

<b>1. Incident Name:</b>	<b>2. Operational Period to be covered by IAP (Date / Time)</b> From: _____ To: _____	<b>BCO IAP COVER SHEET</b>
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**3. Approved by:**

CCG FMO \_\_\_\_\_

Provincial IC \_\_\_\_\_

RP IC \_\_\_\_\_

\_\_\_\_\_

## INCIDENT ACTION PLAN

The items checked below are included in this Incident Action Plan

- |                          |  |                   |
|--------------------------|--|-------------------|
| <input type="checkbox"/> | ICS 202 - OS (Response Objectives)   | PSC               |
| <input type="checkbox"/> | ICS 203-OS (Organization List) – or – ICS 207-OS (Organization Chart)        | RUL               |
| <input type="checkbox"/> | ICS 204-OS (Assignment Lists) plus one copy each of any ICS 204a attachments | RUL               |
| <input type="checkbox"/> | Map  | SUL               |
| <input type="checkbox"/> | Weather forecast   | SUL               |
| <input type="checkbox"/> | Tides – sunrise/sunset   | SUL               |
| <input type="checkbox"/> | Mass Balance   | SUL               |
| <input type="checkbox"/> | Spill Trajectory   | Mod. Traj. Spec.  |
| <input type="checkbox"/> | ICS 205-OS (Communications List)   | CUL               |
| <input type="checkbox"/> | BCO 103 (Site Specific Safety and Health Plan) – includes Medical Plan       | Safety            |
| <input type="checkbox"/> | ICS 220 (Air Operations Summary)   | Air Ops. Br. Dir. |
| <input type="checkbox"/> | Environmental Message  | EUL               |
| <input type="checkbox"/> | Safety Message   | Safety            |
| <input type="checkbox"/> | BCO 105 (Work Order)   | PSC               |
| <input type="checkbox"/> | _____  |                   |
| <input type="checkbox"/> | _____  |                   |
| <input type="checkbox"/> | _____  |                   |
| <input type="checkbox"/> | _____  |                   |

<b>4. Prepared by</b> _____	<b>Date / Time</b> _____
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## IAP COVER SHEET

**Special Note.** This optional form acts as a cover sheet for the completed Incident Action Plan (IAP) described below. Two versions of this cover sheet are included; either can be used. One version includes check boxes for forms included in the IAP, while the other version leaves a large blank area for user comments or graphics.

**Purpose.** An Incident Action Plan (IAP) contains general control objectives reflecting the overall incident strategy and specific action plans for the next operational period. The Unified Command, Command Staff, and General Staff develop the IAP. When all attachments are included, the plan:

- specifies the objectives for the next operational period;
- defines the work assignments for the next operational period, including extracts of site-specific safety messages (Note: the Site Safety Plan is generally a stand-alone document and is not included in the IAP);
- defines the resources needed to accomplish the work order;
- depicts how all response personnel are to be organized;
- lists radio and telephone communications for all incident personnel;
- specifies a medical plan to follow in case of a responder emergency;
- identifies resources at risk.

**Preparation.** The Planning Section Chief compiles the IAP, with key tactical input from the Operations Section Chief. The Plan is to be completed following each Planning Meeting. The plan should be approved and signed by each member of the Unified Command.

**Distribution.** Sufficient copies of the IAP will be reproduced and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit Leader levels. The original IAP MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Approved by	Signatures of approval must be obtained from each Unified Commander.
4.	Prepared By Date/Time	Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).