

*Municipality  
Seal*

***Municipality***  
**INCIDENT  
ACTION PLAN  
#1**

**Severe Storm**

**0800 EDT 11/01/2011 – 0759 EDT 11/02/2011**

***Municipality* Emergency Operations Center  
360 Broad Street  
Hartford, CT 06105**

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**Incident Commander  
Signature**

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**Planning Section Chiefs  
Signature (optional)**

***NOTE: The names used in the following ICS forms are for sample purposes only. They do not reflect actual municipality or utility employees' names.***

<b>INCIDENT OBJECTIVES</b>	<b>1. Incident Name</b> <b>Severe Storm</b>	<b>2. Date</b> 11/01/2011	<b>3. Time</b> 1700 EDT
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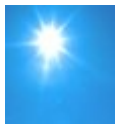
**4. Operational Period**  
0800 EDT – 11/02/2011 to 0759 EDT – 11/03/2011

**5. General objectives for the Incident.**

1. Ensure the safety of all deployed personnel.
2. Ensure shelter operations are adequate for disaster survivors.
3. Ensure roads are safe and passable for all first responder vehicles.
4. Identify needs and provide life sustaining commodities for citizens.
5. Assess debris conditions and implement removal plan.
6. Ensure Local/State communications interoperability.
7. Etc.....

**6. Weather Forecast for Period.**

**Wednesday**



Sunny

Hi 56 °F

**Wednesday Night**



Increasing  
Clouds

Lo 34 °F

**Thursday**



Mostly  
Sunny

Hi 59 °F

**7. General Safety Message :**

- Personnel should take frequent breaks and stretch as needed.
- Personnel should eat regular meals and maintain adequate hydration.
- Please watch co-workers for sign of stress or fatigue.

**8. Attachments ( mark if attached)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Organization List - ICS 203              | <input checked="" type="checkbox"/> Communications Plan - ICS 205a | <input type="checkbox"/> Meeting Schedule – ICS 230 |
| <input checked="" type="checkbox"/> Assignment Lists - ICS 204    | <input type="checkbox"/> Incident Map                              |   |
| <input checked="" type="checkbox"/> Communications Plan - ICS 205 | <input checked="" type="checkbox"/> Organization Chart – ICS 207   |   |

**9. Prepared by**  
Joseph Smith - PSC

**10. Approved by**  
Emma Hale - IC

# SAMPLE

<b>Assignment List</b>  <b>ICS 204</b>		1. Incident Name <b>Severe Storm</b>		2. Operational Period (Date/Time) <b>0800 EDT, 01 Nov 11 to</b> <b>0759 EDT, 02 Nov 11</b>		5. Prepared By: _____ Date _____	
		3. Branch <b>Operations</b>		4. Division/Group/Staging <b>Make Safe Task Force</b>		6. Reviewed By (PSC): _____ Date _____ <b>Joseph Smith</b> <b>01 Nov 11</b>	
9. Personnel Name <b>Wilford Woodruff (OSC)</b> <b>Spencer Kimball (TF lead)</b>		Contact No. <b>860-###-####</b> <b>203-###-####</b>		Objective: Ensure roads are safe and passable for all first responder vehicles		7. Reviewed By (OSC): _____ Date _____ <b>Wilford Woodruff</b> <b>01 Nov 11</b>	
						8. Reviewed By (Optional): _____ Date _____	
10. Resources Assigned							
Strike Team/Task Force Resource Identifier/Leader	Contact Info. #	# of Persons	Work Assignments	Obj. #	Reporting Info/Notes/Remarks		
Leader	Spencer Kimball	1	Make Safe TF lead	3	This task force has the responsibility to ensure roads are safe and passable for all first responder vehicles		
CL&P crew	Richard Scott	2		3			
UI crew	Robert Hales	2		3			
AT&T crew	Sheri Dew	1		3			
DOT crew	David Bednar	2		3			
Town staff	Neil Anderson	2		3			
11. Special Instructions or Resource Needs:							
12. Communications (radio and/or phone contact numbers needed for this assignment):							
High Band Radio	1 Primary	Incident Communications	153.755 / 162.2				
High Band Radio	2 Secondary	Incident Communications	153.800 / 162.2				



