

Incident Action Plan (IAP)

1. Incident Name	2. Operational Period	IAP COVER SHEET
	Date Time	
INCIDENT ACTION PLAN The items checked below are included in the incident Action Plan		
<input type="checkbox"/> SITUATION REPORT <input type="checkbox"/> INCIDENT OBJECTIVES <input type="checkbox"/> ORGANISATIONAL LIST <input type="checkbox"/> SECTOR ASSIGNMENT <input type="checkbox"/> DIVISIONAL ASSIGNMENT <input type="checkbox"/> AIR OPERATIONS PLAN <input type="checkbox"/> COMMUNICATION PLAN <input type="checkbox"/> SAFETY PLAN <input type="checkbox"/> MEDICAL PLAN <input type="checkbox"/> FIRE MAP <input type="checkbox"/> WEATHER FORECAST AND MAP <input type="checkbox"/> FIRE BEHAVIOUR FORECAST <input type="checkbox"/> FACILITIES LAYOUT PLAN		
3. Approved by Incident Commander: Name	Signed	Date/Time

Incident Action Plan (IAP)

1. Incident Name	2. Operational Period	SITUATION REPORT
	Date Time	
3. Location	4. Vegetation Plantation/Mountain fynbos/Coastal fynbos /Grass/Slash/Alien veld Other:	5. 1:50000 Map ref./GIS ref.
6. Assessment		
7. Action taken		
8. Factors		
9. Predicted Incident Development		
10. Prepared by:		Date/Time

Incident Action Plan (IAP)

1. Incident Name	2. Operational Period	INCIDENT OBJECTIVES
	Date Time	
3. Overall Incident Objectives		
4. Objectives for specified Operational Period		
5. Prepared by:	Date/Time	

Incident Action Plan (IAP)

1. Incident Name	2. Operational Period	ORGANISATION LIST	
	Date Time		
3. Command Staff		Phone	Cell Phone
Incident Commander			
Deputy IC			
Information Officer			
Safety Officer			
Liaison Officer			
4. Agency Representative		Phone	Cell Phone
Lead Agency			
Agency			
Agency			
Agency			
5. Planning Section		Phone	Cell Phone
Planning Section Chief			
Situations Unit			
Resources Unit			
Management Support Unit			
Information Unit			
Advance Planning Unit			
Technical Specialists Unit			
6. Logistics Section		Phone	Cell Phone
Logistics Section Chief			
Supply Unit			
Catering Unit			
Facilities Unit			
Finance Unit			
Communications Unit			
Medical Unit			

Incident Action Plan (IAP)

7. Operations Section	Phone	Cell Phone	Radio Ch
Operations Section Chief			
Deputy Operations Manager			
Division One Commander			
Sector A Supervisor			
Sector B Supervisor			
Sector C Supervisor			
Sector D Supervisor			
Division Two Commander			
Sector E Supervisor			
Sector F Supervisor			
Sector G Supervisor			
Sector H Supervisor			
Air Division Commander			
Air Attack Supervisor			
Air Support Supervisor			
8. Prepared by:	Date/Time		

Incident Action Plan (IAP)

1. Incident Name		2. Operational Period		SECTOR ASSIGNMENT	
		Date Time			
3. Sector	4. Description			5. Division Assigned	
6. Sector Supervisor		<i>Affiliation</i>	<i>Phone</i>	<i>Radio Ch</i>	
7. Resources Assigned this period					
<i>Resource/Crew</i>	<i>Leader</i>	<i># Persons</i>	<i>Transport Required</i>	<i>Drop-off Point/time</i>	<i>Pickup Point/time</i>
8. Sector Assignment / Special Instructions					
9. Sector Communications				<i>Phone</i>	<i>Radio Ch</i>
Division/Division					
Cmdr					
Air Attack Supervisor					
Safety Officer					
10. Prepared By:				Date/Time	

Incident Action Plan (IAP)

1. Incident Name	2. Operational Period Date Time	DIVISION ASSIGNMENT	
3. Division	4. Description		
5. Division Commander	<i>Affiliation</i>	<i>Phone</i>	<i>Radio Ch</i>
6. Resources Assigned this Period			
<i>Sector</i>	<i>Supervisor</i>	<i>Crews</i>	<i>Radio Ch</i>
7. Division Assignment/Special Instructions			
8. Division Communications		<i>Phone</i>	<i>Radio Ch</i>
Operations Manager _____			
Air Division Commander _____			
9. Prepared By:		Date/Time	

Incident Action Plan (IAP)

1. Incident Name	2. Operational Period Date Time	AIR OPERATIONS PLAN
3. Personnel and Communications		
Position	Name	Affiliation
	Phone	Radio Chan
Air Div Commander		
Air Attack Supervisor		
Air Support Supervisor		
Lead Helicopter Pilot		
Lead Fixed-Wing Pilot		
4. Air Resource Assignments		
Pilot Name/ Company	Aircraft Type	Reg or Call sign
	Assignment	Tactical Freq/Chan
		Telephone Numbers
		Onboard: Company
5. Location of Filling Points/Service Areas		
Name	Grid Reference	
6. Safety Notes / Hazards / Radio Coverage Limitations		
7. Air Operations Special Equip or Service		
8. Prepared By:	Date/Time	

Incident Action Plan (IAP)

7. Prepared by:		Date/Time
1. Incident Name	2. Operational Period Date Time	SAFETY PLAN
<p>3. General Safety Points</p> <p>Everyone is to be signed in and out of the fire ground through the Incident Control Point for both safety check and payment records.</p> <p>Maintain regular situation reports (containing all relevant information) via line supervisors.</p>		
<p>LACES</p> <p>L - Lookout(s)</p> <p>A – Awareness – Anchor Point(s)</p> <p>C – Communication(s)</p> <p>E – Escape Route(s)</p> <p>S – Safety Zone(s)</p>	<p>Fire Orders</p> <ol style="list-style-type: none"> 1. conditions and forecasts 2. Know what your fire is doing at all times. 3. Base all actions on current and expected fire behaviour of the fire. 4. Identify escape routes and safety zones and make them known. 5. Post lookouts when there is possible danger. 6. Stay alert. Keep calm, Think clearly, act decisively. 7. Maintain prompt communication with your crew/s, your supervisor and adjoining crews . 8. Give clear instructions and ensure they are understood.. 9. Maintain control of your crew/s at all times. 10. Fight fire aggressively having provided for safety first. 	<p>Watch-outs</p> <ol style="list-style-type: none"> 1. Fire size is unknown (no size up). 2. Unfamiliar territory 3. Safety zones and escape routes not identified. 4. Unfamiliar with weather and local factors influencing fire behaviour. 5. No communications link with crew members or supervisor. 6. Instructions and assignments not clear. 7. Weather is getting hotter , drier and relative humidity dropping 8. Wind increases and/or changes direction. 9. Getting frequent spot fires across the line 10. Working uphill or down wind of a fire 11. Working on a steep slope 12. Working in rugged terrain 13. Can't see main fire 14. In unburnt vegetation 15. Walking through hot ashes 16. Working alone 17. Getting tired 18. Working near power lines 19. Working near machinery 20. Working w ith aircraft 21. Working around trees or spars
<p>4. Specific Safety Points</p>		
5. Prepared By:		Date/Time

Incident Action Plan (IAP)

1. Incident Name	2. Operational Period Date Time	MEDICAL PLAN				
3. First Aid Station Name	Location	Phone/Radio Channel	Paramedics available at Station			
4. Transportation Ambulance Service	Address	Phone/Radio Channel	Paramedics available with Ambulance			
5. Hospitals Hospital Name	Address	Phone	Travel Time		Burn Unit	Heli Pad
			Road	Air		
6. Special Emergency Procedures						
7. Prepared By:					Date/Time	
8. Reviewed by Safety Advisor:					Date/Time	