCH IV DIVISIONS / GROUPS

BRANCH DIRECTOR	
DEPUTY	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	
DIVISION / GROUP	

15. AIR OPERATIONS BRANCH

AIR OPS BRANCH DIRECTOR	
AIR ATTACK SUPERVISOR	
AIR SUPPORT SUPERVISOR	
HELICOPTER COORDINATOR	
AIR TANKER COORDINATOR	

PREPARED BY: _____ APPROVED BY: _____



US&R REGIONAL TASK FORCE 4

ICS 206 WORKSHEET

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED
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3. OPERATIONAL PERIOD

DATE: _____ TIME: _____

4. INCIDENT MEDICAL AID STATION

MEDICAL AID STATIONS	LOCATION	MEDICS YES	MEDICS NO

6. TRANSPORTATION

A. INCIDENT AMBULANCES

UNIT ID	LOCATION	MEDICS YES	MEDICS NO

B. ADDITIONAL AMBULANCES

UNIT ID	LOCATION AND CONTACT #	MEDICS YES	MEDICS NO

C. AMBULANCE SERVICE

UNIT ID	LOCATION AND CONTACT #	MEDICS YES	MEDICS NO

7. HOSPITALS

NAME	ADDRESS	TRAVEL TIME AIR	TRAVEL TIME GRND	HELIPAD YES	HELIPAD NO	BURN CTR YES	BURN CTR NO

8. MEDICAL EMERGENCY PROCEDURES

PREPARED BY: _____

APPROVED BY: _____

