

# SAR INCIDENT ACTION PLAN (MULTI PERIOD)

Operation name:	Time:
Prepared by:	Date:

Operational Period	
From:	To:

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

<b>Operation name:</b>	<b>Time:</b>
<b>Prepared by:</b>	<b>Date:</b>
<b>Location:</b>	<b>Map/chart ref:</b>
<b>Situation:</b>	
<b>Action taken by responders and others:</b>	
<b>Factors impacting on planning:</b>	
<b>Contingencies and long term planning:</b>	
<b>Approved:</b>	<b>Date/time:</b>

# 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:</b> (incl meds carried/taken)		
<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

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

Operational Period	
<b>From:</b>	<b>To:</b>

**Goal:**

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

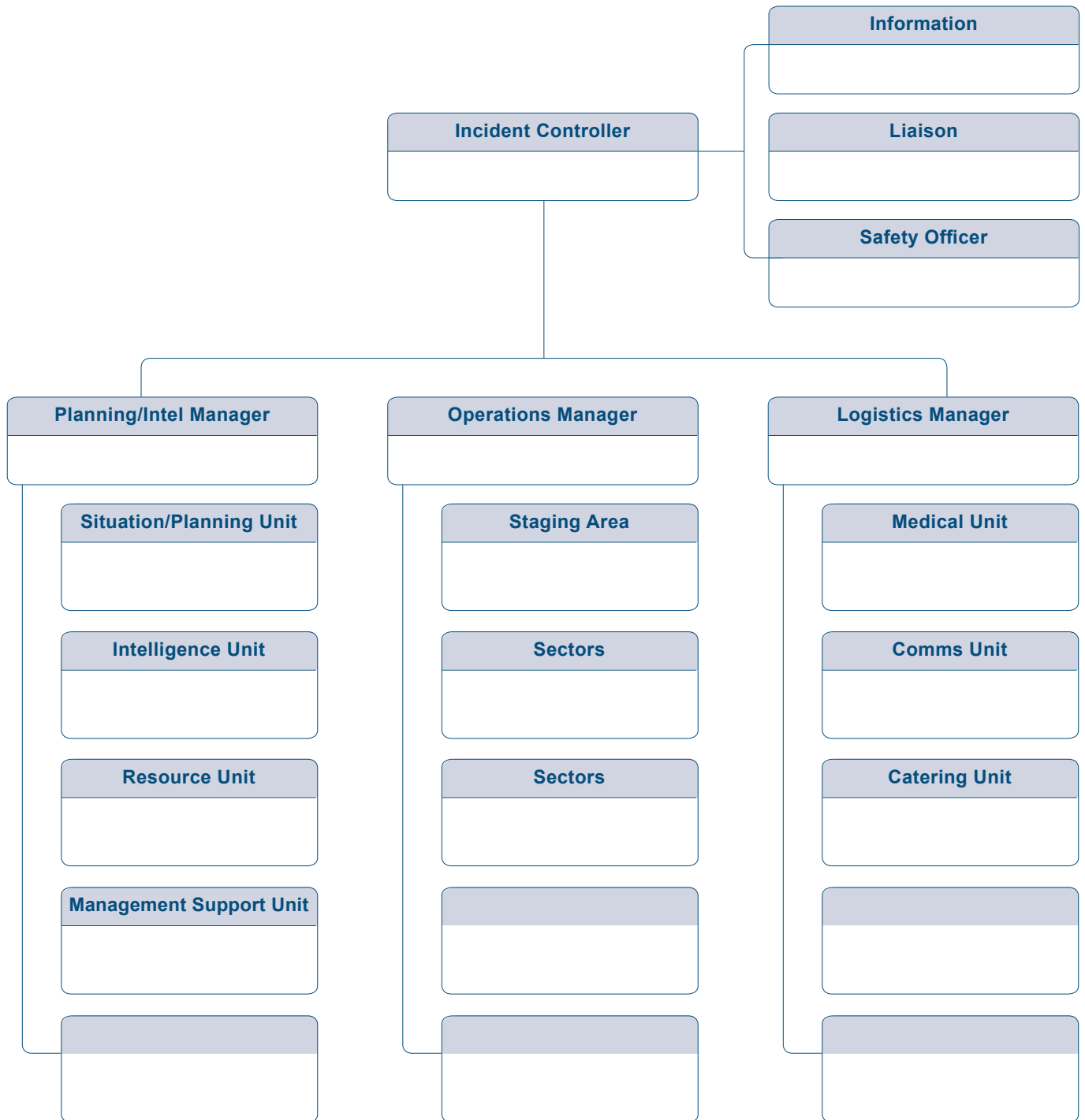
**Strategies** – Take the time to determine the most effective and efficient way of achieving the above objectives – consider all tactical options available, either singularly or collectively e.g. tracking and dog teams collaborating to process the LKP.

<b>Completed by (name):</b>	<b>Date/time:</b>
<b>Signed:</b>	<b>Date/time:</b>

# 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

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

<b>Sector name:</b>
<b>Sector supervisor:</b>
<b>Sector boundaries:</b>

Resources Assigned this Period		
Resource	Leader	Persons

<b>Sector assignment/special instructions:</b>
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<b>Communications</b> (Refer to Comms Plan for additional information)		<b>ICP Ph:</b>	
<b>VHF Rptr(s):</b>	<b>VHF Smplx:</b>	<b>Grnd to Air:</b>	
<b>HF Channel</b>	<b>Day</b>	<b>Night</b>	<b>Police 7</b>
<b>Times:</b>			

<b>Additional information:</b>
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<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>
	<b>Date:</b> _____ <b>Time:</b> _____

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

<b>Special Emergency Procedures</b>

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