



# IAP01 – Incident Action Plan

Draft

Approved

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	

**This page has been intentionally left blank**

## 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

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

**This page has been intentionally left blank**

## Operations – Marine Division Assignment

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

### Resources Assigned to Marine Response Teams this Period

[illegible]

## Special Instructions/General Safety Message

Prepared By:		ICS Unit:	

## Operations – Air Ops Division Assignment

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

Rotary Wing Aircraft					
Assignment	Sector	Time Start	Time Finish	Contact Name	Contact No.
Special Instructions/General Safety Message					
Prepared By:					

## Operations- Shoreline Division Assignment

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

### Resources Assigned to Shoreline Response Teams this Period

[illegible]

### Special Instructions/General Safety Message

Prepared By:		ICS Unit:	

