



When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Public Information Unit Media Sub-Plan

Draft		Approved		Distributed	
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Incident Name		
Date of this Sub-Plan		
Operational Period Date / Time	From:	
	To:	

Compiled By Media Liaison Officer/Media Unit Coordinator			
Name:			
Signature:		Date:	

Approved By Incident Controller			
Name:			
Signature:		Date:	

Incident Description

Communications Objectives

Target Audience

Key Messages

Primary

Secondary

Communication Activities

ACTIVITY	NOTES (Frequency etc.)	OFFICER	RECOURCES
Media Briefings			
Interviews			
Information Releases			
Other			
Other			
Other			
Other			
Other			

Tasking

HMA: _____

TASK	STAFF	COMMENTS
Compiling information for public release		
Drafting media statements		
Monitoring media reports		
Liaison with specific media agencies		
Web updates and social media services		
Other		
Other		
Other		
Other		
Other		

Tasking

Spiller: _____

TASK	STAFF	COMMENTS
Compiling information for public release		
Drafting media statements		
Monitoring media reports		
Liaison with specific media agencies		
Web updates and social media services		
Other		
Other		
Other		
Other		
Other		

Tasking

Lead Combat Agency: _____

TASK	STAFF	COMMENTS
Compiling information for public release		
Drafting media statements		
Monitoring media reports		
Liaison with specific media agencies		
Web updates and social media services		
Other		
Other		
Other		
Other		
Other		

Tasking

Other: _____

TASK	STAFF	COMMENTS
Compiling information for public release		
Drafting media statements		
Monitoring media reports		
Liaison with specific media agencies		
Web updates and social media services		
Other		
Other		
Other		
Other		
Other		

Resources and Facilities

(Identify and allocation facilities for the media, include desk locations, media rooms etc.)