**Action Plan Template**

**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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Actions outstanding from Response Phase:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | Outstanding Actions from Response Phase | Risks Identified? | **Agency Responsible** | **Date to be completed** | **Date Completed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Notes

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**Key short term recovery priorities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | Short Term Recovery Priorities | Risks Identified? | **Agency Responsible** | **Date to be completed** | **Date Completed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Notes

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**Key Medium-Term Priorities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | Medium Term Recovery Priorities | Risks Identified? | **Agency Responsible** | **Date to be completed** | **Date Completed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Notes

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**Key Long-Term Priorities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | Long Term Recovery Priorities | Risks Identified? | **Agency Responsible** | **Date to be completed** | **Date Completed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Notes**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**Development of an Exit Strategy:**

|  |  |  |
| --- | --- | --- |
|  | **Activities** | **Agency responsible** |
| Identification of assistance required in the longer term |  |  |
| A transition to business as usual to manage long term recovery activities |  |  |
| Planning and reporting in the longer term |  |  |
| Management of public information and communications |  |  |
| Opportunities for communities to discuss unresolved issues and continue to participate in their recovery |  |  |
| Changes to organizational arrangements including need for subcommittees and contact lists |  |  |
| Learning from the event: debriefing and reviewing |  |  |
|  |  |  |
|  |  |  |

Notes

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |