

1. Incident Name	2. Operational Period to be covered by IAP (Date/Time) From: _____ To: _____	IAP COVER SHEET
-------------------------	--	------------------------

3. Approved by:

FOSC _____

SOSC _____

RPIC _____

INCIDENT ACTION PLAN

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

- ICS 202-OS (Response Objectives)

- ICS 203-OS (Organization List) – OR – ICS 207-OS (Organization Chart)

- ICS 204-OSs (Assignment Lists)
One Copy each of any ICS 204-OS attachments:
 - Map
 - Weather forecast
 - Tides
 - Shoreline Cleanup Assessment Team Report for location
 - Previous day's progress, problems for location
- ICS 205-OS (Communications List)

- ICS 206-OS (Medical Plan)
- _____
- _____
- _____
- _____
- _____
- _____

4. Prepared by: _____	Date/Time _____
------------------------------	------------------------