

**New Mexico Department of Public Safety  
Search and Rescue Office  
INCIDENT ACTION PLAN WORKSHEET**

Mission Number	Operational Period	Date	Time

**Briefing and Data Collection**


**Information Evaluation**


**Mission Objectives (MO) in Order of Priority**

#	

**Mission Strategies by MO #**

MO#	Mission Strategies

**Required Resources by MO #**

MO#	Name and Kind of Team	Estimated Starting Time	Task

