

ICS 201 Incident Action Plan

ICS 201 Form - Incident Action Plan (IAP)

INCIDENT BRIEFING	1. Incident Name	2. Date Prepared	3. Time Prepared			
4. CAN Report C - Condition Report (LANCE) A- Actions Taken (Command, Zones, Situation Status) N - Needs (LANCE CAN do SIMPLE plan - go to #5 to set tasks) Sources of ignition Isolate the release Manage pressure Pressurized ventilation Life safety - rescue Emergency plan - go to #5 to set objectives/tasks		Sketch				
5. General Control Objectives for the Incident: Overall Objective(s) - Life Safety Accountability/Zone Control Safety, Rapid-Entry Rescue, Emergency Shut-Down, Emergency Medical Support, Reconnaissance, Receptor Management, other: Operational Tasks:						
6. Weather Forecast for Period						
7. General Safety Message: initial isolation zone, protective action zone, NO Contact Lenses, proper PPE, entry team checklist, safety checklist, ICS 208, evacuation movement and personnel accountability 7. Safety Message: See front of 30-Minute Plan with emphasis on the Safety Plan and Hazard Assessment (green boxes on front). <table border="0"> <tr> <td data-bbox="155 1377 513 1701"> <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Air Monitoring Hazard Concentration <input type="checkbox"/> Emergency Evacuation/Hand Signal Alert <input type="checkbox"/> Set-up of Decon, Rehab, and Medical <input type="checkbox"/> Entry Team On-air Monitoring <input type="checkbox"/> Safety Officer/Assistant Safety Officer <input type="checkbox"/> Eye-level and roof wind indicators <input type="checkbox"/> Review the movement through the decon corridor <input type="checkbox"/> Position hose lines and ventilation fans <input type="checkbox"/> Back-up/Rapid-Entry Rescue </td> <td data-bbox="553 1377 992 1545"> Hand Signals: Hands gripping throat: Out of air/Breathing difficulty Grip partner's wrist: Leave area immediately Hands on waist: Leave area immediately Hands on top of head: Need assistance Thumbs up: I'm OK/I understand Thumbs down: I'm not OK </td> <td data-bbox="1016 1377 1455 1581"> Tag Line Rope Signals: O - Okay: One tug—entrant is okay A - Advance: Two tugs—need rope T - Take up slack: Three tugs—entrant is retreating, take up slack H - Help: Four tugs—entrant needs help Emergency Escape Signal: A repeated triple horn blast </td> </tr> </table>				<input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Air Monitoring Hazard Concentration <input type="checkbox"/> Emergency Evacuation/Hand Signal Alert <input type="checkbox"/> Set-up of Decon, Rehab, and Medical <input type="checkbox"/> Entry Team On-air Monitoring <input type="checkbox"/> Safety Officer/Assistant Safety Officer <input type="checkbox"/> Eye-level and roof wind indicators <input type="checkbox"/> Review the movement through the decon corridor <input type="checkbox"/> Position hose lines and ventilation fans <input type="checkbox"/> Back-up/Rapid-Entry Rescue	Hand Signals: Hands gripping throat: Out of air/Breathing difficulty Grip partner's wrist: Leave area immediately Hands on waist: Leave area immediately Hands on top of head: Need assistance Thumbs up: I'm OK/I understand Thumbs down: I'm not OK	Tag Line Rope Signals: O - Okay: One tug—entrant is okay A - Advance: Two tugs—need rope T - Take up slack: Three tugs—entrant is retreating, take up slack H - Help: Four tugs—entrant needs help Emergency Escape Signal: A repeated triple horn blast
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8. Attachments: <table border="0"> <tr> <td data-bbox="155 1755 594 1860"> <input type="checkbox"/> Organizational List - ICS 203 <input type="checkbox"/> Div. Assignment List - ICS 204 <input type="checkbox"/> Communications Plan - ICS 205 <input type="checkbox"/> Medical Plan - ICS 206 </td> <td data-bbox="610 1755 1040 1860"> <input type="checkbox"/> Site Safety and Control Plan - ICS 208 <input type="checkbox"/> General Message Form - ICS 213 <input type="checkbox"/> Unit Log - ICS 214 <input type="checkbox"/> Safety and Risk Analysis - ICS 215A </td> <td data-bbox="1057 1755 1503 1860"> <input type="checkbox"/> Radio Requirement Worksheet ICS - 216 <input type="checkbox"/> Support Vehicle List - ICS 218 <input type="checkbox"/> Other: </td> </tr> </table>				<input type="checkbox"/> Organizational List - ICS 203 <input type="checkbox"/> Div. Assignment List - ICS 204 <input type="checkbox"/> Communications Plan - ICS 205 <input type="checkbox"/> Medical Plan - ICS 206	<input type="checkbox"/> Site Safety and Control Plan - ICS 208 <input type="checkbox"/> General Message Form - ICS 213 <input type="checkbox"/> Unit Log - ICS 214 <input type="checkbox"/> Safety and Risk Analysis - ICS 215A	<input type="checkbox"/> Radio Requirement Worksheet ICS - 216 <input type="checkbox"/> Support Vehicle List - ICS 218 <input type="checkbox"/> Other:
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ICS 201 - Page 1	9. Prepared by (name and position):					

Save

Print

Clear Form

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):		
5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.		
6. Prepared by: Name: _____	Position/Title: _____	Signature: _____
ICS 201, Page 1	Date/Time: _____	