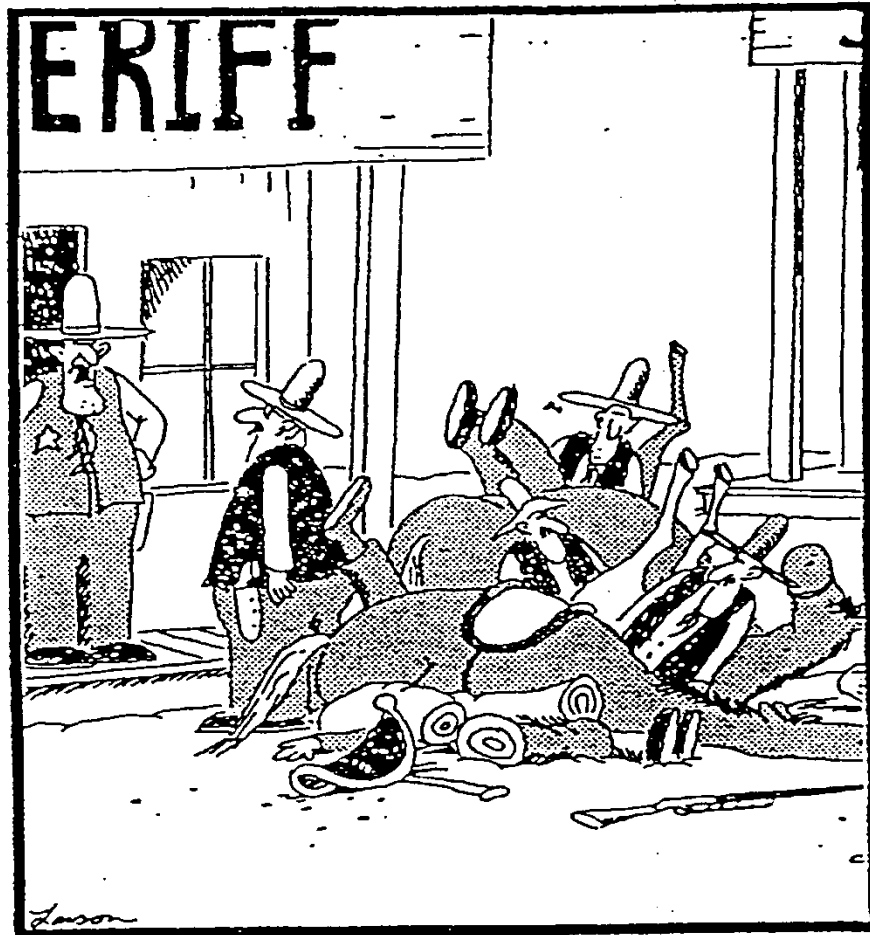


# INCIDENT ACTION PLAN

1400

## ICS FOR MAJOR/COMPLEX INCIDENTS



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

August 16-17, 2017  
ADELPHI UNIVERSITY, SUFFOLK CTY



## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> ADELPHI / SUFFOLK I400	<b>2. Operational Period:</b> Date From: 08/16/17 Time From: 0730	Date To: 08/17/17 Time To: 1700
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**3. Objective(s):**

1-Provide a safe and comfortable classroom environment and if an emergency occurs that impacts the classroom or training facility ensure accountability of all incident personnel.

2- Ensure all Unit instructional objectives of the national ICS400 curriculum are met as documented by 100% of students successfully passing the final course exam administered on August 17, 2017..

3-Return Incident Facilities to clean and orderly condition at completion of incident

4-Provide documentation of course completion to NYOEM by submitting completed final exams, student registration materials and instructor time and travel by to NYOEM by August 21, 2017.

**4. Operational Period Command Emphasis:**

This is a course about the ICS processes used on very large scale and long duration incidents. Some of the concepts are things used frequently on large scale incidents, while some of the concepts and methods are only rarely used. Most students may have a limited background on these large scale / long duration incidents, so it is valuable for students to allow themselves to open themselves to new concepts.

General Situational Awareness : Weather forecast

**Wednesday 08/16:** Sunshine and clouds mixed. High 86F. Winds WNW at 5 to 10 mph. Overnight: A few clouds from time to time. Low 69F. Winds S at 5 to 10 mph.

**Thursday 08/17:** Showers early, becoming a steady rain later in the day. High around 80F. Winds SSE at 10 to 15 mph. Chance of rain 70%. Overnight: Partly cloudy skies in the evening, then becoming cloudy overnight. Low 68F. Winds SE at 5 to 10 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):


<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> ICS 214 Activity Log
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forcast/Tides/Currents	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____

**7. Prepared by:** Name: Bob Panko \_\_\_\_\_ Position/Title: ICT4 \_\_\_\_\_ Signature: *Robert A Panko*


**8. Approved by Incident Commander:** Name: \_\_\_\_\_ Bob Panko \_\_\_\_\_ Signature: *Robert A Panko*

ICS 202	IAP Page <u>2</u>	Date/Time: 08/13/17 1310
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## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> ADELPHI / SUFFOLK I400		<b>2. Operational Period:</b> Date From: 08/16/17 Time From: 0730		<b>Date To:</b> 08/17/17 <b>Time To:</b> 1700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	Bob Panko (305-323-1385)	Chief			
		Deputy			
Deputy		Staging Area			
Safety Officer		<b>Branch</b>			
Public Info. Officer		Branch Director			
Liaison Officer		Deputy			
<b>4. Agency/Organization Representatives:</b>			Task Force Ldr	Frank Messar	(914)-512-1385
Agency/Organization		Task Force Ldr	Bob Panko	(305) 323-1385	
		Group			
NY STATE OFFICE OF EMERGENCY MNGT	John Thomsen (518) 292-2361	Division/Group			
		Division/Group			
		<b>Branch</b>			
		Branch Director			
		Deputy			
<b>5. Planning Section:</b>			Division/Group		
Chief		Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit		<b>Branch</b>			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
		Division/Group			
<b>6. Logistics Section:</b>			Division/Group		
Chief		Division/Group			
Deputy		<b>Air Operations Branch</b>			
<b>Support Branch</b>		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit		<b>8. Finance/Administration Section:</b>			
Ground Support Unit		Chief			
<b>Service Branch</b>		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
<b>9. Prepared by:</b> Name: Bob Panko _____ Position/Title: ICT4 _____ Signature:  _____					
ICS 203		IAP Page <u>  3  </u>		Date/Time: 08/13/17 1315 _____	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> ADELPHI / SUFFOLK I400		<b>2. Operational Period:</b> Date From: 08/16/17      Date To: 08/16/17 Time From: 0800              Time To: 1700		<b>3.</b> <b>Branch:</b>
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____			<b>Division:</b>	
Operations Section Chief: _____			<b>Group:</b>	
Branch Director: _____			<b>Staging Area:</b>	
Division/Group Supervisor: _____				
<b>5. Resources Assigned:</b>				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	# of Persons	Scheduled Times	
UNIT 1-COURSE OVERVIEW	Bob Panko	2	0830-0920	
UNIT 2-ICS REVIEW	Frank Messar	2	0930-1145	
UNIT 3-MAJOR INC MNGT	Bob Panko	2	1245-1615	
<b>6. Work Assignments:</b> Module Leaders to provide 10 min break each hour. Students will prepare Activity Logs at end of the day and submit to IC. Lunch break at 1145 to beat the crowds.				
<b>7. Special Instructions:</b> IC and Task Force Leaders will prep room and ensure all av equipment is functional and course materials are on hand starting at 0800.				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):				
Name/Function _____		Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____		
/ _____		_____		
/ _____		_____		
/ _____		_____		
/ _____		_____		
<b>9. Prepared by:</b> Name: Bob Panko _____ Position/Title: ICT4 _____ Signature:  _____				
ICS 204	IAP Page <u>4</u>	Date/Time: 08/13/17 - 1330 _____		

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> ADELPHI / SUFFOLK I400		<b>2. Operational Period:</b> Date From: 08/17/17      Date To: 08/17/17 Time From: 0800              Time To: 1700		<b>3.</b> <b>Branch:</b>
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____			<b>Division:</b>  <b>Group:</b>  <b>Staging Area:</b>	
<b>5. Resources Assigned:</b>		<b># of Persons</b>	<b>Scheduled Times</b>	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
<b>Resource Identifier</b>	<b>Leader</b>			
OP Briefing	Bob Panko	2	0830-0900	DP1
UNIT 4-AREA COMMND	Bob Panko	2	0910-1145	DP1
UNIT 5-MULTI AGENCY COORD	Frank Messar	2	1245-1500	DP1
UNIT 6-SUMMARY / EXAM	Bob Panko	2	1500-1600	DP1
<b>6. Work Assignments:</b> Module Leaders to provide 10 min break each hour. Lunch break 1145 Students will complete NYSOEM Course Evaluation and submit to IC for review and submission to NYSOEM Training Division.				
<b>7. Special Instructions:</b> IC and Task Force Leaders will prep room and ensure all av equipment is functional and course materials are on hand starting at 0800.				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ _____/_____ _____/_____ _____/_____ _____/_____				
<b>9. Prepared by:</b> Name: Bob Panko _____ Position/Title: ICT4 _____ Signature:  _____				
ICS 204	IAP Page <u>  5  </u>	Date/Time: 08/13/17 1330 _____		



## ACTIVITY LOG (ICS 214)

<b>1. Incident Name:</b> ADELPHI / SUFFOLK I400		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Name:</b> _____		<b>4. ICS Position:</b> STUDENT	<b>5. Home Agency (and Unit):</b> _____
<b>6. Resources Assigned:</b>			
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!			
<b>7. Activity Log:</b>			
Date/Time	Notable Activities		
	<b><u>SUMMARIZE IN YOUR OWN WORDS</u></b>		
	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)		
<b>8. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
<b>ICS 214, Page 6</b>		Date/Time: _____	

