



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

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b>  DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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**3. Attachments** *The items checked below are included in this Incident Action Plan (IAP)*

- Incident Action Plan (IAP) Quick Start
- or
- HICS 201 - Incident Briefing
- HICS 202 - Incident Objectives
- HICS 203 - Organization Assignment List
- HICS 204 - Assignment List
- HICS 204 - Assignment List; Operations Section: Staging
- HICS 204 - Assignment List; Operations Section: Medical Care Branch
- HICS 204 - Assignment List; Operations Section: Infrastructure Branch
- HICS 204 - Assignment List; Operations Section: Security Branch
- HICS 204 - Assignment List; Operations Section: HazMat Branch
- HICS 204 - Assignment List; Operations Section: Business Continuity Branch
- HICS 204 - Assignment List; Operations Section: Patient Family Assistance Branch
- HICS 204 - Assignment List; Planning Section
- HICS 204 - Assignment List; Logistics Section: Service Branch
- HICS 204 - Assignment List; Logistics Section: Support Branch
- HICS 204 - Assignment List; Finance/Administration Section
- HICS 215A - Incident Action Plan (IAP) Safety Analysis

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**4. Prepared by  
Planning Section Chief**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

**5. Approved by  
Incident Commander**

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.