

1. Incident Name	2. Operational Period to be covered by IAP (Date/Time) From: _____ To: _____	CG IAP COVER SHEET
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3. Approved by Incident Commander(s):

<u>ORG</u>	<u>NAME</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 _____
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