

## Action Plan

Incident/ Event Name:		Date/Time Prepared:		Tracking #	
Prepared for Operational Period # :		Start Date/ Time:		End Date/ Time:	

1.			
Related Tasks		Responsible	
2.			
Related Tasks		Responsible	
3.			
Related Tasks		Responsible	
4.			
Related Tasks		Responsible	
5.			
Related Tasks		Responsible	
6.			
Related Tasks		Responsible	

Recommended By: \_\_\_\_\_ Approved By: \_\_\_\_\_ \_\_\_\_\_  
(Section Chief) (Incident Commander) (Date/Time approved)

Distribution: Section Chief  Incident Command Team  Other: \_\_\_\_\_