

# Action Plan

Incident/ Event Name:		Jurisdiction/ Agency:	
Date Prepared:		Time Prepared:	Tracking No.:
Prepared for Operational Period No.:		Start Date&Time:	End Date&Time:

**Objectives/Priorities:** What high-level activities are necessary to complete during this next operational period?

1.			
Related Tasks		Responsible	
Related Tasks		Responsible	
Related Tasks		Responsible	
2.			
Related Tasks		Responsible	
Related Tasks		Responsible	
Related Tasks		Responsible	
3.			
Related Tasks		Responsible	
Related Tasks		Responsible	
Related Tasks		Responsible	
4.			
Related Tasks		Responsible	
Related Tasks		Responsible	
Related Tasks		Responsible	
5.			
Related Tasks		Responsible	
Related Tasks		Responsible	
Related Tasks		Responsible	
6.			
Related Tasks		Responsible	
Related Tasks		Responsible	
Related Tasks		Responsible	

Recommended by:	Planning Chief	Approved by:	Director	Date/Time Approved
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Distribution: Mgmt Team  Planning  EOCD  EOC Personnel  Other: \_\_\_\_\_

**EOC Sign-In / Sign-Out Log**

Facility Name:

Facility Location:

Date:

<b>Print Name (First and Last)</b>	<b>Agency/Organization</b>	<b>Time In</b>	<b>Signature</b>	<b>EOC Role <u>OR</u> Person Meeting</b>	<b>Time Out</b>	<b>Initials</b>

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# Incident Report

Original Report:  **OR** Incident Update:  Update #:

Date of Incident or Update:  Time of Incident or Update:  Tracking No.

Reported by:  Name  Dept/Agency  Contact Number

## Critical Information

Incident Type:	<input style="width: 95%;" type="text"/>	Location/ Site Name:	<input style="width: 95%;" type="text"/>
Incident Name:	<input style="width: 95%;" type="text"/>	Incident Status:	<input type="checkbox"/> Major Assistance Required <input type="checkbox"/> Assistance Required <input type="checkbox"/> Under Control <input type="checkbox"/> Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Closed
Incident Prognosis:	<input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Stable <input type="checkbox"/> Unknown	Severity:	<input type="checkbox"/> Major <input type="checkbox"/> Unknown <input type="checkbox"/> Moderate <input type="checkbox"/> Minor
Lead Agency:	<input style="width: 95%;" type="text"/>		
Related Event:	<input style="width: 95%;" type="text"/>		
Initial Situation Summary/ Nature of Update:	<input style="width: 95%;" type="text"/>		
Anticipated Actions/ Support Required:	<input style="width: 95%;" type="text"/>		

## Location

Location/ Site Name:	<input style="width: 95%;" type="text"/>		
Street Address:	<input style="width: 95%;" type="text"/>	City, Province:	<input style="width: 95%;" type="text"/>
Intersection Street 1:	<input style="width: 95%;" type="text"/>	Intersection Street 2:	<input style="width: 95%;" type="text"/>

## Casualties & Infrastructure

	Confirmed	Estimated		Heavy	Moderate	Light	None
Fatalities	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Building Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injuries	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Utilities Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuees	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Road Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Other

Supporting Agencies:

Other Responding Agencies and Contact Information:

ICP Established:  Yes     No    ICP Location:

Completed by:  Name  Function/Title  Date & Time  Logged/ Entered:

Distribution: Operations  Planning  EOCD  Other:

# Position Log

Incident/  
Event Name:

Section/  
Function:

Position:

Date	Time	To/From	Action/Decision/Enquiry	Follow-up Required



# Resource Request

Date of Request:  Time of Request:  Request No.

Priority:  High (Emergency)  Medium (Priority)  Low (Routine) Tracking No.

Requested by: Name  Dept/Agency/Function  Contact Number

## What is being Requested?

Resource Type/Kind:  Quantity:

Units of Measure:  When Required:

Mission (Purpose for Resource)

Resource must come with:  Fuel  Meals  Operator(s)  Water  Maintenance  Lodging  Power

Other:

## Special Instructions (e.g. Safety message, ingress/egress routes...)

## Forward Request To: (Organization/Agency/Vendor who ultimately obtains resource – use required fields only)

Contact Name/Position:  Organization/ Agency/Vendor:

Contact No.:  Estimated Cost:

Actions Taken:

## Delivery/Assigned Location (use required fields only)

Location/ Site Name:  Street Address:

City, Province:  Report To:  Contact Number:

Intersection Street 1:  Intersection Street 2:

Completed by: Name  Function/Title  Date & Time  Entered

## Financial Approval

Spending Authority: Name  Function/Title  Signature

Distribution: Operations  Planning  Logistics  Finance  Other:

# Situation Report – Part 1: Summary

Jurisdiction/ Agency:		City, Province:	
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Date of Report:		Time of Report:		Report Number:	
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### Primary Contact Information

