# ANNEX G - INCIDENT ACTION PLAN

**MR#**

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| LOCATION of THIS HQ:CONTACT DETAILS (if applicable):DATE:TIME:PRIORITY (high/medium/low): | SITUATION SUMMARY: |
| OVERALL OBJECTIVE: |
| OUTLINE STRATEGIES TO ACHIEVE OBJECTIVE: | CRITICAL ELEMENTS (Considerations that may affect the achievement of the objective e.g.: weather, tides, light) | SPECIFIC TASKS(Details of groupings/tasks)(What and who) | RESOURCES NEEDED(Note who will provide what and when they will do it) |

**INCIDENT ACTION PLAN**

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| INFORMATION FLOW(Who needs to know? Who has information we need?Liaison, specialists, agencies?) | COMMUNICATIONS PLAN(Network of frequencies, radio call signs,telephone/cellphone numbers |

Plan Update: Plan Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date Time Group): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_