



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

Incident Action Plan

Operations Unit – Sub-Plan

Incident Name		
Date of This Plan		
Operational Period Date / Time	From:	
	To:	

Compiled By Planning Officer			
Name:			
Signature:		Date:	

Operations – Marine Division Assignment

Incident Name:		Date Prepared:	
Location / Description:			
Operational Period			
From:		To:	
Operations Officer:		Marine Coordinator:	
Strategies		Tactics	

Marine Response Teams Assigned this Period				
Team	Sector	Assignment	Team Leader	Contact #

Resources Assigned to Marine Response Teams this Period

Team Identifier	Equipment Required	Personnel required	Transportation Required		Drop Off Time	Pick Up Time
			Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Special Instructions/General Safety Message						
Prepared By:			ICS Unit:			

Operations – Air Ops Division Assignment

Incident Name:		Date Prepared:	
Location / Description:			
Operational Period			
From:		To:	
Operations Officer:		Aviation Coordinator:	
Strategies		Tactics	

Fixed Wing Aircraft					
Assignment	Sector	Time Start	Time Finish	Contact Name	Contact #

Rotary Wing Aircraft					
Assignment	Sector	Time Start	Time Finish	Contact Name	Contact #
Special Instructions/General Safety Message					
Prepared By:				Section/Unit:	

Operations- Shoreline Division Assignment

Incident Name:		Date Prepared:	
Location / Description:			
Operational Period			
From:		To:	
Operations Officer:		Shoreline Coordinator:	
Strategies		Tactics	

Shoreline Response Teams Assigned this Period				
Team	Sector	Assignment	Team Leader	Contact #

Resources Assigned to Shoreline Response Teams this Period

Team Identifier	Equipment Required	Personnel required	Transportation Required		Drop Off Time	Pick Up Time
			Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Special Instructions/General Safety Message						
Prepared By:						
ICS Unit:						

Operations – Wildlife Response Sub-Plan

Incident Name:		Date Prepared:	
Location / Description:			
Operational Period			
From:		To:	
Operations Officer:		Wildlife Coordinator:	

Objectives	
1.	
2.	
3.	
4.	
5.	
6.	

Strategies	Tactics

Oiled Wildlife Response Team Assigned this Period				
Team	Sector	Assignment	Team Leader	Contact #

Resources Assigned to Oiled Wildlife Response Team this Period						
Team ID	Equipment Required	Personnel Required	Transportation Required		Drop Off Time	Pick Up Time
			Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Special Instructions/General Safety Message	
Prepared By:	ICS Unit: