

## INCIDENT ACTION PLAN COVER (ICS 200-DV)

1. Incident Name:	2. Plan Version								
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">3. Operational Period</td> <td style="width: 25%; border: none;">Date From:</td> <td style="width: 25%; border: none;">Date To:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Time From:</td> <td style="border: none;">Time To;</td> <td style="border: none;"></td> </tr> </table>		3. Operational Period	Date From:	Date To:			Time From:	Time To;	
3. Operational Period	Date From:	Date To:							
	Time From:	Time To;							
4. Signature(s) affixed below indicate official approval of plan									
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> <span>Duval ARES EC</span> <span>Date</span> </div>									
5. Prepared by: Name:									
Position/Title:									
IAP Page 1	Signature:								
Date/Time:									