

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*."

March 15-16, 2018
STATE PREPAREDNESS TRAINING CENTER,
ORISKANY, NY



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: SPTC I400	2. Operational Period: Date From: 03/15/18 Time From: 0800	Date To: 03/16/18 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 March 16, 2018.

- 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 to NYOEM by March 19, 2018.

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 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 be open to new concepts.

General Situational Awareness : Weather forecast

Thursday 03/15 - Mainly cloudy with snow showers around in the morning. High 33F. Winds W at 15 to 25 mph. Chance of snow 50%. Night: Cloudy skies. A few flurries or snow showers possible. Low around 20F. Winds WNW at 10 to 15 mph.

Friday 03/16 - Cloudy. A few flurries or snow showers possible. High 26F. Winds WNW at 15 to 25 mph. Night; Cloudy skies early, then partly cloudy after midnight. Low 16F. Winds WNW 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):

<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"/> <u>ICS 214 Activity Log</u>
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/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: _____ Robert Panko _____ Signature: *Robert A Panko*

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: SPTC I400		2. Operational Period: Date From: 03/15/18 Time From: 0800		Date To: 03/16/18 Time To: 1700				
3. Incident Commander(s) and Command Staff:			7. Operations Section:					
IC/UCs	Bob Panko (305-323-1385)	Chief						
		Deputy						
Deputy	Bill Campbell (518-605-8941)	Staging Area						
Safety Officer		Branch						
Public Info. Officer		Branch Director						
Liaison Officer		Deputy						
4. Agency/Organization Representatives:			Task Force Ldr					
Agency/Organization		Task Force Ldr						
SPTC	Bob Stallman (315) 235-0649	Group						
		Division/Group						
		Division/Group						
		Branch						
		Branch Director						
		Deputy						
5. Planning Section:			Division/Group					
Chief		Division/Group						
Deputy		Division/Group						
Resources Unit		Division/Group						
Situation Unit		Division/Group						
Documentation Unit		Branch						
Demobilization Unit		Branch Director						
Technical Specialists		Deputy						
		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						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">9. Prepared by: Name: Bob Panko</td> <td style="width: 33%;">Position/Title: ICT4</td> <td style="width: 33%;">Signature: </td> </tr> </table>						9. Prepared by: Name: Bob Panko	Position/Title: ICT4	Signature:
9. Prepared by: Name: Bob Panko	Position/Title: ICT4	Signature:						
ICS 203	IAP Page <u> 3 </u>	Date/Time: 03/06/18 0930						

ASSIGNMENT LIST (ICS 204)

1. Incident Name: SPTC I400		2. Operational Period: Date From: 03/15/18 Date To: 03/15/18 Time From: 0800 Time To: 1700		3. Branch:
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____			Division:	
Operations Section Chief: _____			Group:	
Branch Director: _____			Staging Area:	
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		0800-0830	DP1
UNIT 2-ICS REVIEW FOR C&G	Bill Campbell		0845-1145	DP1
UNIT 3-MAJOR INC MNGT	Bob Panko		1245-1615	DP1
6. Work Assignments:				
IC/DPIC will prep room and ensure all A/V equipment is functional and course materials are on hand starting at 0700.				
Module Leaders to provide 10 min break each hour.				
Students will prepare Activity Logs at end of the day and submit to IC.				
7. Special Instructions:				
Students and Instructors must abide by all processes and rules of the State Preparedness Training Center.				
Beverages / snacks provided in cafeteria.				
Lunch provided in cafeteria. Lunch time determined by State Preparedness Training Center.				
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: ICT4 _____ Signature:  _____				
ICS 204	IAP Page <u> 4 </u>	Date/Time: 03/06/18 0930 _____		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: SPTC I400		2. Operational Period: Date From: 03/16/18 Date To: 03/16/18 Time From: 0800 Time To: 1700		3. Branch:
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____			Division:	
Operations Section Chief: _____			Group:	
Branch Director: _____			Staging Area:	
Division/Group Supervisor: _____				
5. Resources Assigned:				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	# of Persons	Scheduled Times	
OP Briefing	Bob Panko		0800-0820	
UNIT 4-AREA COMMND	Bob Panko		0820-1145	
UNIT 5-MULTI AGENCY COORD	Bill Campbell		1245-1500	
UNIT 6-SUMMARY / EXAM	Bob Panko		1500-1600	
6. Work Assignments:				
IC/DPIC will prep room and ensure all A/V equipment is functional and course materials are on hand starting at 0730.				
Students will complete NYSOEM Course Evaluation and submit to IC for review and submission to NYSOEM Training Division.				
7. Special Instructions:				
Students and Instructors must abide by all processes and rules of the State Preparedness Training Center. Beverages / snacks provided in cafeteria.				
Lunch provided in cafeteria. Lunch time determined by State Preparedness Training Center.				
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: ICT4 _____ Signature: <i>Robert A Panko</i> _____				
ICS 204	IAP Page <u>5</u>	Date/Time: 03/06/18 0940 _____		

1. Incident Name: SPTC I400		2. Operational Period: Date From: 03/15/18 Date To: 03/15/18	
		Time From: _____ 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 6		Date/Time: _____	

