

Name _____ Date _____

RECOVERY ACTION PLAN

TEMPLATE

Event: _____

Date of Event: _____

Districts/Regions affected: _____

Recovery Manager for Event: _____

Date Recovery Action 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

Brief Sitrep:

Date	Location	Type of Meeting	Agencies to Attend