INCIDENT ACTION PLAN (IAP)

Incident Name:	Date/Time Initiated: Date: Time:
1. **Map/Sketch**(Give Detail of the Affected Site):	
2.**Current and Planned Objectives:**	

Incident Name:	Date/Time Initiated: Date: Time:

3. Summary of Current Actions:

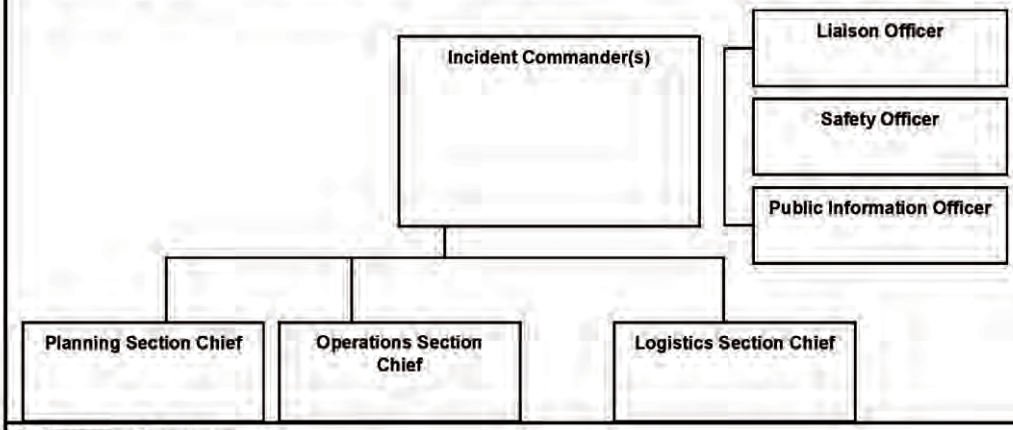
A. Actions Already Taken:

B. Actions to be taken

C. Difficulties if any in response (including mobilization of resources & manpower):

Incident Name:	Date/Time Initiated: Date: Time:

5.Current Organization(fill in activated sections as appropriate):



6. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
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7. Prepared by: Name: _____ Position/Title: _____ Signature: _____					