<b>INCIDENT TELEPHONE COMMUNICATIONS PLAN - ICS 205A</b>		<b>1. Incident Name</b> Severe Storm	<b>2. Date Prepared</b> 01 Nov 2011	<b>3. Operational Period</b> 0800 EDT, 01 Nov 11 to 0759 EDT, 02 Nov
<b>Section &amp; Position</b>	<b>Name</b>	<b>Phone Number or Email Address</b>	<b>Cell Phone/Pager</b>	
<b>Command Staff</b>				
<b>Incident Commander</b>	Emma Hale	860-###-####		
Public Information Officer	Linda Burton	<a href="mailto:Linda.Burton@domain.com">Linda.Burton@domain.com</a>	203-###-####	
Safety Officer	Harold Lee		860-###-####	
<b>Planning Section</b>				
Planning Section Chief	Joseph Smith		860-###-####	
<b>Operations Section</b>				
Operations Section Chief	Wilford Woodruff	860-###-####	860-###-####	
Deputy Operations Section Chief	Boyd Packer	860-###-####		
Make Safe Task Force Leader	Spencer Kimball		203-###-####	
<b>Logistics Section</b>				
Section Chief	Jeffrey Holland		860-###-####	
Communications Unit Leader	Thomas Monson	860-###-####	860-###-####	
Medical Unit Leader	Gordon Hinckley	<a href="mailto:Gordon.Hinckley@domain.com">Gordon.Hinckley@domain.com</a>		
<b>Finance and Admin Section</b>				
Section Chief	Ronald Rasband		203-###-####	

<b>MEDICAL PLAN</b> ICS 206	1. Incident Name Severe Storm	2. Date Prepared 01Nov12	3. Time Prepared 08:00	4. Operational Period 01Nov11 08:00- 02Nov11 07:59			
<b>5. Incident Medical Aid Station</b>							
Medical Aid Stations	Location		Paramedics Yes No				
Training Center	Merrow Rd		X				
Senior Center	Town Stage Rd			x			
<b>6. Transportation</b>							
<b>A. Ambulance Services</b>							
Name	Address	Phone	Paramedics Yes No				
Town Fire Department	728 Main Street, Town	911 860-872-###	x				
Professional Ambulance Service	Address,	911	x				
<b>B. Incident Ambulances</b>							
Name	Location		Paramedics Yes No				
<b>7. Hospitals</b>							
Name	Address	Travel Time Air Ground	Phone	Helipad Yes No	Burn Center Yes No		
Hartford Hospital	85 Seymour St, Hartford, CT		6	860-545-4341	x		x
St. Francis	114 Woodland St, Hartford, CT		7	860-714-4000	x		x
Manchester Memorial	71 Haynes St, Manchester, CT		14	860-646-1222	x		x
John Dempsey Hospital	263 Farmington Ave, Farmington, CT		17	860-679-7692	x		x
Rockville General	31 Union St, Vernon, CT		20	860-872-0501	x		x
<b>8. Medical Emergency Procedures</b>							
Contact 911 immediately, once medical attention is received and victim is stable contact the Incident Safety officer							
Prepared by (Medical Unit Leader) Gordon Hinkley				10. Reviewed by (Safety Officer) Harold Lee			

