



HICS 200 - INCIDENT ACTION PLAN (IAP) COVER SHEET

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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3. Attachments *The items checked below are included in this Incident Action Plan (IAP)*

- Incident Action Plan (IAP) Quick Start
- or
- HICS 201 - Incident Briefing
- HICS 202 - Incident Objectives
- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 204 - Assignment List; Operations Section: Staging
- HICS 204 - Assignment List; Operations Section: Medical Care Branch
- HICS 204 - Assignment List; Operations Section: Infrastructure Branch
- HICS 204 - Assignment List; Operations Section: Security Branch
- HICS 204 - Assignment List; Operations Section: HazMat Branch
- HICS 204 - Assignment List; Operations Section: Business Continuity Branch
- HICS 204 - Assignment List; Operations Section: Patient Family Assistance Branch
- HICS 204 - Assignment List; Planning Section
- HICS 204 - Assignment List; Logistics Section: Service Branch
- HICS 204 - Assignment List; Logistics Section: Support Branch
- HICS 204 - Assignment List; Finance/Administration Section
- HICS 215A - Incident Action Plan (IAP) Safety Analysis

Other: _____

Other: _____

Other: _____

Other: _____

**4. Prepared by
Planning Section Chief**

PRINT NAME: _____

SIGNATURE: _____

DATE/TIME: _____

FACILITY: _____

**5. Approved by
Incident Commander**

PRINT NAME: _____

SIGNATURE: _____

DATE/TIME: _____

FACILITY: _____

