

INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



INSTRUCTIONS

PURPOSE: Provides a faster approach to developing the IAP by combining NHICS Forms 201, 202, 203, 204 and 215A. You may use the IAP Quick Start during the early stage of an incident or if it is expected to be a short duration incident or it meets the needs of the incident at any time. If the full complement of NHICS Forms are needed, transition to their individual use.

ORIGINATION: Incident Commander or Planning Section Chief

COPIES TO: All IMT staff

NOTES: If additional pages are needed for any form page, use a blank NHICS IAP Quick Start and repaginate as needed. Additions may be made to the form to meet the organization's needs.

* Three versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat fillable PDF, Visio and Microsoft Word.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Enter brief situation summary.
4	Weather/Environmental Implications for period	Enter forecast information.
5	Current Organization	Enter the names of the individuals assigned to each position on the Incident Management Team chart. Modify the chart as necessary.
6	Incident Objectives	
	6.a Objectives	Enter each objective separately. Adjust objectives for each operational period as needed.
	6.b Strategies/Tactics	For each objective, document the strategy/tactic to accomplish that objective.
	6.c Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	6.d Assigned to	For each strategy/tactic, document the Section or Branch assigned to that objective.
7	Health and Safety Briefing	Summary of health and safety issues and instructions.
8	Attachments	Attach additional NHICS forms and supporting documents as needed.
9	Prepared By	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

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6. INCIDENT OBJECTIVES -- NHICS 202, 204--

6a. OBJECTIVES	6b. STRATEGIES/ TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

7. HEALTH AND SAFETY BRIEFING IDENTIFY POTENTIAL INCIDENT HEALTH AND SAFETY HAZARDS AND DEVELOP NECESSARY MEASURES (REMOVE HAZARD, PROVIDE PERSONAL PROTECTIVE EQUIPMENT, WARN PEOPLE OF THE HAZARD) -- NHICS 202, 215A--
TO PROTECT RESPONDERS FROM THOSE HAZARDS

1. _____
2. _____
3. _____
4. _____

8. ATTACHMENTS (MARK IF EXTRA DOCUMENTATION IS ATTACHED)

<input type="checkbox"/> NHICS 251: FACILITY SYSTEM STATUS REPORT <input type="checkbox"/> NHICS 254: EMERGENCY ADMIT TRACKING <input type="checkbox"/> NHICS 255: MASTER RESIDENT EVACUATION TRACKING <input type="checkbox"/> NHICS 215A: INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS <input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> INCIDENT MAP <input type="checkbox"/> OTHER: _____ _____
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9. PREPARED BY	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

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ORIGINATION: INCIDENT COMMANDER OR PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF

CLEAR FORM

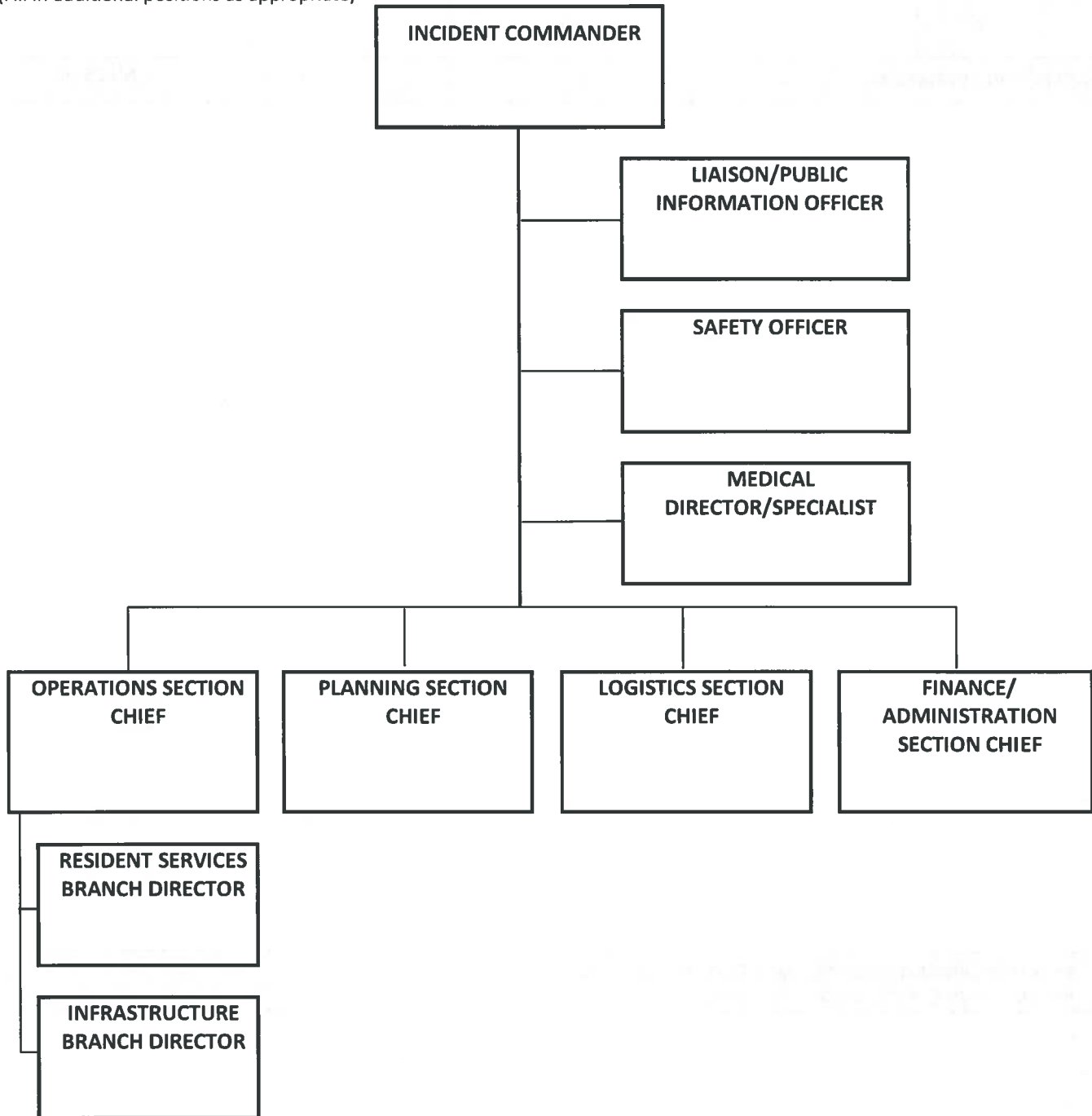
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5. CURRENT ORGANIZATION

(Fill in additional positions as appropriate)



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1. INCIDENT NAME	2. OPERATIONAL PERIOD		
	DATE:	FROM:	TO:
	TIME:	FROM:	TO:
3. SITUATION SUMMARY			-- NHICS 201 --
4. WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD (INCLUDES AS APPROPRIATE: FORECAST, DAYLIGHT)			
1.			
2.			
3.			
4.			