

<b>1. Incident Name</b> Enter incident name here.	<b>2. Operational Period to be covered by IAP (Date/Time)</b> <b>FROM:</b> Date: June 23, 2010      Time: 5:10 PM <b>TO:</b> Date: June 24, 2010      Time: 6:00 PM	<b>ICS 200 – Incident Action Plan Cover Sheet</b>
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**3. Approved by Incident Commander(s):**

<u>Location</u>	<u>Name</u>	Signature
Choose a location.	Choose a name.	_____
Choose a location.	Choose a name.	_____
Choose a location.	Choose a name.	_____
Choose a location.	Choose a name.	_____
Choose a location.	Choose a name.	_____

## INCIDENT ACTION PLAN CONTENTS

The items and/or forms checked below are included in this Incident Action Plan:

- ICS 200 (Incident Action Plan Cover Sheet)
- ICS 201 (Incident Briefing)
- ICS 202 (Response Objectives)
- ICS 203 (Organization List)
- ICS 204s (Assignment Lists)  
One Copy each of any ICS 204 attachments:
- ICS 205 (Communications Plan)
- ICS 206 (Medical Plan)
- ICS 207 (Organization Chart)
- ICS 208 (Site Safety Plan) or Note SSP Location \_\_\_\_\_
- Map/Chart
- Weather forecast / Tides/Currents

Other Attachments

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

<b>4. Prepared by:</b> Choose or enter a name. _____	<b>Date:</b> 5/31/2010
<b>Signature:</b> _____	<b>Time:</b> 3:30 PM