

Incident Action Plan

Operational Period

Confidential and Privileged Information

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Event Timeline

[illegible]



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WEATHER FORECAST	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Forecast for the Operational Period of:		5. Location/Area Covered:	
6. Current Watches/Warnings and Forecast of Weather Thresholds Covering the Operational Period			
7. Weather Forecast			
8. Forecast Discussion			
9. Prepared by (Incident Meteorologist)		10. Approved by (Planning Section Chief)	



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4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, or other graphics depicting situational status and resource assignment):



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5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

The following safety concerns have been identified:



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1. Incident Name:	2. Operational Period:	
3. Objective(s):		
4. Operational Period Command Emphasis:		
General Situational Awareness:		
5. Site Safety Plan Required? Yes No		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):		
ICS 202	ICS 206	<u>Other Attachments:</u>
ICS 203	ICS 207	_____
ICS 204	ICS 208	_____
ICS 205	Map/Chart	_____
ICS 205A	Weather Forecast	_____

[illegible]

4. Incident Name:		2. Operational Period:					
3. Medical Aid Stations: (See #6/Procedures)							
Name	Location	Contact Number(s)/Frequency			Paramedics on Site?		
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency			Level of Service		
					ALS	BLS	
					ALS	BLS	
					ALS	BLS	
					ALS	BLS	
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					Yes Level:_____	Yes No	Yes No
					Yes Level:_____	Yes No	Yes No
					Yes Level:_____	Yes No	Yes No
					Yes Level:_____	Yes No	Yes No
					Yes Level:_____	Yes No	Yes No
6. Special Medical Emergency Procedures:							



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Lot Closures

Barricades

Media Presence

Arrest Protocol



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University of Texas System Police

Special Event



Risk Assessment

Event Name:

Event Location:

Date of Event:

Risk Element			Rating
1. Expected Attendance: 1 - 500 = 1 501 - 1000 = 3 1001 - 2500 = 5 2501 - 5000 = 7 Over 5000 = 10			
2. Is the event open to the general public? (2)	Yes	No	
3. Has the event been publicized to the general public? (1)	Yes	No	
4. Will any vendors or exhibitors be present? (1)	Yes	No	
5. Will there be an admission or registration fee? (1)	Yes	No	
6. Will alcoholic beverages be sold/served? (5)	Yes	No	
7. Will the media be present and/or conducting live broadcasts from the venue? (1)	Yes	No	
8. Has the event encountered criminal or other issues at other venues? (3-10) Describe:	Yes	No	
9. Has the event encountered criminal or other issues at the Institution? (3-10) Describe:	Yes	No	
10. Does the event involve an issue of a polarizing nature? (3-7) Describe:	Yes	No	
11. Will the event have dignitaries or other high profile persons in attendance? (3-10) Describe:	Yes	No	
12. Is there any credible intelligence regarding anticipated protest movements at the event? (5-10) Describe:	Yes	No	
13. Is there any credible intelligence regarding a threat to the event or surrounding area? (10) Describe:	Yes	No	
14. Are there any hazards (natural or man-made) that would pose a risk to the event? (3-10) Describe:	Yes	No	
Total Assessment Points:			
Overall Risk Assessment for Event:	Low (≤ 7)	Medium (8-14)	High (≥ 15)
Proposed Countermeasures for Risk Elements			
Risk Element	Countermeasure(s)		

Assessed By: _____ Printed Name: _____ Date: _____

Reviewed By: _____ Printed Name: _____ Date: _____



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