

COMMUNICATIONS PLAN



Operation name:

Time:

Prepared by:

Date:

1. Operational Period for this Plan (Date and Time)

From:

To:

2. Key Contact Details

	LAND LINE	CELL PHONE	EMAIL / FAX / OTHER
Incident Controller			
Safety Advisor			
Operations Manager			

3. VHF Comms

	CHAN NAME	CHAN ID	BANK / CHAN #	COMMENTS
Command & Control				
Operations				
Team Simplex				
Air Ops Channel				

4. HF Comms

CHAN NAME	HF SCHEDULE TIME	COMMENTS

5. Notes / Other Comments

Approved:

Date/Time: