



# Incident Action Plan

## Checklist/Order/Responsibility

For the \_\_\_\_ hour period

/ / - / / \_\_\_\_ - \_\_\_\_

IAP Order	Assigned	Complete
<input type="checkbox"/> Cover	_____	_____
<input type="checkbox"/> 202 - Incident Objectives – PSC	_____	_____
<input type="checkbox"/> 203 - Organizational Assignments – PSC	_____	_____
<input type="checkbox"/> Weather/Fire Behavior – IMET	_____	_____
<input type="checkbox"/> 204 - Assignment Lists – RESL	_____	_____
<input type="checkbox"/> 220 Air Ops Summary – AOBD	_____	_____
<input type="checkbox"/> 205 Comm Plan – COML	_____	_____
<input type="checkbox"/> 206 Medical Plan - MEDL	_____	_____
<input type="checkbox"/> 208 Safety Plan – SOFR	_____	_____
<input type="checkbox"/> 215A Incident Risk Analysis – SOFR	_____	_____
<input type="checkbox"/> Maps, Incident – SITL	_____	_____
<input type="checkbox"/> Maps, Travel/Base - LOGS	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Blank 214	_____	_____