INCIDENT ACTION PLAN (IAP) COVER SHEET

1. Incident Name:
   SGH Scheduled Steam Shutdown

2. Operational Period: (# 1 )
   DATE From: **12/9/12** To: **12/9/12**
   TIME  From: **0800** To: **2000**

3. Attachments: The items checked below are included in this Incident Action Plan
   
   - [ ] Incident Action Plan (IAP) Quick Start
   - [ ] Incident Briefing (HICS 201)
   - [ ] Incident Objectives (HICS 202)
   - [ ] Organization Assignment List (HICS 203)
   - [ ] Assignment List (HICS 204)
     - Operations – Staging Manager
     - Operations – Medical Care Branch
     - Operations – Infrastructure Branch
     - Operations – HazMat Branch
     - Operations – Security Branch
     - Operations – Business Continuity Branch
     - Planning
     - Logistics – Service Branch
     - Logistics – Support Branch
     - Finance / Administration
   - [ ] Incident Action Plan Safety Analysis (HICS 261)
   - [ ] other:__________________________________________
   - [ ] other:__________________________________________
   - [ ] other:__________________________________________
   - [ ] other:__________________________________________

4. Approved by the Incident Commander: Name: ____________________________________
   Signature: _______________________________________ Date/Time: _____________________

5. Prepared by Planning Section Chief: Name: **Loni Howard**
   Signature: _______________________________________ Date/Time: _____________________

   Facility: **Sutter General Hospital**

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**Purpose:** Provide Cover Sheet and checklist for each Operational Period Incident Action Plan.

**Origination:** Incident Commander or Planning Chief.  **Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader.