



IAP01 – Incident Action Plan

Draft		Approved	
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Incident Name		
Date of This Plan		
Operational Period Date / Time	From:	
	To:	

Compiled By Planning Officer			
Name:			
Signature:		Date:	
Approved By Incident Controller			
Name:			
Signature:		Date:	

Attachments:

<input type="checkbox"/> AllIMS Structure	<input type="checkbox"/> Shoreline Division Assignment	<input type="checkbox"/> Environmental Summary
<input type="checkbox"/> Maps	<input type="checkbox"/> Wildlife Division Assignment	<input type="checkbox"/> Current SITREP
<input type="checkbox"/> Marine Division Assignment	<input type="checkbox"/> Communications	<input type="checkbox"/> Other -
<input type="checkbox"/> Air Ops Division Assignment	<input type="checkbox"/> Medical	

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Incident Objectives

(What is to be achieved, When and Where)

STRATEGIES/TACTICS

Strategies <i>(The approach to what is planned to be done, in priority order)</i>	Tactics <i>(Detailed activities to accomplishing the Strategies)</i>
1	
2	
3	
4	

Strategies/Tactics

Strategies <i>(The approach to what is planned to be done, in priority order)</i>	Tactics <i>(Detailed activities to accomplishing the Strategies)</i>
5	
6	
7	
8	

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Operations – Marine Division Assignment

Incident Name:				Date Prepared:					
Location / Description:									
Operational Period									
From:						To:			
Operations Officer:						Marine Coordinator:			
Strategies				Tactics					
Marine Response Teams Assigned this Period									
Team	Sector	Assignment				Team Leader	Contact No.		

Operations – Air Ops Division Assignment

Incident Name:				Date Prepared:			
Location / Description:							
Operational Period							
From:				To:			
Operations Officer:				Aviation Coordinator:			
Strategies				Tactics			
Fixed Wing Aircraft							
Assignment			Sector	Time Start	Time Finish	Contact Name	Contact No.

Rotary Wing Aircraft

Assignment	Sector	Time Start	Time Finish	Contact Name	Contact No.

Special Instructions/General Safety Message

Prepared By:

Operations- Shoreline Division Assignment

Incident Name:		Date Prepared:		
Location / Description:				
Operational Period				
From:		To:		
Operations Officer:		Shoreline Coordinator:		
Strategies		Tactics		
Shoreline Response Teams Assigned this Period				
Team	Sector	Assignment	Team Leader	Contact No.