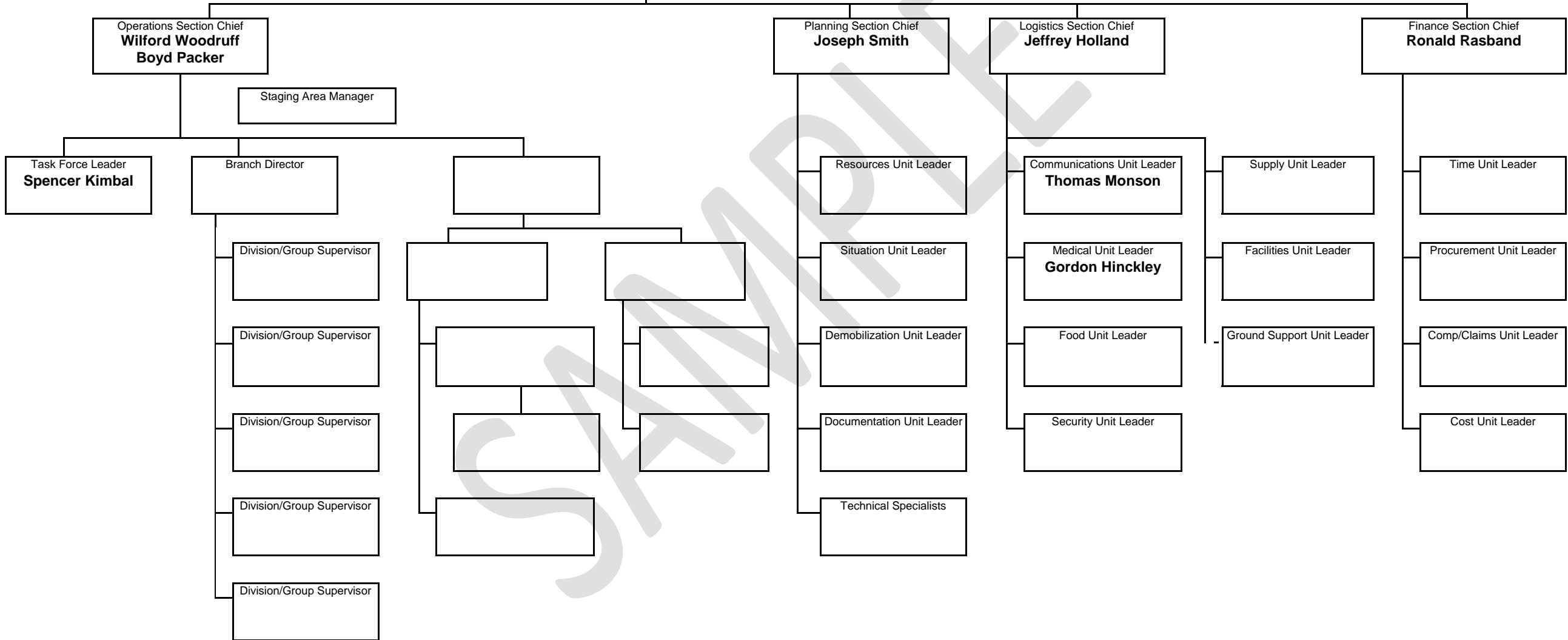
Incident Commander  
**Emma Smith**

Safety Officer  
**Harold Lee**  
Liaison Officer or Agency Representative  
Information Officer  
**Linda Burton**

Incident Name Severe Storm

Operational Period 01 Nov 11 08:00 – 02 Nov 11 07:59

Date 01 Nov 11 Time 08:00



## INCIDENT OBJECTIVES (ICS FORM 202)

**Purpose.** The Incident Objectives form describes the basic incident strategy, control objectives, and provides weather, tide and current information, and safety considerations for use during the next operational period. The Attachments list at the bottom of the form also serves as a table of contents for the Incident Action Plan.

**Preparation.** The Incident Objectives form is completed by the Planning Section following each formal Planning Meeting conducted in preparing the Incident Action Plan.

**Distribution.** The Incident Objectives form will be reproduced with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms **MUST** be given to the Documentation Unit. Enter the name assigned to the incident. Enter the time interval for which the form applies. Record the start and end date and time. Enter clear, concise statements of the objectives for managing the response. These objectives usually apply for the duration of the incident.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Date	Enter date completed
3.	Time	Enter time completed
4.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
5.	General Control Objective(s)	Enter clear, concise statements of the objectives for managing the response. These objectives usually apply for the duration of the incident.
6.	Weather	Attach a sheet with the observed and predicted weather.
7.	Safety Message for the Specified Operational Period	Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached. At the bottom of this box, enter the location where approved Site Safety Plan is available for review.
8.	Attachments	Mark an "X" in boxes for forms attached to the IAP.
9.	Prepared By	Enter the name of the Planning Section Chief completing the form.
10.	Approved By	Enter the name of the Incident Commander approving the form information.



## ASSIGNMENT LIST (ICS FORM 204)

**Purpose.** The Assignment List(s) informs Division and Group supervisors of incident assignments. Once the assignments are agreed to by the Unified Command and General Staff, the assignment information is given to the appropriate Divisions and Groups.

**Preparation.** The Assignment List is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS form 202), Operational Planning Worksheet (ICS form 215), and the Operations Section Chief. The Assignment List must be reviewed by the Planning Section Chief. When reviewed, it is included as part of the Incident Action Plan (IAP). Specific instructions for individual Task Forces / Strike Teams may be entered on an ICS form 204a for dissemination to the field, but not included in the IAP.

**Distribution.** The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
		A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.
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.	Branch	Enter the Branch designator.
4.	Division/Group	Enter the Division/Group designator.
5.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date	Enter the Date
6.	Reviewed By	Enter the name of the person reviewing the form, normally the Operations Section Chief and Planning Section Chief. (Section 8 is for any additional reviewers required by the Incident Commander)
7.	Date	
8.		Enter the Date
9.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.

10.	<p>Resources Assigned This Period</p> <p>Strike Team / Task Force / Resource Identifier</p> <p>Contact Information Number of Persons</p> <p># of persons</p> <p>Special Notes / Remarks</p> <p>Work Assignments</p> <p>Objective #</p>	<p>Enter the following information about the resources assigned to Division or Group for this period:</p> <p>List Resource identifier, Leader name, individual (single resource), etc.</p> <p>Primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number. Total number of personnel for the strike team, task force, or single resource assigned.</p> <p>Enter the number of people assigned</p> <p>Special notes or directions, specific to this strike team, task force, or single resource.</p> <p>Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.</p> <p>List the Objective #(s) the work assignment relates to.</p>
11.	Special Instructions or Resource Needs	Enter a statement noting any safety problems, specific precautions to be exercised, or other important information.
12.	Communications	Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS form 205-OS). Note: Phone numbers should include area code.

