



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

Incident Action Plan

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

Compiled By Planning Officer			
Name:			
Signature:		Date:	
Approved By Incident Controller			
Name:			
Signature:		Date:	

Attachments:

<input type="checkbox"/> AllIMS Structure	<input type="checkbox"/> Shoreline Division Assignment	<input type="checkbox"/> Environmental Summary
<input type="checkbox"/> Maps	<input type="checkbox"/> Wildlife Division Assignment	<input type="checkbox"/> Current SITREP
<input type="checkbox"/> Marine Division Assignment	<input type="checkbox"/> Communications	<input type="checkbox"/> Other -
<input type="checkbox"/> Air Ops Division Assignment	<input type="checkbox"/> Medical	

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AIM

To ensure the safety of all personnel involved with the incident response and reduce the impact to the environment of the grounding of

Incident Objectives

(What is to be achieved, when and where)

1. Ensure the safety of the public and all response personnel
2. Control the source of the spill
3. Manage the response in a coordinated manner
4. Protect environmentally sensitive areas
5. Contain and recover spilled materials
6. Recover and rehabilitate injured wildlife
7. Clean up product from impacted areas
8. Keep the public and stakeholders informed of response activities
9. Minimize economic impacts
10. Terminate the response (demobilisation)

Strategies/Tactics

Strategies <i>(The approach to what is planned to be done, in priority order)</i>		Tactics <i>(Detailed activities to accomplishing the Strategies)</i>
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