

# INCIDENT ACTION PLAN INCIDENT BRIEFING

INCIDENT NUMBER	LAW MUTUAL AID NUMBER			OTHER ASSIGNED NUMBER	
NCIDENT NAME		INCIDENT TYPE			
OPERATION REPIOR DATE / TIME / DAY /EROM)	OPERATION PERIOD DATE / TIME / DAY (TO)				
OPERATION PERIOD DATE / TIME / DAT (PROM)	PERATION PERIOD DATE / TIME / DAY (FROM)		OF ENAMENTERIOR BATE / TIME / BAT (10)		
			l		
201 FORM PREPARED BY (RANK / NAME / ID NUMBER)			DATE / TII	ME PREPARED	
REVIEWED BY (RANK / NAME / ID NUMBER)			DATE / TII	ME REVIEWED	

#### 1. INCIDENT MAP SKETCH





## INCIDENT ACTION PLAN INCIDENT BRIEFING

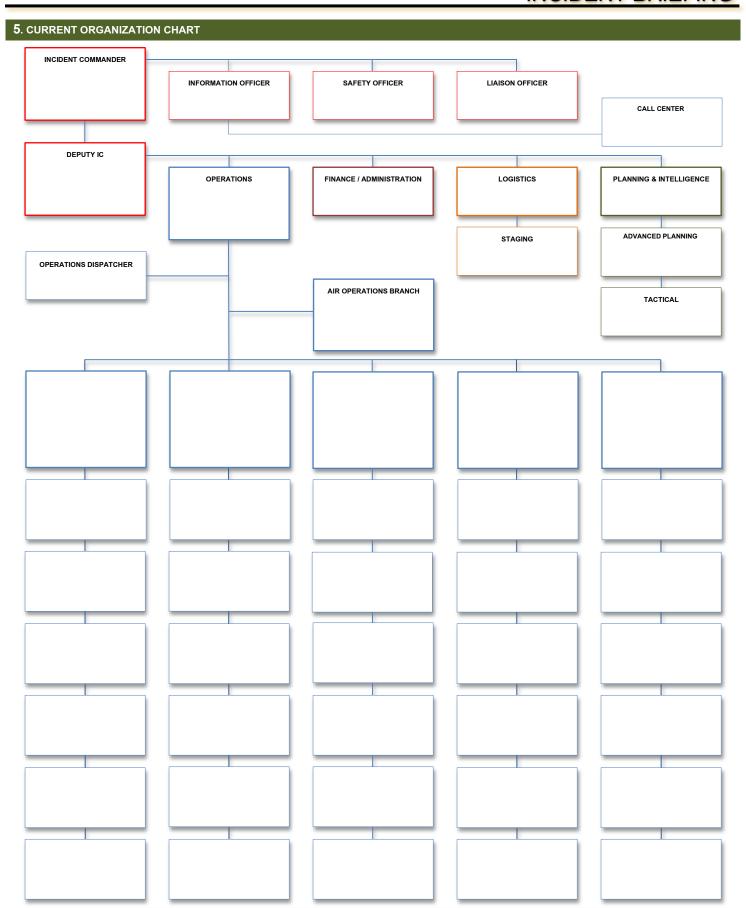
2. INCIDENT LOCATION INFORMATION	(IF CHE	CKED) A PR	OPERTY SURVEY PACKET WILL BE (	COMPLETED AND ATTAC	HED TO THE 201 FORM					
INCIDENT LOCATION STREET ADDRESS				CITY						
COMMON NAME		APPLIED PA	ARCEL NUMBER	SIZE OF PARCEL / INCIDE	NT SITE AREA					
GPS (LATITUDE / LONGITUDE)		1	GPS (UTM)							
SPECIAL ACCESS INFORMATION										
PROPERTY SURVEY PACKET ASSIGNED TO (NAME / ID)  DATE ASSIGNE			PROPERTY SURVEY PACKET COMPLE	DATE COMPLETED						
3. FIELD OPERATIONS LOCATIONS										
EMERGENCY OPERATIONS CENTER LOCATION		TELEPHONE NUMBER								
GPS (LATITUDE / LONGITUDE)			GPS (UTM)							
SPECIAL ACCESS INFORMATION										
STAGING LOCATION				STAGING MANAGER						
GPS (LATITUDE / LONGITUDE)			GPS (UTM)							
SPECIAL ACCESS INFORMATION										
INCIDENT RALLY POINT LOCATION				RALLY POINT NAME / IDEN	NTIFIER					
GPS (LATITUDE / LONGITUDE)			GPS (UTM)							
SPECIAL ACCESS INFORMATION										



4. INCIDENT ANALYSIS / SITUATION BRIEFING			
201 FORM PREPARED BY (RANK / NAME / ID NUMBER)	DATE / TIME PREPARED	REVIEWED BY (RANK / NAME / ID NUMBER)	DATE / TIME REVIEWED



### INCIDENT ACTION PLAN INCIDENT BRIEFING





### INCIDENT ACTION PLAN INCIDENT OBJECTIVES

INCIDENT NAME	INCIDENT TYPE			
	1			
	<u></u>			
OPERATION PERIOD DATE / TIME / DAY (FROM)	OPERATION PERIO	DD DATE / TIME / DAY (TO)		
202 FORM PREPARED BY (RANK / NAME / ID NUMBER)		DATE / TIME PREPARED		
202 FORM (INCLUDING ALL ATTACHMENTS) APPROVED BY (RANK / NAME / ID NUMBER)		DATE / TIME APPROVED		
1. OVERALL MANAGEMENT OBJECTIVES				
1. OVERALL MANAGEMENT OBJECTIVES				
2. OVERALL OPERATIONAL OBJECTIVES				
2. OVERALE OF ERATIONAL OBJECTIVES				



### INCIDENT ACTION PLAN COMMUNICATIONS PLAN

1. R	RADIO COMMUNICATIONS PL	-AN									
INCII	DENT NAME				OPERATION PERIOD	DATE / TIME / DAY (FR	ROM)	OPERATION PERIOD DAT	E / TIME / DAY (TO)		
INCII	DENT LOCATION COUNTY AND STATE				PREPARED BY (RANK	K / NAME / ID NUMBER	8)				
					<u> </u>						
INCII	DENT LOCATION GPS COORDINATES	(LATITUDE / LONGITUDE)			INCIDENT LOCATION	GPS COORDINATES O	GPS (UTM)				
#	ASSIGNMENT	CHANNEL NAME	FUNCTION	BAND	RX FREQ	CODE	TX FREQ	CODE	MODE		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
	<u> </u>										
APPI	ROVED BY (RANK / NAME / ID NUMBE	R)					DATE / T	TIME APPROVED			



1. DIVISION / GROUP ASSIGNMENT	(	(IF CHECKED) A DIVISION / G	GROUP OPERATI	IONS ORDER	WILL BE COMPLETED AND AT	TACHED TO	THIS FORM
INCIDENT NAME		OPERATION PERIOD DATE / TI	IME / DAY (FROM)	1	OPERATION PERIOD DATE / TIME	/ DAY (TO)	
204 FORM PREPARED BY (RANK / NAME / ID N	UMBER)				DATE / TIME PREPARED		
DIVISION / GROUP NAME		DIVISION / GROUP SUPERVISO	OR	CALL SIGN	BRANCH DIRECTOR		CALL SIGN
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION		AGENCY	<u> </u>	TIME IN	TIME OUT
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY USE TYPE CHANNEL / I	FUNCTION / BAN	ID / RX FREQ - CODE / TX FREG	Q - CODE / MODE				
DIVISION / GROUP OPERATIONS ORDER ASSIG	GNED TO	DATE ASSIGNED	DIVISION / GRO	UP OPERATIO	NS ORDER COMPLETED BY	DATE CO	MPLETED



