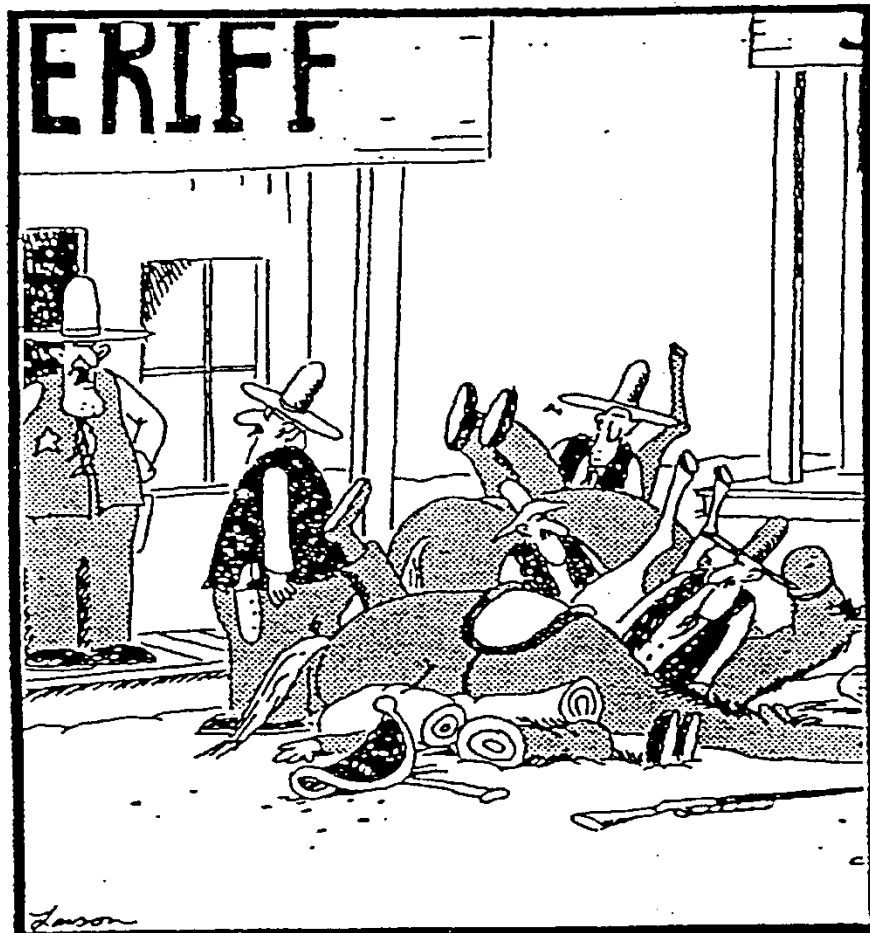


INCIDENT ACTION PLAN

All Hazard Planning Section Chief

L 962



"And so you just threw everything together? ...
Mathews, a posse is something
you have to organize."



SANDWICH POLICE DEPARTMENT
NOVEMBER 15-18, 2021

Scan for electronic copy IAP

Incident Objectives (ICS 202)

1. Incident Name: PLANNING SECTION CHIEF	2. Operational Period: Date From 11/15/21 Date To: 11/18/21 Time From: 0730 Time To: 1730			
3. Objective(s): ➤ Provide a safe and comfortable classroom environment, and ensure there is accountability for all students during any emergency situation that impacts the classroom or training facility. ➤ Meet all Unit instructional objectives for the Planning Section Chief class by close of class on November 18, 2021 as indicated by students successfully passing final exam. ➤ Return Incident Facilities to clean and orderly condition at completion of the incident ➤ Ensure proper completion of registration and testing forms for all students and submit to John Burke within three working days post incident for submission to FEMA for processing and certification.				
4. Operational Period Command Emphasis: There are a lot of electronic diversions to students in this class; electronic student reference guides, handouts, examples, exercise references and additional real world electronic examples provided by the instructors. But this is an in-class course so let's not let these diversions distract us from the classroom communications and information available at hand and take advantage of this opportunity.				
General Situational Awareness : SAFETY: Follow COVID 19 pandemic precautions regardless of vaccination status. Social distancing, masking when needed, and good hygiene are all steps to follow. Weather forecast: Monday: Becoming partly cloudy after some morning rain. High 53F. Winds W at 10 to 15 mph. Chance of rain 70%. Overnight, some clouds early will give way to generally clear conditions overnight. Low 34F. Winds WNW at 10 to 20 mph. Tuesday: A mainly sunny sky. High 48F. Winds WNW at 15 to 25 mph. Overnight, mostly clear sky. Low 34F. Winds W at 10 to 15 mph. Wednesday: Intervals of clouds and sunshine. High around 55F. Winds SW at 10 to 20 mph. Overnight. Partly cloudy. Low 49F. Winds SW at 10 to 20 mph. Thursday: Mainly cloudy. High 61F. Winds SW at 15 to 25 mph. Overnight, Considerable cloudiness. Low 39F. Winds W at 10 to 20 mph.				
5. Site Safety Plan Required? Yes ☐ No ☒ Approved Site Safety Plan(s) Located at:				
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> ☒ ICS 203 ☐ ICS 207 ☒ ICS 204 ☐ ICS 208 ☐ ICS 205 ☐ Map/Chart ☐ ICS 205A ☐ Weather Forecast/Tides/Currents ☐ ICS 206 </td> <td style="width: 33%; vertical-align: top;"> <u>Other Attachments:</u> ☒ Activity Logs ICS 214 ☐ _____ ☐ _____ ☐ _____ </td> </tr> </table>			☒ ICS 203 ☐ ICS 207 ☒ ICS 204 ☐ ICS 208 ☐ ICS 205 ☐ Map/Chart ☐ ICS 205A ☐ Weather Forecast/Tides/Currents ☐ ICS 206	<u>Other Attachments:</u> ☒ Activity Logs ICS 214 ☐ _____ ☐ _____ ☐ _____
☒ ICS 203 ☐ ICS 207 ☒ ICS 204 ☐ ICS 208 ☐ ICS 205 ☐ Map/Chart ☐ ICS 205A ☐ Weather Forecast/Tides/Currents ☐ ICS 206	<u>Other Attachments:</u> ☒ Activity Logs ICS 214 ☐ _____ ☐ _____ ☐ _____			
7. Prepared by: Name: Bob Panko _____ Position/Title: DPIC _____ Signature:				
8. Approved by Incident Commander: Name: _____ Bill Campbell _____ Signature: (Electronic Approval) _____				
ICS 202	IAP Page <u>2</u>	Date/Time: <u>11/12/21 1300</u>		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: PLANNING SECTION CHIEF		2. Operational Period: Date From: 11/15/21 Date To: 11/18/21 Time From: 0730 Time To: 1730	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs	Bill Campbell (518-605-8941)	Chief	
Deputy	Bob Panko (305-323-1385)	Deputy	
		Staging Area	
Safety Officer			
Public Info. Officer			
Liaison Officer			
4. Agency/Organization Representatives:			
Sandwich Fire Dept	John Burke (774-313-0178)		
5. Planning Section:			
Chief			
Deputy			
Resources Unit	Bob Panko		
Situation Unit			
Documentation Unit	Bill Campbell	Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: <u>Bob Panko</u> Position/Title: <u>DPIC</u> Signature: 			
ICS 203		IAP Page <u>3</u>	
Date/Time: <u>11/12/21 1300</u>			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: PLANNING SECTION CHIEF		2. Operational Period: Date From: 01/15/21 Date To: 11/15/21 Time From: 0730 Time To: 1700		3. Branch: Division: Group: Staging Area:
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____				
5. Resources Assigned:		# of Persons	Scheduled Times	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
Unit 1 – Course Overview	Bob Panko	2	0830-1030	DP1-
Unit 2- Overview of the Planning Section	Bob Panko	2	1045-1100	DP1
Unit 3- Overview of the Resources Unit	Bill Campbell	2	1115-1600	DP1

6. Work Assignments:
 Unit 1- Pretest; Activity 1.1; ICS214
 Unit 2- Handouts Position Checklist; Expectations of IMT Members; Planning P; ICS202
 Unit 3- Activity 3.1; Handouts = RESL Position Checklist, Operational Period Planning Cycle, ICS Forms Responsibility & Distribution, ICS Form 211 Incident Check-in List, ICS T-Card System, ICS Form 203, ICS Form 204, ICS Form 207, ICS Form 219

 ICS Form 219 T-Card Activity (includes 15 ICS form files: ICS Form 210, 2 pages ICS Form 215, and 12 ICS Form 219)
 Provide 10 min break each hour.
 Lunch break to be determined.
 Students will prepare Activity Logs at end of the day.

7. Special Instructions:
 The links below will connect students to materials for each unit:

http://riskybusinessincidentmanagement.com/ftp/Planning_Section_Chief_Course/Unit1_Access/
http://riskybusinessincidentmanagement.com/ftp/Planning_Section_Chief_Course/Unit2_Access/
http://riskybusinessincidentmanagement.com/ftp/Planning_Section_Chief_Course/Unit3_Access/

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)

9. Prepared by: Name: Bob Panko Position/Title: DPIC Signature:

ICS 204	IAP Page <u>4</u>	Date/Time: 11/12/21 1300
---------	-------------------	--------------------------

ASSIGNMENT LIST (ICS 204)

1. Incident Name: PLANNING SECTION CHIEF		2. Operational Period: Date From: 11/16/21 Date To: 11/16/21 Time From: 0730 Time To: 1700		3. Branch: Division: Group: Staging Area:
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
5. Resources Assigned:		# of Persons	Scheduled Times	
Resource Identifier	Leader			
OP Briefing	Bob Panko	1	0830-0850	DP1
Unit 4- Overview of the Situation Unit	Bill Campbell	2	0850-1200	DP1
Unit 5- Initial Response	Bob Panko	2	1230-1600	DP1

6. Work Assignments:
 Unit 4- Activity 4.1;
 Handouts: Situation Unit Leader Position Checklist, Operational Period Planning Cycle (Planning P), Verbal Situation Briefing Outline, ICS Form 209 with Instructions, Sample ICS Form 209, SITL Map Products for Meetings & Briefings, Map Request Form

 Unit 5- Activity 5.1
 Handouts: All-Hazards Complexity Analysis, Essential Elements of an Agency Administrator Briefing, Agency Administrator Briefing Checklist Template, Delegation of Authority Example, Return of Delegation of Authority Example Incident Transition Plan Sample

7. Special Instructions:
 The links below will connect students to materials for each unit:

http://riskybusinessincidentmanagement.com/ftp/Planning_Section_Chief_Course/Unit4_Access/
http://riskybusinessincidentmanagement.com/ftp/Planning_Section_Chief_Course/Unit5_Access/

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

9. Prepared by: Name: Bob Panko _____ Position/Title: DPIC _____ Signature:  _____

ICS 204	IAP Page <u>5</u>	Date/Time: : 11/12/21 1300
---------	-------------------	----------------------------

ASSIGNMENT LIST (ICS 204)

1. Incident Name: PLANNING SECTION CHIEF		2. Operational Period: Date From: 11/17/21 Date To: 11/17/21 Time From: 0800 Time To: 1700		3. Branch: Division: Group: Staging Area:	
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____					
5. Resources Assigned:			# of Persons	Scheduled Times	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
OP Briefing	Bob Panko	2	0830-0850	DP1	
Unit 6 – Operational Period Planning Cycle	Bill Campbell / Bob Panko	2	0850-1600	DP1	

6. Work Assignments:
 Unit 6: Activity 6.1: The Planning Meeting, Planning P video – Planning Meeting segment
 Activity 6.2: IAP Preparation
 Activity 6.3: ICS Form 209 Preparation
 Handouts: Sample Planning Meeting Agenda, Sample Incident Action Plan, IAP Assembly Checklist, Sample Operational Briefing Agenda

7. Special Instructions:
 The link below will connect students to materials for this unit:

http://riskybusinessincidentmanagement.com/ftp/Planning_Section_Chief_Course/Unit6_Access/

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

9. Prepared by: Name: Bob Panko	Position/Title: DPIC	Signature:
--	----------------------	------------

ICS 204	IAP Page <u>6</u>	Date/Time: _____
---------	-------------------	------------------

ASSIGNMENT LIST (ICS 204)

1. Incident Name: PLANNING SECTION CHIEF		2. Operational Period: Date From: 11/18/21 Date To: 11/18/21 Time From: 0800 Time To: 1700		3. Branch: Division: Group: Staging Area:											
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____															
5. Resources Assigned:		# of Persons	Scheduled Times	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information											
Resource Identifier	Leader														
OP Briefing	Bob Panko	2	0830-0850	DP1											
Unit 7- Interactions	Bob Panko	1	0850-1050	DP1											
Unit 8 –Overview of Documentation & Demobilization Units	Bill Campbell	2	1100-1200	DP1											
AAR & Exam	Cadre	2	1230-1600	DP1											
6. Work Assignments: Unit 7: Activity 7.1 Handouts: ICS Form 225, PSC Self Evaluation, Indicators of IMT Success Unit 8: Handouts: Documentation Unit Leader Position Checklist, All-Hazards Documentation Unit Leader Filing System. Demobilization Unit Leader Position Checklist, Sample Demobilization Plan, Demobilization Plan Template, ICS Form 221 Demobilization Checklist Handout 8-6: Provide 10 min break each hour. Instead of the ICS214 Activity Log, students will complete FEMA overall course evaluation form and submit before final exam.															
7. Special Instructions: The links below will connect students to materials for each unit: http://riskybusinessincidentmanagement.com/ftp/Planning_Section_Chief_Course/Unit7_Access/ http://riskybusinessincidentmanagement.com/ftp/Planning_Section_Chief_Course/Unit8_Access/															
8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%;"> <tr> <td style="width: 35%;">Name/Function</td> <td style="width: 65%;">Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> </table>						Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	_____ / _____	_____	_____ / _____	_____	_____ / _____	_____	_____ / _____	_____
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)														
_____ / _____	_____														
_____ / _____	_____														
_____ / _____	_____														
_____ / _____	_____														
9. Prepared by: Name: Bob Panko Position/Title: DPIC Signature: 															
ICS 204	IAP Page <u>7</u>	Date/Time: : 11/12/21 1300													

ACTIVITY LOG (ICS 214)

1. Incident Name: PLANNING SECTION CHIEF		2. Operational Period: Date From: 11/15/21 Time From:		Date To: 11/15/21 Time To:
3. Name:		4. ICS Position: STUDENT		5. Home Agency (and Unit):
6. Resources Assigned:				
Name		ICS Position		Home Agency (and Unit)
NOTE: THIS FORM IS BEING USED				
SOLELY AS A METHOD OF				
GATHERING STUDENT INPUT				
INTO THE PRESENTATIONS.				
PLEASE LET US KNOW WHAT YOU				
THINK. THESE INPUTS ARE ONLY				
FOR THE INSTRUCTORS!				
7. Activity Log:				
Date/Time	Notable Activities			
	<u>SUMMARIZE IN YOUR OWN WORDS</u>			
	1-INSTUCTOR EFFECTIVENESS			
	2-USE OF VISUAL AIDS			
	3-COURSE MATERIAL			
	4-EFFECTIVENESS OF PRACTICAL EXERCISES			
	5-CLASSROOM SETTING			
	6-OTHER COMMENTS			
	(YOU ARE NOT OBLIGATED TO SIGN THE FORM IF YOU WANT TO BE ANONYMOUS)			
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 214, Page 8		Date/Time: _____		

ACTIVITY LOG (ICS 214)

1. Incident Name: PLANNING SECTION CHIEF		2. Operational Period: Date From:11/16/21 Time From:		Date To: 11/16/21 Time To:
3. Name:		4. ICS Position: STUDENT		5. Home Agency (and Unit):
6. Resources Assigned:				
Name		ICS Position		Home Agency (and Unit)
NOTE: THIS FORM IS BEING USED				
SOLELY AS A METHOD OF				
GATHERING STUDENT INPUT				
INTO THE PRESENTATIONS.				
PLEASE LET US KNOW WHAT YOU				
THINK. THESE INPUTS ARE ONLY				
FOR THE INSTRUCTORS!				
7. Activity Log:				
Date/Time	Notable Activities			
	<u>SUMMARIZE IN YOUR OWN WORDS</u>			
	1-INSTRUCTOR EFFECTIVENESS			
	2-USE OF VISUAL AIDS			
	3-COURSE MATERIAL			
	4-EFFECTIVENESS OF PRACTICAL EXERCISES			
	5-CLASSROOM SETTING			
	6-OTHER COMMENTS			
	(YOU ARE NOT OBLIGATED TO SIGN THE FORM IF YOU WANT TO BE ANONYMOUS)			
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 214, Page 9		Date/Time: _____		

ACTIVITY LOG (ICS 214)

1. Incident Name: PLANNING SECTION CHIEF		2. Operational Period: Date From:11/7/21 Time From:		Date To: 11/17/21 Time To:
3. Name:		4. ICS Position: STUDENT		5. Home Agency (and Unit):
6. Resources Assigned:				
Name		ICS Position		Home Agency (and Unit)
NOTE: THIS FORM IS BEING USED				
SOLELY AS A METHOD OF				
GATHERING STUDENT INPUT				
INTO THE PRESENTATIONS.				
PLEASE LET US KNOW WHAT YOU				
THINK. THESE INPUTS ARE ONLY				
FOR THE INSTRUCTORS!				
7. Activity Log:				
Date/Time	Notable Activities			
	<u>SUMMARIZE IN YOUR OWN WORDS</u>			
	1-INSTUCTOR EFFECTIVENESS			
	2-USE OF VISUAL AIDS			
	3-COURSE MATERIAL			
	4-EFFECTIVENESS OF PRACTICAL EXERCISES			
	5-CLASSROOM SETTING			
	6-OTHER COMMENTS			
	(YOU ARE NOT OBLIGATED TO SIGN THE FORM IF YOU WANT TO BE ANONYMOUS)			
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 214, Page 10		Date/Time: _____		