

1. Incident Name	2. Operational Period to be covered by IAP (Date/Time) From: _____ To: _____	CG IAP COVER SHEET
3. Approved by Incident Commander(s): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <u>ORG</u> _____ _____ _____ _____ _____ </div> <div style="width: 45%;"> <u>NAME</u> _____ _____ _____ _____ _____ </div> </div>		
<h2 style="margin: 0;">INCIDENT ACTION PLAN</h2> <p style="margin: 5px 0;">The items checked below are included in this Incident Action Plan:</p> <div style="margin-top: 10px;"> <input type="checkbox"/> ICS 202-CG (Response Objectives) _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> ICS 203-CG (Organization List) – OR – ICS 207-CG (Organization Chart) _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> ICS 204-CGs (Assignment Lists) One Copy each of any ICS 204-CG attachments: _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> ICS 205-CG (Communications Plan) _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> ICS 206-CG (Medical Plan) _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> ICS 208-CG (Site Safety Plan) or Note SSP Location _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Map/Chart _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Weather forecast / Tides/Currents _____ </div> <div style="margin-top: 10px;"> <u>Other Attachments</u> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ </div>		