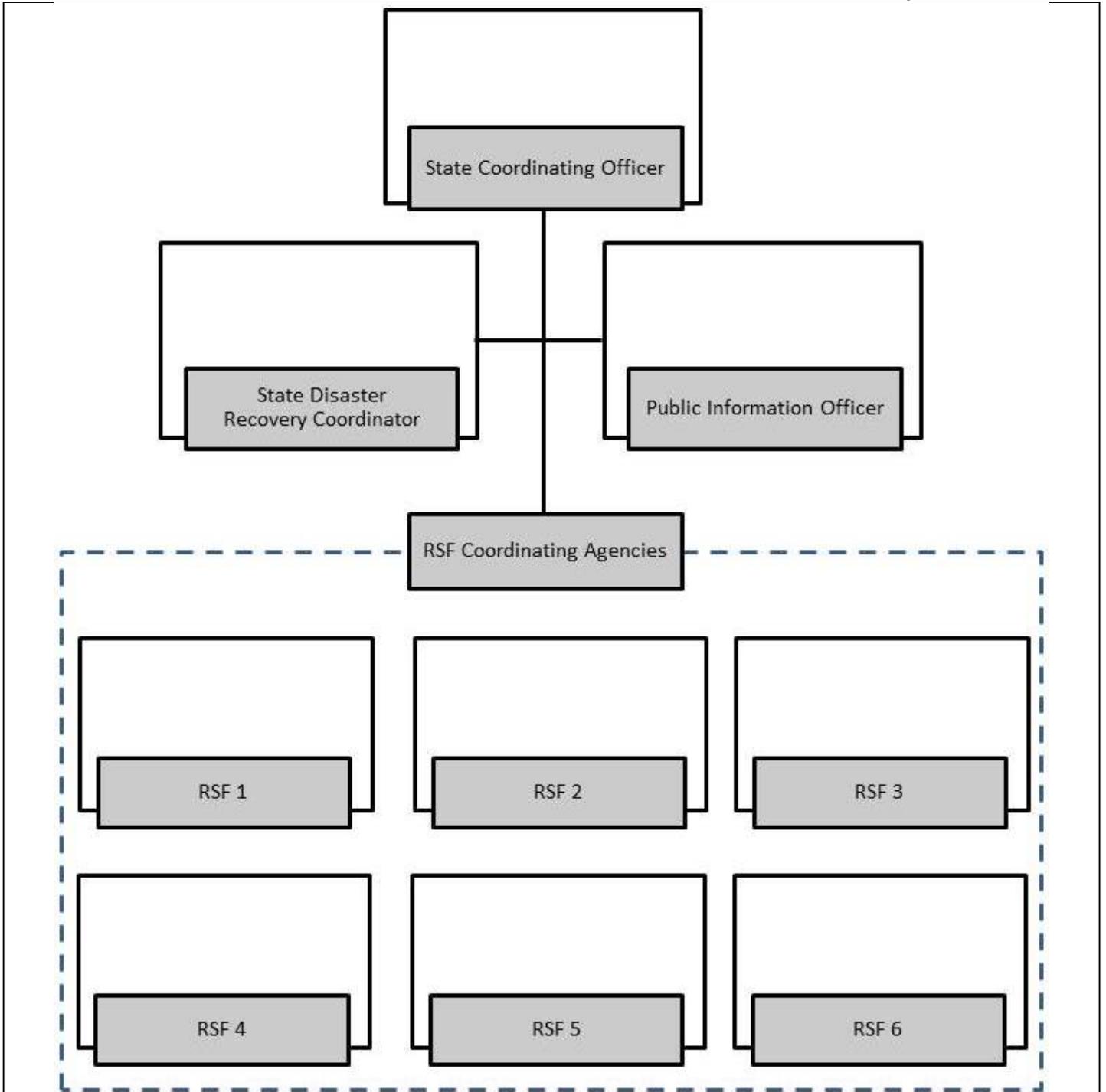


STATE RECOVERY ACTION PLAN FORM

This form is intended to support coordination between Recovery Support Functions (RSFs) as it relates to the overall recovery efforts of an incident. The form should be completed by the SDRC in collaboration with each RSF's Coordinating and Primary Agencies. RSF-Specific Recovery Action Plan forms are included as an attachment to their respective RSF annex. All forms should be completed at the onset of each operational period, to be defined by the SDRC and RSF Coordinating and Primary Agencies.

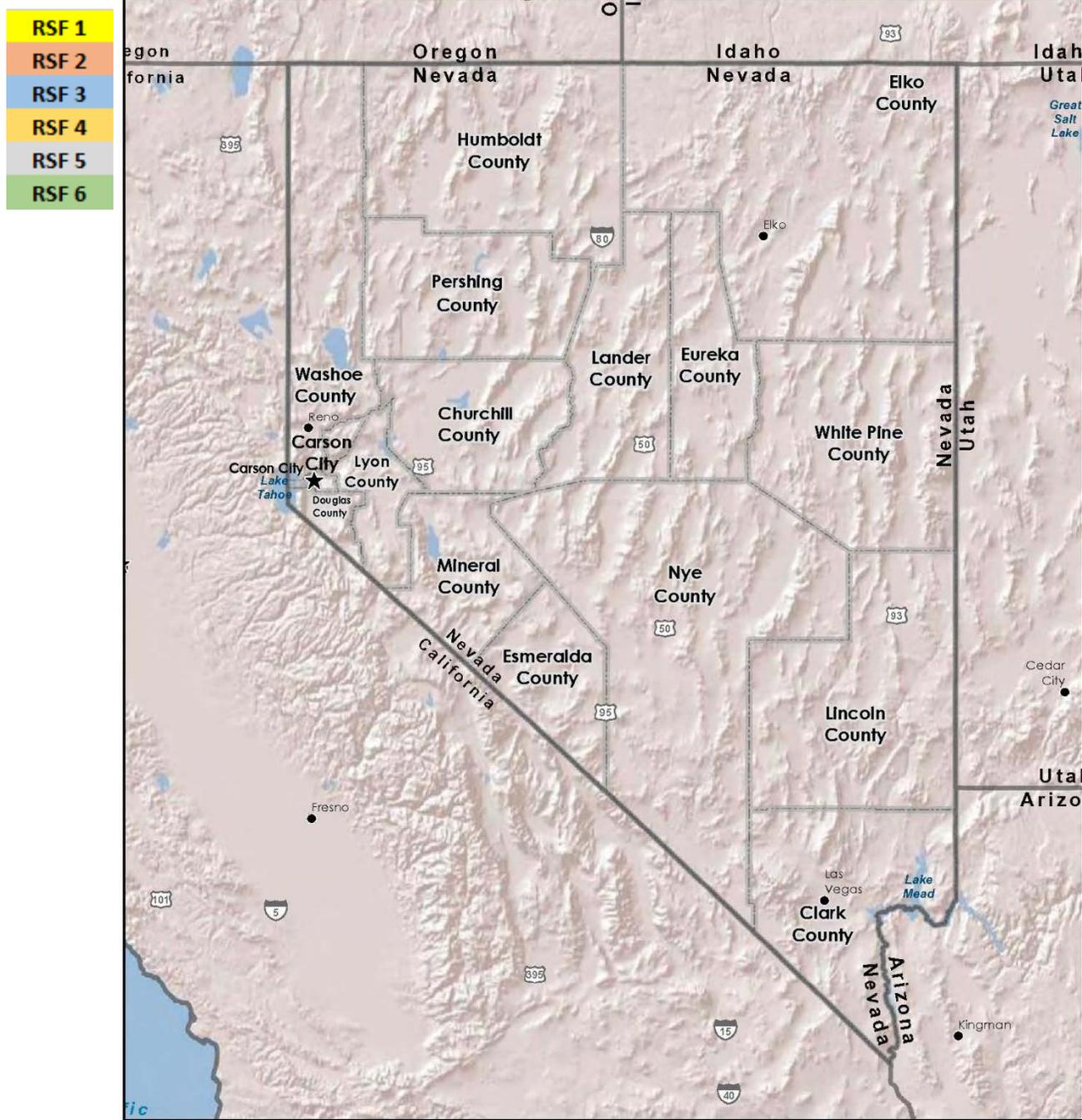
NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date and end date for the operational period to which the form applies.
3	Recovery Phase Timeline	Enter the estimated phase of RSF recovery activities and a target date to transition phases.
4	Situation Summary	Enter brief situation summary.
5	RSF Interactions	Enter specific activities that require coordination across RSFs.
6	Public Information	Detail recent public information releases, information needs, and outreach activities.
7	Current Recovery Organization	Enter the names of the individuals assigned to each position on the Recovery Organization chart. Modify the chart as necessary, and add any lines/spaces needed for additional positions.
8	Health and Safety Briefing	Summary of health and safety issues and instructions.
9	Geographic Extent	Detail the geographic extent of RSF activities, and highlight key areas of recovery concern (color coded by RSF).
10	Incident Objectives	
	10a. Objectives	Enter each objective separately. Adjust objectives for each operational period as needed.
	10b. Strategies/Tactics	For each objective, document the strategy/tactic to accomplish that objective.
	10c. Needs	For each strategy/tactic, document the resources required to accomplish that objective.
	10d. Need Assigned to	For each strategy/tactic, document the agency/organization assigned to that strategy/tactic.
11	Prepared by	Enter the name and signature of the person preparing the form. Enter date, time prepared, and department of preparer.

1. Incident Name	2. Operational Period (#____) Date: FROM:_____ TO:_____
3. Recovery Phase Timeline <input type="checkbox"/> Short-Term <input type="checkbox"/> Intermediate <input type="checkbox"/> Long-Term Phase Completion Target Date _____	
4. Situation Summary	
5. RSF Interactions	
6. Public Information	
7. Current Recovery Organization (fill in additional positions as appropriate)	



8. Health and Safety Briefing

9. Geographic Exent



Notes

10a. Objectives	10b. Strategies/Tactics	10c. Needs	10d. Needs Assigned to
11. Prepared by	PRINTED NAME:		SIGNATURE:
	DATE/TIME:		DEPARTMENT: