# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_