

Incident Action Plan
for

COVID-19 Interagency Boat Ramp IAP

Operational Period

| | | | |
|------------|---------|----------|--|
| Date From: | 3/14/20 | Date To: | |
| Time From: | | Time To: | |



**US Army Corps
of Engineers®**



INCIDENT OBJECTIVES (ICS 202)

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| 1. Incident Name: COVID-19 Interagency Boat Ramp IAP | 2. Operational Period: Date From: 3/14/20 Date To: _____ Time From: _____ Time To: _____ | | | | | | | | | | | | | |
| 3. Objective(s): 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. 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. 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. 4. DNR Aviation will assist in monitoring ramps and properties to support the Order. 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. 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. *Copy and paste link below into browser for interactive boat ramp map. https://gadnrwrd.maps.arcgis.com/apps/webappviewer/index.html?id=db463d81e5784c41b64634aff0d48729 | | | | | | | | | | | | | | |
| 4. Operational Period Command Emphasis: | | | | | | | | | | | | | | |
| General Situational Awareness: | | | | | | | | | | | | | | |
| 5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at: | | | | | | | | | | | | | | |
| 6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ICS 202</td> <td><input type="checkbox"/> ICS 206</td> <td rowspan="6" style="vertical-align: top;"> <u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> <tr> <td><input type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 207</td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> </tr> <tr> <td colspan="2"></td> </tr> </table> | | <input type="checkbox"/> ICS 202 | <input type="checkbox"/> ICS 206 | <u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input checked="" type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | | |
| <input type="checkbox"/> ICS 202 | <input type="checkbox"/> ICS 206 | <u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7. Prepared by: Name: _____ Position Title: _____ Signature: _____ | | | | | | | | | | | | | | |
| 8. Approved by Incident Commander: Name: _____ Signature: _____ | | | | | | | | | | | | | | |
| ICS 202 | IAP Page _____ | Date/Time: _____ | | | | | | | | | | | | |

COMMUNICATIONS LIST (ICS 205A)

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