

Operation Name	Issuing Agency	ACTION PLAN COVER SHEET
Action Plan Number	Incident Type	
Date and Time Issued	Operational Period this plan covers	
Date	Date	
Time:	Begins:	Ends:

CONSOLIDATED ACTION PLAN

The items below are indicative of what may be included in the Action Plan

- SITUATION REPORT (Intel)
- INCIDENT OBJECTIVES (Controller)
- DESIGNATED AGENCY TASKS (Operations)
- OPERATIONAL COMMS PLAN (Logistics)
- SAFETY PLAN (Controller/Safety)
- MEDICAL EVAC/TRANSPORT PLAN (Logistics)
- PUBLIC INFORMATION PLAN (PIM)
- WELFARE PLAN (Welfare)
- CONTINGENCY PLAN (Planning)
- WEATHER FORECAST/MAP (Intel)
- ORGANISATION LIST (Planning)
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Additional appendices may include technical or subject matter expert reports, maps, diagrams, images or any other information which may be useful to the incoming IMT to ensure continuity of response and future planning efforts.

Action Plan Approved by:	Signature	Date/Time Plan Approved

Command Centre Location 	Command Center CC Type: ICP EOC ECC NCC Agency:	SITUATION REPORT
Incident Location 	Incident Type 	
Date / Time SitRep Issued Date: Time:	Period SitRep Covers Begins: Ends:	
Incident Summary (brief summary of what has occurred)		
Action already taken		
Resources in place		
Additional Resources Required (summary of resource request forms)		

Factors			
Assessment (any critical issues or any assumptions made)			
Options (major options that are being or have been considered)			
Intended Actions (outline significant actions intended in current and future operational periods)			
Prepared by:	Agency:	Signed	
Approved by:	Agency:		
Next SitRep Due:	To be completed by (name):		
Distribution	<input type="checkbox"/> Controller	<input type="checkbox"/> Logistics	<input type="checkbox"/>
	<input type="checkbox"/> Planning	<input type="checkbox"/> PIM	<input type="checkbox"/>
	<input type="checkbox"/> Intelligence	<input type="checkbox"/> Welfare	<input type="checkbox"/>
	<input type="checkbox"/> Operation	<input type="checkbox"/> Safety Officer	<input type="checkbox"/>

Incident Name	Operational Period this plan covers	INCIDENT OBJECTIVES
	Date: Time:	
Goal/Aim for this Incident		
Objectives (clear objectives that lead to achieving the plan)		
Plan of action/strategy (a broad statement of what must happen and when)		
5. Prepared by:	Date/Time	

Incident Name		2. Operational Period this plan covers			DESIGNATED AGENCY TASKS
		Date: Time:			
Agency	Representative/ Liaison	Contact Phone #	Radio Ch	Task	
<i>Task / Sector Assignment / Special Instructions – note: these may be further broken down into individual resource tasks</i>					
Agency	Representative/ Liaison	Contact Phone #	Radio Ch	Task	
<i>Task / Sector Assignment / Special Instructions – note: these may be further broken down into individual resource tasks</i>					
Agency	Representative/ Liaison	Contact Phone #	Radio Ch	Task	
<i>Task / Sector Assignment / Special Instructions – note: these may be further broken down into individual resource tasks</i>					
Agency	Representative/ Liaison	Contact Phone #	Radio Ch	Task	
<i>Task / Sector Assignment / Special Instructions – note: these may be further broken down into individual resource tasks</i>					
9. Prepared By:	Date/Time				

Incident Name	Operational Period this plan covers		COMMUNICATIONS PLAN	
	Date: Time:			
Radio Channels				
<i>Assigned To</i>	<i>Function</i>	<i>Channel</i>	<i>Frequency</i>	<i>Schedule</i>
Telephone				
<i>Assigned To</i>	<i>Landline</i>	<i>Cellphone</i>	<i>Comments/Instructions</i>	
Other (eg email, Satphone, etc)				
6. Prepared by:		Date/Time		

Modified for training use by Search and Rescue Institute New Zealand (SARINZ) 2016.
Based on original materials developed by FRSITO/EMQUAL and MCDDEM

Incident Name	Operational Period	SAFETY PLAN
	Date: Time:	
General Safety Points		
<p>Everyone will be signed in and out of the incident and to/from the field assignments through each Incident Control Point or Staging Area.</p> <p>Maintain regular situation reports (containing all relevant information) via line supervisors.</p>		
Specific Safety Points / Emergency Procedures		
5. Prepared By:	Date/Time	

Incident Name		Operational Period		MEDICAL PLAN		
		Date:				
Time:						
3. First Aid Stations				<i>Phone/Radio</i>	<i>Paramedics</i>	
<i>Name</i>	<i>Location</i>			<i>Channel</i>	<i>available at Station</i>	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
Transportation				<i>Phone/Radio</i>	<i>Paramedics</i>	
<i>Ambulance Service</i>	<i>Address</i>			<i>Channel</i>	<i>available with Ambulance</i>	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
5. Hospitals				<i>Travel Time</i>		
<i>Hospital Name</i>	<i>Address</i>	<i>Phone</i>	<i>Road</i>	<i>Air</i>	<i>Heli Pad</i>	
6. Special Emergency Procedures						
7. Prepared by:			Date/Time			
8. Reviewed by Safety Officer:			Date/Time			

Incident Name		Incident Location		PUBLIC INFORMATION PLAN	
PIM Plan Identifier/Number		Date / Time PIM Plan Prepared			
		Name:			
		Contact:			
PIM Section		<i>Name</i>		<i>Dedicated phone number (role)</i>	
Public Information Manager:					
PIM Team Manager (2IC):					
Media Manager:					
Social Media Manager:					
:					
:					
:					
Overview of PIM response (where appropriate)					
PIM Team Structure (diagram of team structure)					
PIM Meeting Schedule (where, when, topic (if applicable), and attendees)					
Spokespeople					
<i>Function/Agency/Role</i>	<i>Name</i>	<i>Contact details</i>	<i>Topics</i>	<i>Availability</i>	

Direct message distribution	Details of the specific sites or types (use additional paper)
Websites [Insert name of site and pages, contact people and their details, type of information they will give out, any deadlines)	
Social media [Insert name of site and pages, contact people and their details, type of information they will give out, any deadlines (in bold)]	
Helpline [Insert name of helpline(s), type of information they will give out, contact people and their details]	
Information points [Insert name, location, and function of places that include information points, type of information they will give out, the PIM liaison people and their details]	
Community contacts/meetings Community organisation, role, name, and contact details of liaison, type of information they will give out, and scheduled meeting times	
Posters/ hand-outs/ SMS subscription message service] type, distribution, information, contact people, their details, and any deadlines	
Media Message Distribution	List name of station/publication, contact people/details, any deadlines
Radio	
Newspapers	
TV	
Media	Schedule including how frequently, location, invitees
Media briefing/conferences	
Media site visits	
Interviews	
Prepared by:	Agency: Signed
Approved by:	Agency: Signed

Incident Name		Incident Location		WELFARE PLAN	
Incident Type			Date / Time Welfare Plan Prepared		
			Date:		
			Time:		
Evacuation Centre			Evacuation Centre Manager		
Location:			Name:		
Address:			Contact:		
Community Centre			Community Centre Manager		
Location:			Name:		
Address:			Contact:		
Agency Liaisons (where appropriate)					
Agency		Representative		Contact Phone	
Ministry of Social Development					
District Health Board					
New Zealand Red Cross					
Housing New Zealand Corporation					
Inland Revenue Department					
Citizens Advice Bureau					
The Salvation Army					
Victim Support					
SPCA					
Accident Compensation Corporation					
Ministry of Education					
Neighbourhood Support					
Ambulance (St John/Wellington Free)					
Additional Resources Required					
Prepared by:		Agency:		Signed	
Approved by:		Agency:		Signed	

Incident Name	Incident Location	CONTINGENCY PLAN	
Incident Type	Agency preparing this plan		
Date / Time Contingency Plan Prepared	Date / Time Contingency Plan to be reviewed		
Date: Time:	Date: Time:		
Contingencies to be considered (consider what scenarios may occur)			
<i>Contingency</i>	<i>Likelihood</i>	<i>Risk/Effect</i>	<i>Planning Priority</i>
	<i>low / medium / high</i>	<i>low / medium / high</i>	
	<i>low / medium / high</i>	<i>low / medium / high</i>	
	<i>low / medium / high</i>	<i>low / medium / high</i>	
	<i>low / medium / high</i>	<i>low / medium / high</i>	
	<i>low / medium / high</i>	<i>low / medium / high</i>	
	<i>low / medium / high</i>	<i>low / medium / high</i>	
	<i>low / medium / high</i>	<i>low / medium / high</i>	
	<i>low / medium / high</i>	<i>low / medium / high</i>	
Planning Actions (what will we do in response? What can we do in advance to prepare?)			
<i>Consider a single page Action Plan for each contingency and attach as an Appendix</i>			
Additional Resources Required			
Prepared by:		Agency:	Signed
Approved by:		Agency:	Signed

Incident Name	Operational Period	WEATHER FORECAST
	Date: Time:	
Current Situation (attach map and forecast/or write a summary in here)		
Short-term forecast (attach map and forecast/or write a summary in here)		
Extended Forecast (attach map and forecast/or write a summary in here)		
4. Prepared by:	Date/Time	

Incident Name		Operational Period this plan covers		ORGANISATION LIST	
		Date: Time:			
INCOMING Control Section		<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>	
Controller					
<i>Dpt Controller/Response Mgr</i>					
<i>Information Officer</i>					
<i>Safety Officer</i>					
<i>Liaison Officer</i>					
<i>Agency Representatives</i>		<i>Agency Representative Name</i>	<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
<i>Agency:</i>					
<i>Agency:</i>					
<i>Agency:</i>					
INCOMING Planning/Intel Section		<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>	
Planning/Intel Manager					
<i>Situation Unit</i>					
<i>Planning Unit</i>					
<i>Intelligence Unit</i>					
<i>Resource Unit</i>					
<i>Management Support Unit</i>					
INCOMING Logistics Section		<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>	
Logistics Manager					
<i>Supply Unit</i>					
<i>Catering Unit</i>					
<i>Facilities Unit</i>					
<i>Finance Unit</i>					
<i>Communications Unit</i>					
<i>Medical Unit</i>					

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INCOMING Operations Section		<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
Operations Manager				
<i>Deputy Operations Manager</i>				
<i>Sector A Supervisor</i>				
<i>Sector B Supervisor</i>				
<i>Sector C Supervisor</i>				
<i>Sector D Supervisor</i>				
<i>Sector E Supervisor</i>				
<i>Sector F Supervisor</i>				
INCOMING PIM Section		<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
Public Information Manager				
<i>Deputy PIM</i>				
<i>Media Briefing/Liaison</i>				
<i>Community Liaison</i>				
<i>Warnings and Information</i>				
INCOMING Welfare Section		<i>Phone</i>	<i>Cell Phone</i>	<i>Radio</i>
Welfare Manager				
<i>Deputy Welfare Manager</i>				
<i>Registration</i>				
<i>Inquiry</i>				
<i>Needs Assessment</i>				
<i>Care protection services for children and young people</i>				
<i>Psychosocial support</i>				
<i>Household goods & services</i>				
<i>Financial assistance</i>				
<i>Shelter & accommodation</i>				
<i>Animal welfare</i>				
7. Prepared by:	Date/Time			