1. Incident Name

2. Operational Period to be covered by IAP (Date/Time)
   From:                                      To:

3. Approved by Incident Commander(s):
   
   ORG          NAME
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

   INCIDENT ACTION PLAN
   The items checked below are included in this Incident Action Plan:

   - ICS 202-CG (Response Objectives)
   - ICS 203-CG (Organization List) – OR – ICS 207-CG (Organization Chart)
   - ICS 204-CGs (Assignment Lists)
     One Copy each of any ICS 204-CG attachments:
   - ICS 205-CG (Communications Plan)
   - ICS 206-CG (Medical Plan)
   - ICS 208-CG (Site Safety Plan) or Note SSP Location ____________________________________________
   - Map/Chart
   - Weather forecast / Tides/Currents

   Other Attachments
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________

4. Prepared by: Date/Time