

Incident Action Plan  
for

# ***COVID-19 Interagency Boat Ramp IAP***

**Operational Period**

Date From:	<b>3/14/20</b>	Date To:	
Time From:		Time To:	



**US Army Corps  
of Engineers®**



## INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <b><i>COVID-19 Interagency Boat Ramp IAP</i></b>	2. Operational Period: Date From: <b>3/14/20</b> Date To: Time From: _____ Time To: _____																	
<p>3. Objective(s):</p> <ol style="list-style-type: none"> <li>1. All DNR/State owned and operated boat ramps will be monitored for capacity by non-sworn DNR employees from the Parks, Wildlife Resources and Coastal Resources Division.</li> <li>2. Army Corp of Engineers , TVA, Georgia Power and County boat ramps should be monitored by the respective owners/operators with additional monitoring by the Dept. of Public Safety Officers for capacity issues.</li> <li>3. DNR Sworn personnel will continue patrolling state waters and properties for violations of Governor's Order 03.14.20.01, per DNR Law Enforcement's COVID-19 IAP.</li> <li>4. DNR Aviation will assist in monitoring ramps and properties to support the Order.</li> <li>5. In the event that a boat ramp reaches capacity, or use becomes unsafe, the ramp will be closed. The DNR Region Captain should be contacted to coordinate the closure with GDOT or the ramp owner/operator.</li> <li>6. Personnel should refer to web address below* to determine ramp ownership and contacts for closure. Refer to the 205A for contact info regarding each ramp.</li> </ol>																		
<p>*Copy and paste link below into browser for interactive boat ramp map.  <a href="https://gadnrrwd.maps.arcgis.com/apps/webappviewer/index.html?id=db463d81e5784c41b64634aff0d48729">https://gadnrrwd.maps.arcgis.com/apps/webappviewer/index.html?id=db463d81e5784c41b64634aff0d48729</a></p>																		
<p>4. Operational Period Command Emphasis:</p>																		
<p>General Situational Awareness:</p>																		
<p>5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Approved Site Safety Plan(s) Located at:</b></p>																		
<p>6. Incident Action Plan (the items checked below are included in this Incident Action Plan):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> ICS 202</td> <td style="width: 25%;"><input type="checkbox"/> ICS 206</td> <td style="width: 50%;">Other Attachments:</td> </tr> <tr> <td><input type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 207</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/></td> </tr> </table>				<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	Other Attachments:	<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 checked="" type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/>
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7. Prepared by: Name: _____		Position Title: _____	Signature: _____															
8. Approved by Incident Commander: Name: _____		Signature: _____																
ICS 202	IAP Page _____	Date/Time: _____																

## **COMMUNICATIONS LIST (ICS 205A)**