

## INCIDENT ACTION PLAN

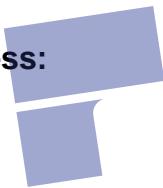
# San Mateo County Search and Rescue



**Incident Name:**

**Incident Location:**

**Incident Address:**



**Operational Period:**

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Time From: \_\_\_\_\_ Time To: \_\_\_\_\_

Cover Sheet

IAP Page \_\_\_\_\_

Prepared: \_\_\_\_\_