



Wisconsin ARES/RACES

Abbreviated Incident Action Plan



Instructions

This document is an abbreviated planning tool for initial incident or event planning. This form is not intended to replace standing incident action plan documents or appropriate ICS forms.

- Complete the plan as early as possible, preferably before the incident or event.
- Make the plan available to all incident or event participants.
- ICS forms may be substituted as appropriate.

Incident or Event Information: (Completed identically on both pages.)

- Item 1a: "Name": Generally, the incident commander assigns the incident name. Events usually have common names like '2015 Christmas Parade'. If a name has not been assigned, the ARES/RACES point of contact should name the event/incident for ARES/RACES communicators.
- Item 1b: Check either "ARES Activation" or "RACES Activation" as appropriate.
- Item 1c: "Date" Operational period start date. (Enter as mm/dd/yyyy.)
- Item 1d: "Time" Operational period start time. (Enter in 24hr time & include whether local or zulu time.)

Situation: (Consider using ICS Form 201 'Incident Briefing'.)

- Item 2: Enter a brief description of the incident or event. (Consider attaching a map of the incident scene.)

Served Agency information: (Consider using ICS Form 203 'Organizational Assignment List'.)

- Item 3: "Agency Name": The name of the served agency.
- Item 3a: "Point of Contact": The ICS position title or name of the person to whom the ARES/RACES team reports.
- Item 3b: "Point of Contact Phone Number": Telephone number where the Point of Contact can be reached at any time.
- Item 3c: "Point of Contact Fax Number": Telephone number where the Point of Contact can receive faxed documents.
- Item 3d: "Point of Contact Other Contact Means": Other phone numbers, text message address, radio net and callsign, or other means to contact the Point of Contact.
- Item 3e: "Point of Contact Email Address": Email address where the Point of Contact can receive email.

ARES/RACES Point of Contact Information: (Consider using ICS Form 203 'Organizational Assignment List'.)

- Item 4: "ARES/RACES Point of Contact": The name of the ARES/RACES representative who is the decision maker for this event/incident.
- Item 4a: "ARES/RACES Point of Contact Phone Number": Telephone number where the ARES/RACES Point of Contact can be reached at any time.
- Item 4b: "ARES/RACES Point of Contact Fax Number": Telephone number where the ARES/RACES Point of Contact can receive fax documents.
- Item 4c: "ARES/RACES Point of Contact Other Contact Means": Other phone numbers, text message address, radio net and callsign, or other means to contact the ARES/RACES Point of Contact.
- Item 4d: "ARES/RACES Point of Contact Email Address": Email address for the ARES/RACES POC.

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Instructions (continued)

Services Required: (Consider using ICS Form 202 'Incident Objectives'.)

- Item 5: "Communications Objectives": Brief description of the communications objectives for this incident or event.

Facilities Required: (Consider using ICS Form 215 'Operational Planning Worksheet'.)

- Item 6a-6f: "Facilities where communications services are required": A list in priority order of the facilities where communications services are needed such as 'EOC', 'hospital', 'command post', 'race checkpoints', etc.

Communications Resources: (Consider using ICS Form 205 'Incident Radio Communications Plan'.)

- Item 7a-7e: "Communications Resources Tasked": A list of the repeaters, simplex frequencies, HF frequencies, and other communications modes required to support this incident or event.
- Item 7a: The Resource Net net control station keeps ICS Form 211 'Check in/Out Log'.

Duration:

- Item 8 "Incident or Event Duration": If known, the length of time this incident or event is expected to take.
- Item 8a "Anticipated Operational Period": Length of each "shift" or Operational Period.

Contingencies:

- Item 9a "In case of failure of primary and backup communications": What should communicators do or whom should they contact in case communications are lost.
- Item 9b "In case of medical emergency": What should communicators do or whom should they contact in case of a medical emergency at their position.
- Item 9c "In case of evacuation": Where should communicators report and whom should they contact if they must evacuate their position.
- Item 9d "Other contingencies": What, if any, are the other potential contingencies for this event/incident and what should communicators do in that case.

Demobilization: (Consider using ICS Form 221 'Demobilization Checklist'.)

- Item 10a "Demobilize when": Check 'Relieved by NCS', 'Relieved by relief operator', or 'Assigned Task Is Complete', as appropriate.
- Item 10b "Leave documents/equipment with": Where or to whom should communicators turn in incident or event related documentation and any loaned equipment.
- Item 10c "Hotwash/debrief will be held": The location and date/time of the incident or event after action meeting(s).
- Item 10d "Special needs notifications": Any demobilization concerns for communicators who may have transportation needs, equipment teardown, or other requirements.

Notes:

Enter other useful information for incident or event communicators. Include the item number the note refers to if applicable.

Incident	1a Name: Click here to enter text.	1b: <input type="checkbox"/> ARES Activation <input type="checkbox"/> RACES Activation
	1c Date: <input type="text"/>	1d Time: Click here to enter time.

Situation	2: Current Situation: Click here to enter text. (ICS Form 201)
	Map Attached? <input type="text"/>

Served Agency	3 Agency Name: Click here to enter text.
	3a Point of Contact: Click here to enter text.
	3b POC Phone Number: Click here to enter text.
	3c POC Fax Number: Click here to enter text.
	3d POC Other Contact Means: Click here to enter text.
	3e POC Email Address: Click here to enter text. (ICS Form 203)

ARES/RACES	4 Point of Contact: Click here to enter text.
	4a Phone Number: Click here to enter text.
	4b Fax Number: Click here to enter text.
	4c Other Contact Means: Click here to enter text.
	4d Email Address: Click here to enter text. (ICS Form 203)

Required Services	5 Communications Objectives: Click here to enter objective 1. (ICS Form 202)
	5a: Click here to enter objective 1. 5b: Click here to enter objective 2. 5c: Click here to enter objective 3.

Required Facilities	6 Facilities where communications services are required (ICS 215):	
	6a Click here to enter text.	6d Click here to enter text.
	6b Click here to enter text.	6e Click here to enter text.
	6c Click here to enter text.	6f Click here to enter text.

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dentInci-	1a Name: Click here to enter text.	1b: <input type="checkbox"/> ARES Activation <input type="checkbox"/> RACES Activation
	1c Date: <input style="width: 150px;" type="text"/>	1d Time: Click here to enter time.

Communications Resources	7 Communications Resources Tasked (ICS 205). NOTE: Each NCS keeps communications log (ACS 309):			
	Network Name: (ICS Form 205)	Net Control Station:	Primary Freq./Repeater and PL/DPL code:	Backup Freq./Repeater and PL/DPL code:
	7a: Resource Net: (NCS keeps ICS 211 "Check In/Out Log")	Click here to enter text.	Click here to enter text.	Click here to enter text.
	7b: Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	7c: Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	7d: Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	7e: Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

ationDur-	8 Incident/Event Duration: Click here to enter text.
	8a Anticipated Operational Period: Click here to enter text.

Contingencies	9a In case of failure of primary and backup communications: Click here to enter text.
	9b In case of medical emergency: Click here to enter text.
	9c In case of evacuation: Click here to enter text.
	9d Other contingencies: Click here to enter text.

Demobilization	10a Demobilize when: <input type="checkbox"/> Relieved by NCS <input type="checkbox"/> Relieved by relief operator <input type="checkbox"/> Assigned task is complete (ICS Form 221) NOTE: Check out with assigned NCS before leaving position.	
	10b Leave documents and equipment with:	Click here to enter text.
	10c Hotwash/debrief will be held:	Click here to enter text.
	10d Special needs notifications:	Click here to enter text.

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Notes

Click or tap here to enter text.