

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:
------------------	-------------------

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



Operation name:	Time:
Prepared by:	Date:

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

Approved:	Date/time:
------------------	-------------------

INCIDENT OBJECTIVES



Operation name:

Time:

Prepared by:

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:

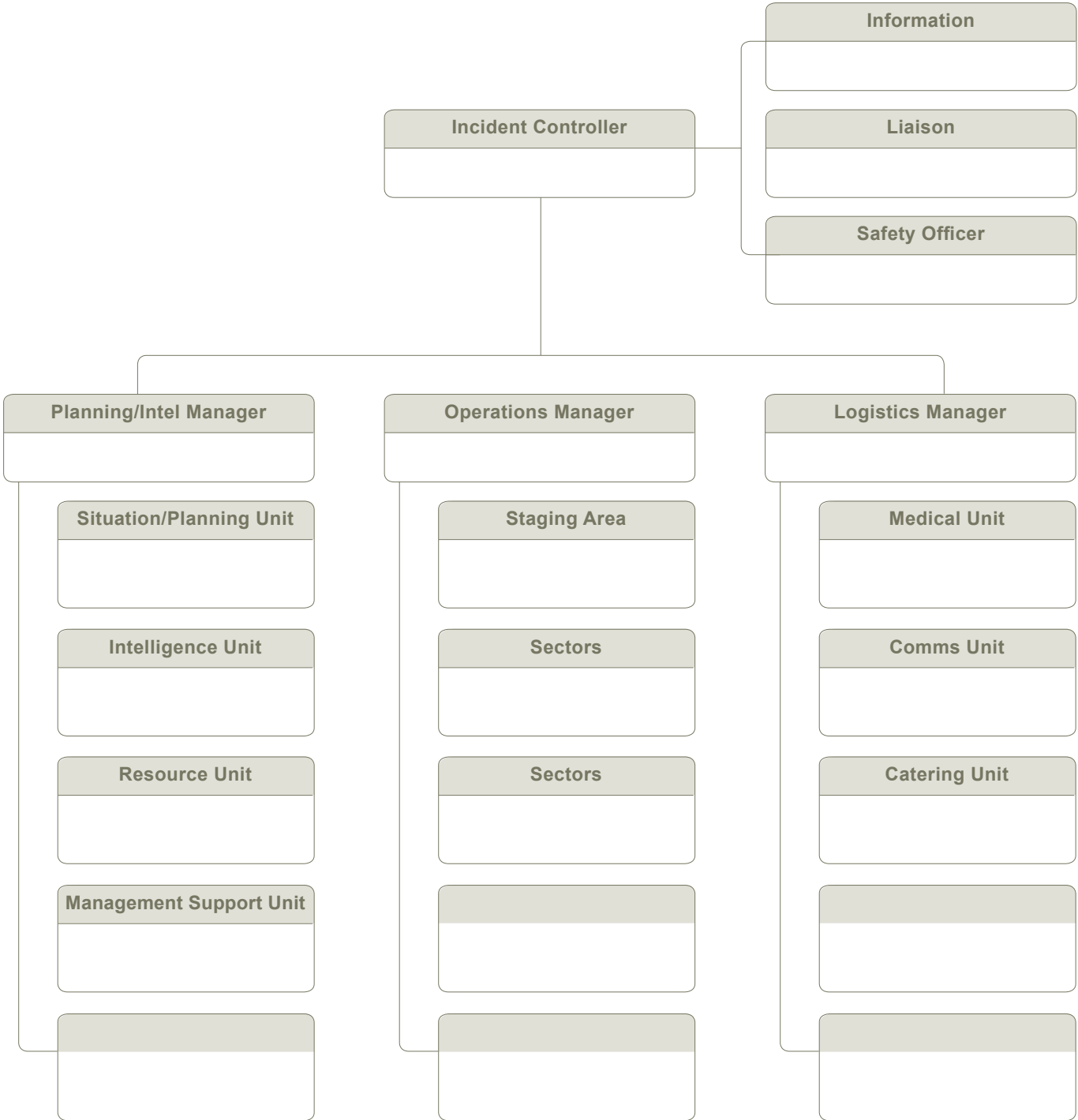
Date/time:

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:
-----------	------------

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:

Approved: _____ Date/time: _____

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



Operation Name	Operation Period
	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: _____