

Operation name:
Prepared by:

Time:
Date:

Operational Period	
From:	To:

## SAR INCIDENT ACTION PLAN (MULTI PERIOD)

The items checked below are included in this Incident Action Plan		
	Situation Report	Plan/Intel
	Missing Person Summary	Plan/Intel
	Incident Objectives	IMT
	Incident Management Team	IC
	Sector Assignment/s	Ops
	Safety Plan	IC
	Medical Plan	Logs
	Communications Plan	Logs
	Weather Forecast <i>(print and attach)</i>	Plan/Intel

Approved:	Date/time:
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# SITUATION REPORT



Operation name:

Time:

Prepared by:

Date:

Location:

Map/chart ref:

Situation:

Action taken by responders and others:

Factors impacting on planning:

Contingencies and long term planning:

Approved:

Date/time:

# MISSING PERSON SUMMARY



<b>Operation name:</b>	<b>Time:</b>
<b>Prepared by:</b>	<b>Date:</b>

<b>MP surname:</b>		<p>To insert pictures of the Missing Person in this box, turn off Protection, insert the Picture and turn Protection back on.</p>
<b>MP first name:</b>	<b>Age:</b>	
<b>AKA/nick name:</b>	<b>Gender:</b>	
<b>Hair colour/style:</b>	<b>Height:</b>	
<b>Build:</b>	<b>Weight:</b>	
<b>Headwear:</b>		
<b>Jacket/top:</b>		
<b>Pants:</b>		
<b>Footwear:</b>		
<b>Distinctive features:</b>		
<b>Equipment carried:</b>		
<b>Place last seen:</b>		
<b>PLS date/time:</b>		
<b>Last known point:</b>		
<b>LKP date/time:</b>		
<b>MP's intentions:</b>		
<b>Medical/state of mind:(incl meds carried/taken)</b>		
<b>MP's LP behaviour:</b>		
<b>The concerns held for this person:</b>		

<b>Approved:</b>	<b>Date/time:</b>
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# INCIDENT OBJECTIVES



Operation name:

Time:

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Date:

## Operational Period

From:

To:

Goal:

**Incident objectives for specified operational period** (what you want to achieve during this operational period – make them SMART)

**Strategies** – Take the time to determine the most effective and efficient way of achieving the above objectives – consider all tactical options available, either singularly or collectively e.g. tracking and dog teams collaborating to process the LKP.

Completed by (name):

Date/time:

Signed:

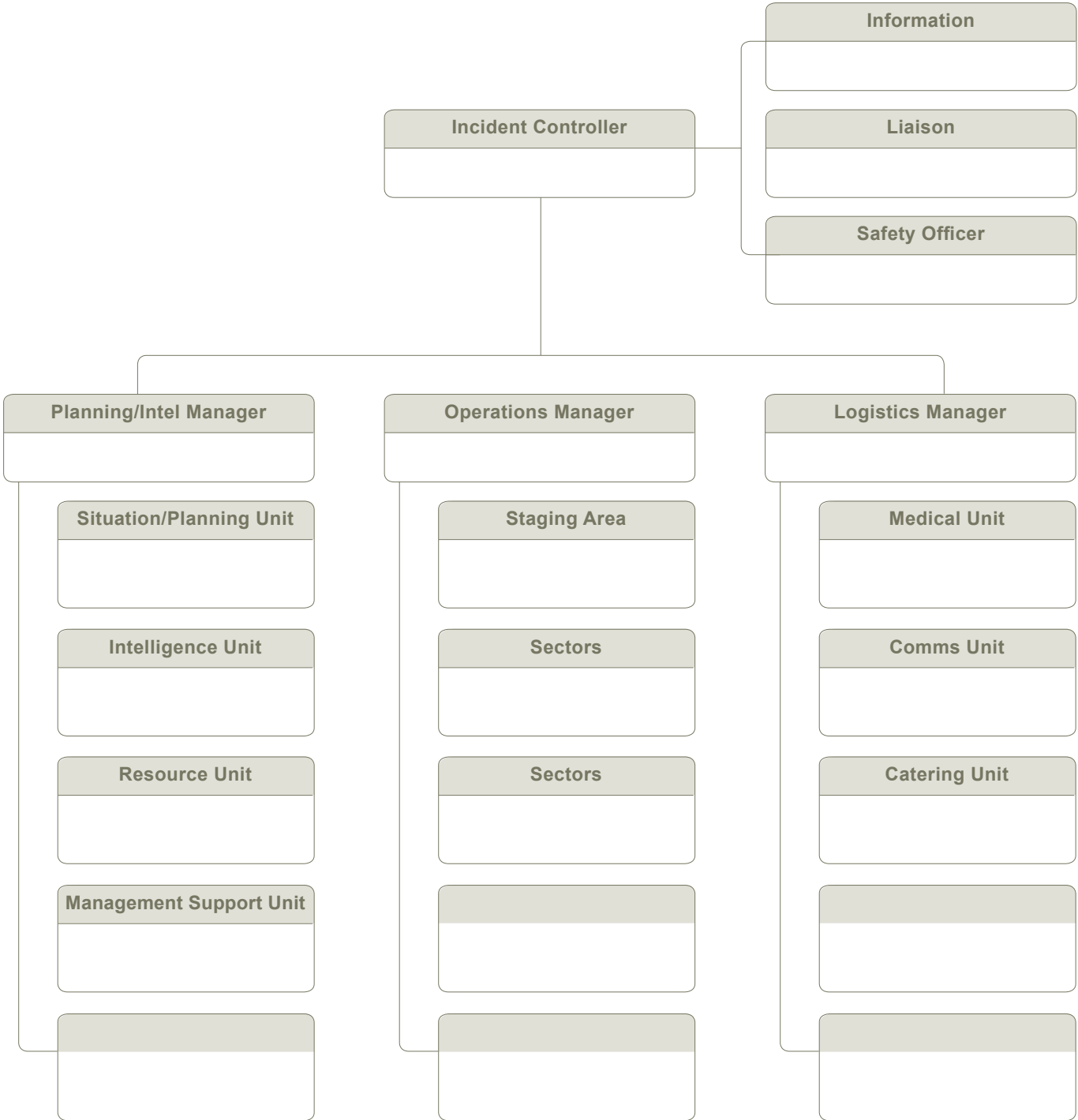
Date/time:

# INCIDENT MANAGEMENT TEAM



Operation name:	Time:
Prepared by:	Date:

Operational Period	
From:	To:



Other functional units to consider: Supply, ground support, facilities and other sectors for specialist roles such as air operation.

Approved:	Date/time:
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# SECTOR ASSIGNMENT/S



Operation name:	Time:
Prepared by:	Date:

Sector name:
Sector supervisor:
Sector boundaries:

Resources Assigned this Period		
Resource	Leader	Persons

**Sector assignment/special instructions:**

Communications (Refer to Comms Plan for additional information)			ICP Ph:	
VHF Rptr(s):		VHF Smpix:		Grnd to Air:
HF Channel	Day	Night	Police 7	
Times:				

**Additional information:**

<b>Approved:</b>	<b>Date/time:</b>
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# SAFETY PLAN



## Operation Name

## Operational Period

Date:

Time:

## General Safety Points

- (i) Everyone will be signed in and out and to and from the field assignments through the Incident Control Point or Staging Area (Resources Unit).
- (ii) Maintain regular situation reports (containing all relevant information) via line supervisors.

## Specific Safety Points

## Emergency Procedures / Rescue Plan

Approved:

Date/time:

# MEDICAL PLAN



<b>Operation Name</b>	<b>Operation Period</b>
	Date: _____ Time: _____

Medical Unit			
Name	Location	Phone/Radio Channel	Paramedics available at station

Transportation			
Service	Address	Phone/Radio Channel	Paramedics available

Medical Facilities					
Facility Name	Address	Phone	Travel Time		
			Road	Air	Heli Pad

**Special Emergency Procedures**

Prepared by (name): _____	Date/time: _____
Reviewed by safety officer (or IC): _____	Date/time: _____