

# HICS 200 - INCIDENT ACTION PLAN (IAP) COVER SHEET

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b>  DATE: FROM: _____ TO: _____  TIME: FROM: _____ TO: _____
<b>3. Attachments</b> <i>The items checked below are included in this Incident Action Plan (IAP)</i>	
<input type="checkbox"/> Incident Action Plan (IAP) Quick Start or <input type="checkbox"/> HICS 201 - Incident Briefing <input type="checkbox"/> HICS 202 - Incident Objectives <input type="checkbox"/> HICS 203 - Organization Assignment List <input type="checkbox"/> HICS 204 - Assignment List <input type="checkbox"/> HICS 204 - Assignment List; Operations Section: Staging <input type="checkbox"/> HICS 204 - Assignment List; Operations Section: Medical Care Branch <input type="checkbox"/> HICS 204 - Assignment List; Operations Section: Infrastructure Branch <input type="checkbox"/> HICS 204 - Assignment List; Operations Section: Security Branch <input type="checkbox"/> HICS 204 - Assignment List; Operations Section: HazMat Branch <input type="checkbox"/> HICS 204 - Assignment List; Operations Section: Business Continuity Branch <input type="checkbox"/> HICS 204 - Assignment List; Operations Section: Patient Family Assistance Branch <input type="checkbox"/> HICS 204 - Assignment List; Planning Section <input type="checkbox"/> HICS 204 - Assignment List; Logistics Section: Service Branch <input type="checkbox"/> HICS 204 - Assignment List; Logistics Section: Support Branch <input type="checkbox"/> HICS 204 - Assignment List; Finance/Administration Section <input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis  Other: _____  Other: _____  Other: _____  Other: _____	
<b>4. Prepared by Planning Section Chief</b>	PRINT NAME: _____ SIGNATURE: _____  DATE/TIME: _____ FACILITY: _____
<b>5. Approved by Incident Commander</b>	PRINT NAME: _____ SIGNATURE: _____  DATE/TIME: _____ FACILITY: _____



## HICS 200 - INCIDENT ACTION PLAN (IAP) COVER SHEET

- PURPOSE:** The HICS 200 – Incident Action Plan (IAP) Cover Sheet provides a cover sheet and a checklist for HICS Forms and other documents included in the operational period IAP.
- ORIGINATION:** Prepared by the Incident Commander or Planning Section Chief.
- COPIES TO:** Duplicated and distributed to Command and General Staff positions activated. All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** If additional pages are needed for any form page, use a blank HICS 200 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	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	<b>Attachments</b>	Check or list all HICS Forms and other documents that are included in the Incident Action Plan (IAP).
4	<b>Prepared by Planning Section Chief</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
5	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.