2. DIVISION / GROUP ASSIGNMENT	. (	(IF CHECKED) A DIVISION / C	GROUP OPERATIONS O	RDER	WILL BE COMPLETED AND ATT	ACHED TO	THIS FORM
INCIDENT NAME		OPERATION PERIOD DATE / T	IME / DAY (FROM)		OPERATION PERIOD DATE / TIME	/ DAY (TO)	
204 FORM PREPARED BY (RANK / NAME / ID N	NUMBER)				DATE / TIME PREPARED		
DIVISION / GROUP NAME		DIVISION / GROUP SUPERVISO	OR CALL S	SIGN	BRANCH DIRECTOR		CALL SIGN
3.70.00.7 0.700.7 10.1112		2.0.0.0.0.7 0.0.00.7 0.0.7 2.0.00.7	J.,	,,,,,,	2.0		
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION	AGENC	CY		TIME IN	TIME OUT
ASSIGNMENT(S)					:		:
, resistantia)							
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY							
USE TYPE CHANNEL /	FUNCTION / BAN	ND / RX FREQ - CODE / TX FREG	Q - CODE / MODE				
DIVISION / CROHE OPERATIONS CREET ASSI	CNED TO	DATE ACCIONED	DIVISION / OBOUR OSS	DATIO	NE OPDER COMPLETED BY	DATE CO	MDLETED
DIVISION / GROUP OPERATIONS ORDER ASSI	GINED IO	DATE ASSIGNED	DIVISION / GROUP OPEI	KATIOI	NS ORDER COMPLETED BY	DATE CO	MPLETED



3. DIVISION / GROUP ASSIGNMENT	. (	(IF CHECKED) A DIVISION / C	GROUP OPERATIONS OF	RDER	WILL BE COMPLETED AND ATT	ACHED TO	THIS FORM
INCIDENT NAME		OPERATION PERIOD DATE / T	IME / DAY (FROM)		OPERATION PERIOD DATE / TIME	/ DAY (TO)	
204 FORM PREPARED BY (RANK / NAME / ID N	NUMBER)				DATE / TIME PREPARED		
DIVISION / GROUP NAME		DIVISION / GROUP SUPERVISO	OR CALL S	IGN	BRANCH DIRECTOR		CALL SIGN
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION	AGENC	Υ		TIME IN	TIME OUT
ASSIGNMENT(S)							
		<u> </u>					
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY							
USE TYPE CHANNEL /	FUNCTION / BAN	ND / RX FREQ - CODE / TX FREG	Q - CODE / MODE				
DIVISION / GROUP OPERATIONS ORDER ASSI	GNED TO	DATE ASSIGNED	DIVISION / GROUP OPER	RATION	NS ORDER COMPLETED BY	DATE CO	MPLETED
SWOIGHT GROUP OF ENATIONS ORDER ASS	CINED TO	DATE AGGIGNED	DIVIDION / GROUP OPER	VI IOI	TO STUDENT CONVICTE LED BY	DATE CO	*** CETED



4. DIVISION / GROUP ASSIGNMENT		(IF CHECKED) A DIVISION / 0	GROUP OPERATION	NS ORDER	WILL BE COMPLETED AND AT	ACHED TO	THIS FORM
INCIDENT NAME		OPERATION PERIOD DATE / T	IME / DAY (FROM)		OPERATION PERIOD DATE / TIME	/ DAY (TO)	
204 FORM PREPARED BY (RANK / NAME / ID N	UMBER)				DATE / TIME PREPARED		
DIVISION / GROUP NAME		DIVISION / GROUP SUPERVISO	OR CA	ALL SIGN	BRANCH DIRECTOR		CALL SIGN
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION	AC	GENCY	**************************************	TIME IN	TIME OUT
ASSIGNMENT(S)							
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY							
:	FUNCTION / BA	ND / RX FREQ - CODE / TX FRE	Q - CODE / MODE				
DIVISION / GROUP OPERATIONS ORDER ASSIG	GNED TO	DATE ASSIGNED	DIVISION / GROUP	OPERATION	NS ORDER COMPLETED BY	DATE CO	MPLETED



5. DIVISION / GROUP ASSIGNMENT	(	(IF CHECKED) A DIVISION / G	ROUP OPERATIONS O	ORDER W	VILL BE COMPLETED AND AT	TACHED TO	THIS FORM
INCIDENT NAME		OPERATION PERIOD DATE / TI	ME / DAY (FROM)	(	OPERATION PERIOD DATE / TIME	/ DAY (TO)	
204 FORM PREPARED BY (RANK / NAME / ID N	UMBER)			[	DATE / TIME PREPARED		
DIVISION / GROUP NAME		DIVISION / GROUP SUPERVISO	DR CALL S	SIGN E	BRANCH DIRECTOR		CALL SIGN
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION	AGENO	CY		TIME IN	TIME OUT
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY USE TYPE CHANNEL / I	FUNCTION / BAN	ID / RX FREQ - CODE / TX FREG	2 - CODE / MODE				
DIVISION / GROUP OPERATIONS ORDER ASSIG	GNED TO	DATE ASSIGNED	DIVISION / GROUP OPE	RATIONS	ORDER COMPLETED BY	DATE CO	MPLETED



1. DIVISION / GROUP ASSIGNMENT	. (	(IF CHECKED) A DIVISION / C	GROUP OPERATIONS (	ORDER	WILL BE COMPLETED AND ATT.	ACHED TO	THIS FORM
INCIDENT NAME		OPERATION PERIOD DATE / T	IME / DAY (FROM)		OPERATION PERIOD DATE / TIME	DAY (TO)	
204 FORM PREPARED BY (RANK / NAME / ID N	NUMBER)				DATE / TIME PREPARED		
DIVISION / GROUP NAME		DIVISION / GROUP SUPERVISO	OR CALL	SIGN	BRANCH DIRECTOR		CALL SIGN
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION	AGEN	NCY	7	TIME IN	TIME OUT
							•
ASSIGNMENT(S)							
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY							
USE TYPE CHANNEL /	FUNCTION / BAN	ND / RX FREQ - CODE / TX FREG	Q - CODE / MODE				
DIVISION / GROUP OPERATIONS ORDER ASSI	GNED TO	DATE ASSIGNED	DIVISION / GROUP OP	ERATION	NS ORDER COMPLETED BY	DATE COI	MPLETED



1. DIVISION / GROUP ASSIGNMENT	. (	(IF CHECKED) A DIVISION / C	GROUP OPERATIONS (	ORDER	WILL BE COMPLETED AND ATT.	ACHED TO	THIS FORM
INCIDENT NAME		OPERATION PERIOD DATE / T	IME / DAY (FROM)		OPERATION PERIOD DATE / TIME	DAY (TO)	
204 FORM PREPARED BY (RANK / NAME / ID N	NUMBER)				DATE / TIME PREPARED		
DIVISION / GROUP NAME		DIVISION / GROUP SUPERVISO	OR CALL	SIGN	BRANCH DIRECTOR		CALL SIGN
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION	AGEN	NCY	7	TIME IN	TIME OUT
							•
ASSIGNMENT(S)							
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY							
USE TYPE CHANNEL /	FUNCTION / BAN	ND / RX FREQ - CODE / TX FREG	Q - CODE / MODE				
DIVISION / GROUP OPERATIONS ORDER ASSI	GNED TO	DATE ASSIGNED	DIVISION / GROUP OP	ERATION	NS ORDER COMPLETED BY	DATE COI	MPLETED



1. DIVISION / GROUP ASSIGNMENT (IF CHECKED) A DIVISION / GROUP OPERATIONS ORDER WILL BE COMPLETED AND ATTACHED TO THIS FORM							
INCIDENT NAME OI		OPERATION PERIOD DATE / TIME / DAY (FROM)			OPERATION PERIOD DATE / TIME / DAY (TO)		
204 FORM PREPARED BY (RANK / NAME / ID N				DATE / TIME PREPARED			
DIVISION / GROUP NAME D		DIVISION / GROUP SUPERVISO	OR CALLS	L SIGN BRANCH DIRECTOR			CALL SIGN
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION	AGEN	CY	-	TIME IN	TIME OUT
ASSIGNMENT(S)							
, resistantia)							
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY							
USE TYPE CHANNEL / FUNCTION / BAND / RX FREQ - CODE / TX FREQ - CODE / MODE							
DIVISION / OPOLID OPERATIONS CODES :	ONED TO	DATE ACCIONES	DIVIDION / ORGANIS CO	DATIC	NO ODDED COMPLETES SY	DATE OF	MDI ETED
DIVISION / GROUP OPERATIONS ORDER ASSI	GNED IO	DATE ASSIGNED	UIVISION / GROUP OPE	:KATIOI	NS ORDER COMPLETED BY	DATE COI	WIPLE I ED



