
All Hazards Emergency Incident Action Plan (IAP)

Date: _____ Time of Incident: _____

Name of Facility: _____

Address of Facility: _____

Phone Number of Facility: _____

Name of Person in Command: _____

Type of Incident: _____

Is the Fire Alarm Activated? _____

Is Evacuation in Progress? _____

Has the Fire Department been Contacted? _____

Has the Police been Contacted? _____

Has EMS been Contacted: _____

I.C.S. Assignments

Section	Name of Section Leader
Finance/Administration	
Logistics	
Operations	
Planning	
Information	
Liaison	

Time of Fire Department Arrival: _____

Time of Police Arrival: _____

Time of EMS Arrival: _____

Name of Administrator Notified: _____

Time of Administration Notification: _____ Arrival Time: _____

Name of Maintenance Person Notified: _____

Time of Maintenance Notification: _____ Arrival Time: _____