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS FORM 205-OS)

**Special Note.** This form, ICS 205, is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period; whereas, the Communications List, ICS 205a is used to list methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.),

**Purpose.** The Incident Radio Communications Plan is a summary of information obtained from the Radio Requirements Worksheet (ICS form 216) and the Radio Frequency Assignment Worksheet (ICS form 217). Information from the Radio Communications Plan on frequency assignments is normally noted on the appropriate Assignment List (ICS form 204).

**Preparation.** The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief.

**Distribution.** The Incident Radio Communications Plan is duplicated and given to all recipients of the Incident Objectives form, including the Incident Communications Center. Information from the plan is placed on Assignment Lists. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Date/Time Prepared	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Operational Period	Enter the date and time of the operational period
4.	Basic Radio Channel Use	Enter the following information about radio channel use:
	System	Radio cache system(s) assigned and used on the incident.
	Channel	Radio channel numbers assigned.
	Function	Function each channel is assigned (e.g., command, support, division tactical, and ground-to-air).
	Frequency/Tone	Radio frequency tone number assigned to each specified function (e.g., 153.400)
	Assignment	ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A).
	Remarks	This section should include narrative information regarding special situations.
5.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

## COMMUNICATIONS LIST (ICS FORM 205a-OS)

Special Note. This optional form is used in conjunction with the Incident Radio Communications Plan, ICS form 205. Whereas the ICS form 205 is used to provide information on all radio frequencies down to the Division/Group level, the Communications List, ICS form 205a, lists methods of contact for personnel assigned to the incident (phone numbers, pager numbers, etc.), and functions as an incident directory.

**Purpose.** The Communications List records methods of contact for personnel on scene.

**Preparation.** The Communications List can be filled out during check-in and is maintained and distributed by Communications Unit personnel.

**Distribution.** The Communications List is distributed within the ICS and posted, as necessary. All completed original forms MUST be given to the Documentation Unit. It is suggested that this form be included in the IAP.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Date Prepared	Enter the date the form was prepared
3.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
	Section & Position	Enter the ICS organizational assignment.
	Name	Enter the name of the contact person for the assignment.
	Phone Number or Email Address Cell Phone/Pager	Enter the telephone number(s), etc. for each assignment.

## MEDICAL PLAN (ICS FORM 206)

**Purpose.** The Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The Medical Plan is prepared by the Medical Unit Leader and reviewed by the Safety Officer.

**Distribution.** The Medical Plan may be attached to the Incident Objectives (ICS form 202), or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and noted on the Assignment List (ICS form 204) or on the Assignment List Attachment (ICS form 204a). All completed original forms MUST be given to the Documentation Unit. It is suggested that the Medical Plan be included in the IAP.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2. 3.	Date/Time	Enter date (month, day, year) and time prepared.
4.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
5.	Medical Aid Stations	Enter name, location, and telephone number of the medical aid station(s) (e.g., Cajon Staging Area, Cajon Camp Ground) and indicate if paramedics are located at the site.
6.	Transportation	A. List name and address of ambulance services available. Provide phone number and indicate if Ambulance Company has paramedics  B. List name and address of ambulance services assigned to the incident. Provide location where staged and indicate if Ambulance Company has paramedics
7.	Hospitals	List hospitals that could serve this incident. Enter hospital name, address, phone number, the travel time by air and ground from the incident to the hospital, and indicate if the hospital has a burn center and/or a helipad.
8.	Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel.
9.	Prepared By Date/Time	Enter the name of the Medical Unit Leader preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).
10.	Reviewed By Date/Time	Enter the name of the Safety Officer who must review the plan. Enter date (month, day, year) and time reviewed (24-hour clock).

## INCIDENT ORGANIZATION CHART (ICS FORM 207-OS)

**Purpose.** The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. Not all positions need to be filled. The size of the organization is dependent on the magnitude of the incident and can be expanded or contracted as necessary. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Preparation.** The Incident Organization Chart is prepared by the Resources Unit and posted along with other displays at the Incident Command Post. The ICS form 207 may best be used as a wall-size chart for better visibility. A chart is completed for each operational period and updated when organizational changes occur.

**Distribution.** When completed, the chart is posted on the display board located at the Incident Command Post. All original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
	Incident Name	Enter the name assigned to the incident.
	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.