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| Utah Task Force 1 - Action Plan Summary | | | | | | | | | | | | | | | |
| 1. INCIDENT NAME | | | | | | 2. OPERATIONAL PERIOD – DATE/TIME | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| 3. OBJECTIVES FOR THE OPERATIONAL PERIOD | | | | | | | | | | | | | | | |
| 4. GENERAL MESSAGE | | | | | | | | | | | | | | | |
| 5. RESOURCES ASSIGNED THIS OPERATIONAL PERIOD | | | | | | | | | | | | | | | |
| RESOURCE DESIGNATOR | | LEADER | | NUMBER  PERSONS | | | | COMM CHAN. | | ASSIGNMENT | | | | | |
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| 6. Weather Forecast for Operational Period  Today Temp: Hi\_\_\_\_\_ Lo\_\_\_\_\_ Precip: \_\_\_\_\_\_\_\_% Wind Direction/Speed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FORECAST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SUNRISE/SUNSET:\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| 7. GENERAL Safety Message  ***\*\*REVIEW YOUR EVACUATION/RALLY POINT AT SITE/BoO*** | | | | | | | | | | | | | | | |
| 8. Medical Plan | | | | | | | | | | | | | | | |
| Medical Aid Station | | | Location | | | | | | | | Resources Available | | | | |
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| Incident Medical Instructions: | | | | | | | | | | | | | | | |
| 9. Task Force Communications Summary | | | | | | | | | | | | | | | |
| FUNCTION | SYSTEM | | | | CHAN. | | | | FUNCTION | | | SYSTEM | | CHAN. |
| COMMAND |  | | | |  | | | | TALK AROUND | | |  | |  |
| OPERATIONS |  | | | |  | | | | GROUND TO AIR | | |  | |  |
| LOGISTICS |  | | | |  | | | |  | | |  | |  |
| MEDICAL |  | | | |  | | | |  | | |  | |  |
| PREPARED BY | | | | | | | APPROVED BY | | | | | | DATE | TIME | |