

**Incident Action Plan
XXXX - XXX**

**Operational Period
XXXX, XXXXXXXX
XXXX - XXXX**

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Event Timeline

Time	Event Milestone



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INCIDENT ACTION PLAN



Weather Forecast



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1. Incident Name:	2. Operational Period:
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3. Objective(s):

4. Operational Period Command Emphasis:

General Situational Awareness

5. Site Safety Plan Required? Yes No
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u>
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast	<input type="checkbox"/> _____



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1. Incident Name:		2. Operational Period:		3. Branch: Division: Group: Law Enforcement Staging Area:			
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____							
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)			Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader						
6. Work Assignments:							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							



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1. Incident Name:	2. Operational Period:
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3. Basic Local Communications Information:

Incident Assigned Position	Name	Method(s) of Contact (phone, pager, cell, etc.)



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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:



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<p>1. Incident Name:</p>	
<p>2. Operational Period:</p>	
<p>3. Organization Chart</p>	



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INCIDENT ACTION PLAN

Event Assignments

Intelligence

Traffic Control Plan

Lot Closures

Barricades

Media Presence

Arrest Protocol

Credentials



The 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the event been publicized to the general public? (1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will any vendors or exhibitors be present? (1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will there be an admission or registration fee? (1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will alcoholic beverages be sold/served? (5)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will the media be present and/or conducting live broadcasts from the venue? (1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the event encountered criminal or other issues at other venues? (3-10) Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the event encountered criminal or other issues at the Institution? (3-10) Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the event involve an issue of a polarizing nature? (3-7) Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Will the event have dignitaries or other high profile persons in attendance? (3-10) Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is there any credible intelligence regarding anticipated protest movements at the event? (5-10) Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there any credible intelligence regarding a threat to the event or surrounding area? (10) Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are there any hazards (natural or man-made) that would pose a risk to the event? (3-10) Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____