

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD  
**CG IAP COVER SHEET**

**PRIVACY NOTICE**

**AUTHORITY:**USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant; general powers.

**PURPOSE:** USCG collects the information to document the Command's strategic direction and guidance through priorities, key decisions or procedures, and limitations or constraints used during the operational period.

**ROUTINE USES:** USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally as a "routine use" pursuant to DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE).

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. To assist with maintaining confidentiality, respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

**GENERAL INSTRUCTIONS**

**Purpose.** The CG Incident Action Plan (IAP) Cover Sheet provides a standardized way to organize and present all components of IAP to incident personnel.

**Preparation.** The CG IAP Cover Sheet is competed and attached to the front of the IAP.

**Distribution.** The completed copy of the CG IAP Cover Sheet is attached to the front of the IAP and provided/made available for all incident personnel.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Operational Period	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4.	Approved by Incident Commander(s):	List the Incident Commander (IC) or Unified Command (UC) members who approved the IAP. Include personnel and organization names.
5.	Forms and Documents	List all the forms and documents included in the IAP. Include additional components that are not listed.
6.	Prepared by	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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1. Incident Name:

2. Incident Location:

3. Operational Period (Date/Time):

From:

To:

4. Approved by Incident Commander(s):

Organization

Name

5. Forms and Documents:

**INCIDENT ACTION PLAN**

The items checked below are included in this Incident Action Plan:

ICS 202-CG (Incident Objectives)

ICS 203-CG (Organization List)

ICS 204-CG(s) (Assignment List) (One copy each of any ICS 204-CG attachments)

ICS 205-CG (Communications Plan)

ICS 206-CG (Medical Plan)

ICS 207-CG (Organization Chart)

ICS 208-CG (Site Safety Plan)

Map / Chart

Weather Forecast / Tides / Currents

Other Attachments

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6. Prepared by:

Name:

Position Title:

Signature:

Date/Time: