



Appendix A – Sample IAP Forms

Note that the specific sections (other than IMS) may need to be modified to fit individual situations and facilities.

INCIDENT OBJECTIVES		
1. INCIDENT NAME		
2. DATE PREPARED		
3. TIME PREPARED		
4. OPERATIONAL PERIOD (DATE/TIME):		
5. GENERAL OBJECTIVES FOR THE INCIDENT (AND ALTERNATIVES):		
6. WEATHER FORECAST FOR OPERATIONAL PERIOD:		
7. GENERAL SAFETY MESSAGE:		
8. ATTACHMENTS (CHECK IF ATTACHED)		
<input type="checkbox"/> ORGANIZATION CONTACT LIST	<input type="checkbox"/> EXTERNAL CONTACT LIST	
<input type="checkbox"/> ASSIGNMENT LIST	<input type="checkbox"/> CHART _____	
<input type="checkbox"/> COMMUNICATIONS PLAN	<input type="checkbox"/> INCIDENT MAP _____	
<input type="checkbox"/> OTHER _____		
IMS 202	PREPARED BY:	APPROVED BY:

ORGANIZATION LIST		
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION	NAME	4. OPERATIONAL PERIOD (DATE/TIME)
5. INCIDENT COMMAND AND STAFF		
INCIDENT COMMAND		10. OPERATIONS SECTION
DEPUTY		CHIEF
SAFETY OFFICER		DEPUTY
INFORMATION OFFICER		STAGING AREA
LIAISON OFFICER		LABOR POOL
6. AGENCY REPRESENTATIVES		a. BUSINESS CONTINUITY BRANCH
AGENCY	NAME	DIRECTOR
		SERVICE ACCESS
		RECORD PRESERVATION
		BUSINESS RELOCATION
7. PLANNING SECTION		b. PLANT & UTILITIES BRANCH
CHIEF		DIRECTOR
DEPUTY		TELECOMMUNICATIONS
RESOURCES UNIT		PATIENT CARE SYSTEMS
SITUATION UNIT		POWER/LIGHT
DOCUMENTATION UNIT		HEATING/COOLING
DEMOBILIZATION UNIT		WATER/SEWER
8. LOGISTICS SECTION		BUILDINGS/ROADS
CHIEF		c. SAFETY & SECURITY BRANCH
DEPUTY		DIRECTOR
a. SUPPORT BRANCH		ALERTING/WARNING
SUPPLY UNIT		HAZMAT CONTROL
FACILITIES UNIT		FIRE SUPPRESSION
TRANSPORTATION UNIT		SEARCH AND RESCUE
b. SERVICE BRANCH		SECURITY
COMMUNICATION UNIT		d. HUMAN SERVICES BRANCH
FOOD UNIT		DIRECTOR
MEDICAL UNIT		MEDICAL CARE
9. FINANCE SECTION		PATIENT RELOCATIONS
TIME UNIT		SHELTERING
COST UNIT		OUTREACH/HOME HLTH
PROCUREMENT UNIT		MENTAL HEALTH
COMPENSATION/CLAIMS		ENVIRONMENTAL HEALTH
		FATALITIES MGMT

ASSIGNMENT LIST

1. SECTION/BRANCH:

2. GROUP/UNIT:

3. INCIDENT NAME

4. OPERATIONAL PERIOD (DATE/TIME)

OPERATIONS CHIEF _____ BRANCH DIRECTOR _____

DEPUTY CHIEF _____ GROUP SUPERVISOR _____

5. OPERATIONS PERSONNEL

6. RESOURCES ASSIGNED THIS PERIOD

RESOURCE DESIGNATOR:	LEADER	NUMBER PERSONS	TRANSPORT NEEDED?	COMMO TYPE/ CHANNEL	LOCATION

7. TACTICAL OPERATIONS:

8. SPECIAL INSTRUCTIONS:

INCIDENT BRIEFING	
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1. INCIDENT NAME	
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2. DATE PREPARED	
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3. TIME PREPARED	
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4. MAP SKETCH	
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PAGE _____	PREPARED BY:
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5. SUMMARY OF CURRENT ACTIVITIES	
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GENERAL MESSAGE		
TO:	POSITION:	
FROM:	POSITION:	
SUBJECT:	DATE:	TIME:
MESSAGE:		
SIGNATURE/POSITION:		
REPLY:		
DATE:	TIME:	SIGNATURE/POSITION:

GROUP/UNIT LOG		
1. INCIDENT NAME		
2. DATE PREPARED		
3. TIME PREPARED		
4. UNIT NAME/DESIGNATOR:		
5. UNIT LEADER (NAME/POSITION):		
6. OPERATIONAL PERIOD:		
PERSONNEL ASSIGNED TO UNIT THIS PERIOD		
NAME	IMS POSITION	NON-INCIDENT POSITION

ACTIVITY LOG (CONTINUE ON REVERSE)

TIME	MAJOR EVENTS