1. DIVISION / GROUP ASSIGNMENT (IF CHECKED) A DIVISION / GROUP OPERATIONS ORDER WILL BE COMPLETED AND ATTACHED TO THIS FORM							
INCIDENT NAME OI		OPERATION PERIOD DATE / TIME / DAY (FROM)			OPERATION PERIOD DATE / TIME / DAY (TO)		
204 FORM PREPARED BY (RANK / NAME / ID N				DATE / TIME PREPARED			
DIVISION / GROUP NAME D		DIVISION / GROUP SUPERVISO	OR CALLS	L SIGN BRANCH DIRECTOR			CALL SIGN
DIVISION / GROUP MEMBER(S)	CALL SIGN	ASSIGNMENT / POSITION	AGEN	CY	-	TIME IN	TIME OUT
ASSIGNMENT(S)							
, resistantia)							
SPECIAL INSTRUCTIONS							
COMMUNICATIONS SUMMARY							
USE TYPE CHANNEL / FUNCTION / BAND / RX FREQ - CODE / TX FREQ - CODE / MODE							
DIVISION / OPOLID OPERATIONS CODES :	ONED TO	DATE ACCIONES	DIVIDION / ORGANIS CO	DATIC	NO ODDED COMPLETES SY	DATE OF	MDI ETED
DIVISION / GROUP OPERATIONS ORDER ASSI	GNED IO	DATE ASSIGNED	UIVISION / GROUP OPE	:KATIOI	NS ORDER COMPLETED BY	DATE COI	WIPLE I ED



### INCIDENT ACTION PLAN MEDICAL PLAN

INCIDENT NAME		OPERATION PERIOD DATE / TIME / DAY (FROM) OPER				OPERATIO	ERATION PERIOD DATE / TIME / DAY (TO)				
206 FORM PREPARED BY (RANK / NAME / ID NUMBER)					DATE / TIME PREPARED						
MEDICAL PLAN – Medical Aid Stations and Transportation (Helicopter / Ambulance)											
DESIGNATION / TYPE	STAGING LOCATION			CONTACT INFORMATION PHONE NUMBER RADIO CHANNEL					PARAMEDIC? YES NO		
2. MEDICAL PLAN – Hospitals											
NAME / ADDRESS / PHONE NUMBER			TRANS AIR	PORT TIME?  GROUND	HELIPAD YES	EQUIPPED?	BURN C	NO	TRAUMA (	NO	
3. MEDICAL PLAN – Procedure to Access Medical Assistance / Acce		es Boutos	0								
		o route.	<u> </u>								
4. MEDICAL PLAN – Designated Air Ambulance Medical Evacuation Locations											
DESIGNATOR	LOCATION DESCRIPTION										
GPS (LATITUDE / LONGITUDE)				GPS (UTM)							
DESIGNATOR	LOCATION D	ESCRIPTION									
GPS (LATITUDE / LONGITUDE)	ATITUDE / LONGITUDE)			GPS (UTM)	(UTM)						



### INCIDENT ACTION PLAN SAFETY MESSAGE PLAN

OPERATION PERIOD DATE / TIME / DAY (FROM)	OPERATION PERIOD DATE / TIME / DAY (TO)		
	DATE / TIME PREPARED		
1. SAFETY MESSAGE / PLAN			
	OPERATION PERIOD DATE / TIME / DAT (FROM)		

1. SAFETY MESSAGE / PLAN		
GENERAL SAFETY		
KNOWN / PERCIEVED HAZARD (TYPE)	LOCATION (IF KNOWN)	HAZARD MITIGATION STRATEGY