



**YFPD Incident Action Plan
OPS-GEN 411.6C**

<u>INCIDENT NAME</u>	<u>DATE PERPARED</u>
<u>INCIDENT LOCATION</u>	<u>FIRE DISTRICT</u> Yamhill Fire District
<u>OPERATIONAL PERIOD</u> Start Date/Time: _____ Finish Date/Time: _____	

<u>ATTACHMENTS (if attached)</u>					
<input type="checkbox"/>	Incident Objectives	<input type="checkbox"/>	Incident Considerations	<input type="checkbox"/>	Safety Brief
<input type="checkbox"/>	Communications Plan	<input type="checkbox"/>	Water Supply Operation	<input type="checkbox"/>	Medical/RehabPlan
<input type="checkbox"/>	Personnel Assignments	<input type="checkbox"/>	Pre-Incident Summary	<input type="checkbox"/>	Site Map
<input type="checkbox"/>	Release Forms/Reports	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

IAP PREPARED BY (printed name)	<u>SIGNATURE</u>
REVIEWED BY (printed name)	<u>SIGNATURE</u>
APPROVED BY (printed name)	<u>SIGNATURE</u>

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INCIDENT OBJECTIVES		<u>INCIDENT NAME</u>
<u>OPERATIONAL PERIOD</u>	DATE	TIME
<u>GENERAL INCIDENT OBJECTIVES</u>		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<u>WEATHER FORECAST</u> (for operational period)		
<u>GENERAL SAFETY MESSAGE</u>		
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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INCIDENT CONSIDERATIONS		<u>INCIDENT NAME</u>
<u>DESCRIPTION</u>		
<u>BUILDING CONSTRUCTION</u>	<u>TYPE</u>	<u>BUILT- Year</u>
<u>OCCUPANCY</u>		
<u>INTERIOR</u>		
<u>EXTERIOR</u>		
<u>ROOF</u>		
<u>EXPOSURES</u>		

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HAZARDS

FUEL SOURCE

IGNITION SOURCE

SPECIAL CONSIDERATIONS

TRAFFIC CONTROL PLAN

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SAFETY BRIEF	<u>INCIDENT NAME</u>
COMMUNICATION PLAN	<u>INCIDENT NAME</u>

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MEDICAL/REHAB PLAN		<u>INCIDENT NAME</u>	
<u>DISTRICT OF INCIDENT</u>		<u>ASA</u>	
<u>INCIDENT EMS</u>		<u>EMS OFFICER</u>	
<u>INCIDENT AMBULANCE</u>		<u>LEVEL OF SERVICE</u>	
<u>PIC/SENIOR MEDIC</u>	<u>EMT</u>	<u>EMT</u>	
<u>HOSPITAL INFORMATION</u>			
<u>CLOSEST HOSPITAL</u>		<u>CLOSEST LEVEL 1 HOSPITAL</u>	
<u>REHAB</u>		<u>REHAB OFFICER</u>	
<u>REHAB UNIT</u>		<u>AGENCY</u>	
<u>FACILITIES AVAILABLE ON SITE</u>		<u>LOCATION</u>	

Additional Instructions: PERSONNEL ASSIGNMENTS		<u>INCIDENT NAME</u>	
INCIDENT COMMAND		<u>LEAD INSTRUCTOR</u>	
SAFETY			
<u>SAFETY OFFICER</u>		<u>INTERIOR SAFETY</u>	
MEDICAL/REHAB			
<u>MEDICAL OFFICER</u>		<u>REHAB OFFICER</u>	
<u>EMT</u>		<u>SUPPORT</u>	
OPERATIONS			
<u>OPERATIONS CHIEF</u>		<u>ACCOUNTABILITY OFFICER</u>	
<u>INTERIOR OPERATIONS</u>	<u>WATER SUPPLY</u>		

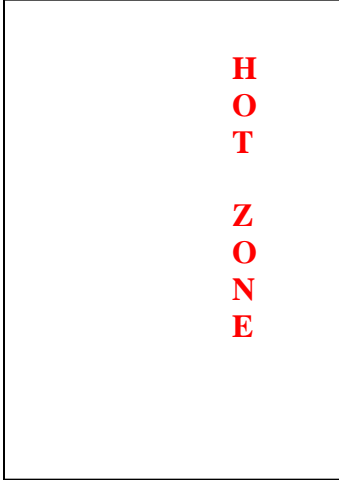
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ESTIMATED HOSE USAGE	
Appliances:	

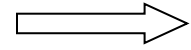
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RIT



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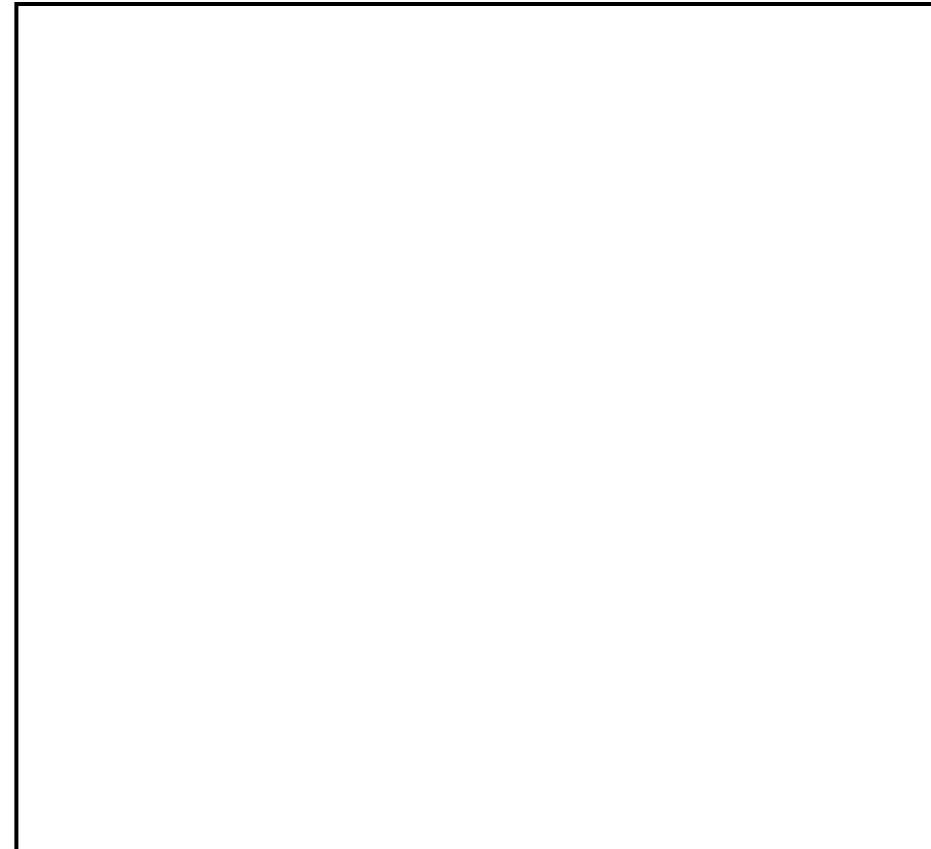


NORTH

“D”

“C”

“A”



“B”

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After Action Review	<u>INCIDENT NAME</u>

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