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| Incident Action Plan Cover Sheet | | How to use this form: | |
| 1. Date | 2. Time | Purpose: | <ul style="list-style-type: none"> ▪ Cover page of the Incident Action Plan for this Operational Period |
| 3. Operational Period: | | When to fill out: | <ul style="list-style-type: none"> ▪ While compiling the Incident Action Plan at the start of the Operational Period |
| 4. Prepared by: Name: Position: Planning Support Unit Leader | | Completed by: | <ul style="list-style-type: none"> ▪ Planning Support Unit Leader |
| 5. Approved by: Name: Position: EOC Incident Commander | | Approved by: | <ul style="list-style-type: none"> ▪ EOC Incident Commander |
| | | Send to: | <ul style="list-style-type: none"> ▪ All responders with other components of the Incident Action Plan |

INCIDENT ACTION PLAN (IAP) EMERGENCY OPERATIONS CENTER (EOC)

Name of Incident:

Operational Period to be covered by this IAP: _____ am / pm to _____ am / pm

The items checked below are included in this Incident Action Plan

- ICS 202: Incident Objectives
- ICS 205: Incident Radio Communications Plan
- ICS 205a: Incident Telephone Communications Plan
- ICS 207: Incident Organization Chart
- Incident Map/Chart
- ICS 204: Assignment List
- ICS 220: Air Operations Summary
- ICS 206: Medical Plan
- ICS 230: Meeting Schedule
- ICS 213: General Message

Other Comments: