

INCIDENT SECURITY PLAN		1. Incident Name	2. Date	3. Operational Period
Radio Frequency	Channel	Report Time and Location	Time	Location
PLEASE NOTE THE KEY INFORMATION				
<ul style="list-style-type: none"> • • • • • • • • • 				
I. SITE SECURITY				
A. Vulnerability of site and site/facility strengths & weaknesses				
B. Site ingress/Egress points				
C. Traffic/Crowd Control Plan – Role of Law Enforcement personnel				

D. Public Safety Officer Responsibilities

1. Officer Name & Badge Number – Call Sign	2. Assigned POD Position Security Branch Director	3. Location
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4. Duties

1. Officer Name & Badge Number – Call Sign	2. Assigned POD Position Perimeter/Parking Control Security Group Supervisor	3. Location
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4. Duties

1. Officer Name & Badge Number – Call Sign	2. Assigned POD Position Command Post Security Group Supervisor	3. Location
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4. Duties

1. Officer Name & Badge Number – Call Sign	2. Assigned POD Position Clinic Security Group Supervisor	3. Location
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4. Duties

1. Officer Name & Badge Number – Call Sign	2. Assigned POD Position Medical Storage/Transport Security Group Supervisor	3. Location
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4. Duties

1. Officer Name & Badge Number – Call Sign	2. Assigned POD Position Traffic/Crowd Control Security Group Supervisor	3. Location
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4. Duties

II. SITE SECURITY BREACH

III. SITE EVACUATION PLAN

Blank area for the Site Evacuation Plan.

IV. EXERCISE INFORMATION

Blank area for Exercise Information.

Prepared by (NAME and POSITION)	Approved by (NAME and POSITION)	Date	Time
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