Name:		Function/Title:	
Phone:		Satellite/Other Phone:	
Email:		Frequency/Call Sign:	

Final Report:

### Site-Support Facility

EOC/ECC Activated:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Activation Level:	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Hours of Operation:	
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### General Incident/Event Information

Event Name:		Tracking No.:	
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Overall Status:	Incident Prognosis:	Overall Severity:
<input type="checkbox"/> Major Assistance Required <input type="checkbox"/> Assistance Required <input type="checkbox"/> Under Control <input type="checkbox"/> Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Closed	<input type="checkbox"/> Worsening <input type="checkbox"/> Stable <input type="checkbox"/> Improving <input type="checkbox"/> Unknown	<input type="checkbox"/> Major <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> Unknown

### Initial Situation Summary *(What has happened and/or changed since the last Situation Report? **Bold** new information.)*

Current Objectives/ Priorities:	
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Future Objectives/ Priorities:	
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Concerns/ Problems:	
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Prepared by:	Name	Function/Title	Date & Time
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Approved by:	Planning Chief	EOC Director	Date & Time
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Distribution:    Planning     EOC     Other: \_\_\_\_\_

## Situation Report – Part 2: Details (Local Authority)

Jurisdiction/ Agency:  City, Province:

Date of Report:  Time of Report:  Report Number:

### Site-Support Activities

Declaration Issued: Yes  No  Effective Date:  Anticipated Cancellation Date:

#### Protective Measures in EFFECT:

Shelter-in-Place: Yes  No  Coverage Area(s):  # Persons Impacted:

Evacuation ALERTs: Yes  No  Coverage Area(s):  # Persons Alerted:

Evacuation ORDERS: Yes  No  Coverage Area(s):  # Persons Evacuated:

Reception Centre(s)/Group Lodging Facilities ACTIVATED: Yes  No

#	Facility Name	Address	Capacity	Total Registered	Comments <small>(Hours of Operations)</small>
1	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 50%; height: 25px;" type="text"/>	<input style="width: 50%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 50%; height: 25px;" type="text"/>	<input style="width: 50%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
3	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 50%; height: 25px;" type="text"/>	<input style="width: 50%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Disaster Response Routes ACTIVATED: Yes  No

Details/Routes Activated:

### Major Impacts

People Impacts:  None

	Under Alert	Evacuated	Homeless	Injured	Fatalities	Missing
Confirmed	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Unconfirmed <small>(In addition to confirmed)</small>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Details/Comments:

Livestock/Animal Impacts:  None

Animal Type	Under Alert	Evacuated	Homeless	Injured	Fatalities	Disposed
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Details/Comments:

Transportation Impacts:  None

Area(s)/Location(s) of Impact	Nature of Impact <small>(closure, shutdown, blockage, reduced service...)</small>	Details/Comments: <small>(length of closure, anticipated opening...)</small>
Roads/Highways	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Bridges/Tunnels	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Railways	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Waterways	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Public Transit	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>



**Utility Impacts:**

	Water	Sewer	Electricity	Gas	Telephone	Cellular
<input type="checkbox"/> None # Without Service						
% of Community Without Service						
Details/Comments:						

**Structure Impacts:**

	% Minor Damage	% Moderate Damage (Limited Use)	% Severe Damage (Unusable)	Details/Comments:
<input type="checkbox"/> None				
Residential				
Commercial				
Industrial				
Institutional				

**Rapid Damage Assessment CONDUCTED:**

Yes  Not Planned  To be Implemented

# of Buildings Inspected/Tagged	Red (Unsafe)	Yellow (Restricted Use)	Green (Inspected)	Details/Comments:

**Resource Information**

Surplus/ Available	Resource Type/Name	Location	Details/Comments
<input type="checkbox"/> None			

**Critical Resources DESIGNATED:**

Yes  No

Name of Critical Resource(s)/Details:

**Public Information and Media Issues**

**Other Comments**

Attachments:

Distribution:

# Status Report

Incident/ Event Name:	<input type="text"/>	Section/Function Reporting:	<input type="text"/>
Date:	<input type="text"/>	Time:	<input type="text"/>
Tracking No.	<input type="text"/>		<input type="text"/>
Prepared by:	Name <input type="text"/>	Dept/Agency <input type="text"/>	Contact Number <input type="text"/>

**Current Situation:** What is currently occurring within the area of responsibility for the Section/Function?

**Outstanding Issues/Challenges:** What issues within the current operational period still need to be resolved?

**Anticipated Priorities/Activities:** What will the Section/Function priorities be during the next operational period?

**Other Comments/Issues:** Are there any public information (media), safety or other issues that need to be reviewed?

Distribution: Section/Function Personnel  Planning  EOCD  Other: \_\_\_\_\_