

**Template for a Recovery Action Plan**

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**Event**.....  
**Date of Event**.....  
**Districts/Regions affected**.....  
**Recovery Manager for Event**.....  
**Date Recovery Action Plan commences**.....  
**Date to Review Recovery Action Plan**.....

**Date(s) identified for transition from response to recovery activity:**

Date for Transition	Activity	Signed & dated by Group Controller & Group Recovery Manager

**Brief Sitrep:**

Date	Current Situation

**Schedule of Meetings:**

Date	Location	Type of Meeting	Agencies to attend