



DATED 01 APRIL 2010

DIVISION 18 ERP

Emergency Response Plan

DIVISION 18 COMMUNICATION

Subj: AUXILIARY EMERGENCY RESPONSE PLAN

1. **PURPOSE:** This Plan sets forth the guidelines and policy for the utilization and training of Auxiliary personnel and resources in the event of major natural or national emergency.
2. **DIRECTIVES EFFECTED:** None
3. **DISCUSSION:** Flotilla Commanders and Flotilla Staff Officers Member Training are encouraged to use this instrument to acquaint and enlist their members to participate in the PLAN.
4. **RESTRICTIONS:** Due to the civilian make up of the Auxiliary, it is recognized that members will be engaged in their occupational pursuits or other activities and therefore cannot be expected to be available for duty within a certain time frame. Emergency planning and operations personnel must be aware of these limitations and be prepared to employ alternate resources or modify plans.

Daniel T Christianson
Division Commander 18

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**UNITED STATES COAST GUARD AUXILIARY
DIVISION 18**

EMERGENCY RESPONSE PLAN

I Policy

The purpose of this plan is to establish procedures for the Call Out and Activation of designated Coast Guard Auxiliary vessel facilities, fixed land radio stations, mobile radio stations and other Auxiliary assets as directed by Coast Guard authorities in the event of a natural or man made disaster or when deemed to be in the best interest of public and municipal safety. This support may include, but is not limited to, providing Maritime Domain Awareness patrols, SAR standby and response and logistics support.

II Organization

Station Shinnecock

CO or designee

Station Montauk

OIC or designee

Auxiliary Coordinator

DCDR-18*

Emergency Planning and Operations Team

DVCDR-18*, Division Chief-Response*, SO-OP*

Additional Senior Staff

Division Chief-Prevention*, Division Chief-Logistics*

18-02	18-03	18-06	18-08
FC/VFC	FC/VFC	FC/VFC	FC/VFC
FSO-CM	FSO-CM	FSO-CM	FSO-CM
FSO-OP	FSO-OP	FSO-OP	FSO-OP
FSO-MS	FSO-MS	FSO-MS	FSO-MS

• Or designee

Staff Roles and Responsibilities

Auxiliary Coordinator

The Auxiliary Coordinator will be the direct contact with COMMANDING OFFICER, STATION SHINNECOCK and/or OFFICER IN CHARGE, STATION MONTAUK. The Auxiliary Coordinator will receive requests from Coast Guard Authority regarding operational needs and will work with his/her staff to provide the needed resources. The Coordinator will provide regular status updates to the Coast Guard Authority.

Emergency Planning and Operations Team

Working with the Auxiliary Coordinator, the DVCDR and the Division Chief-Response will develop an Incident Action Plan (IAP) and begin to contact the appropriate division and flotilla staff officers to implement the Emergency Call Out Plans.-

Logistics Section

If the IAP calls for the formation of a logistics section, the Division Chief-Logistics will be the appointed coordinator. The unit will secure any needed support facilities and supplies (dockage, food, fuel, medical support, etc.) This unit will also work with the District staff in the event that resources from other areas are needed.

Finance and Administration

This section will be established when required. The SO-FN will be the unit coordinator for this section.

Flotilla Commanders and Flotilla Staff Officers

Flotilla Commanders and FSO-OPs will have the major responsibility for knowing what resources are available and crews that can be provided in support of the incident.

Division Operations Officer

The Division Chief-Response will have the major responsibility for coordinating Operational Facilities and crews that can be provided in support of the incident. The primary deputy to the Division Chief-Response will be the SO-OP unless they are the same person. In such a case, the Division Chief-Response will appoint a deputy to assist him or her in the OP role.

Division Communications Officer

Working directly with the Division Chief-Response , the SO-CM will have the major responsibility for identifying Radio Facilities and crews that can be provided in support of the incident. The SO-CM will be the primary communications link to available AUXCOM personnel and Station Watchstanders. In the event that the Division Chief-Response and the SO-CM

are the same person, the Division Chief-Response may appoint a deputy to assist him or her in the CM role.

Communications, during emergencies and drills, will be in accordance with applicable directives and will follow established practice and training / member qualifications. All available communications resources [landline, cell phone, eMail, radio {afloat units, land mobile, fixed land, etc.}] may be employed as available and suitable. NOTE: Email is not normally considered suitable for tactical communications.

IV 2009 Contact List

NOTE: ASTERISK (*) after a phone number indicates first number to call.

Auxiliary Coordinator

Dan Christianson, DCDR-18
631-298-8130*
631-374-2771

Senior Personnel – IAP

Ron Dohert
VCDR-18
631-298-5625*
631-235-6936
Land Mobile – 18 Oscar

Bill Tooker,
Division Chief-Response
631-727-7955*
347-539-2858
Land Mobile – 18 Alpha

Louis Chrisomalis, SO-FN
631-288-3168 (home)
631-878-2005 (work)
Land Mobile – 18 Lima -

Yvonne Bangston
Division Chief-Logistics
631-728-0838*

Barbara Christianson,
631-298-8130*
631-374-2771

SO-OP Bill Tooker
SO-CM
631-727-7955*
347-539-2858
Land Mobile – 18 Alpha

V Area of Responsibility (AOR)

- **Coast Guard Station Shinnecock**

Shinnecock Bay

Great Peconic Bay

Little Peconic Bay/Noyac Bay/Southold Bay

Moriches Bay; Quogue Canal to Smith Point Bridge over the Narrows Bay at Mastic

- **Coast Guard Station Montauk**

Gardiners Bay, Shelter Island Sound, Sag Harbor

VI Standard Operating Procedure (SOP)

ACTIONS TO BE TAKEN:

1. Upon the request for a Call OUT by the proper authorities, the “EMERGENCY RESPONSE PLAN” will be activated by the Division Commander (DCDR) or his representative and the following actions will be taken;
2. The DCDR will notify the Division Vice Commander (DVCDR), Chief-Response / Division Operations (SO-OP) and Division Communications (SO-CM) of their designee of the circumstances, assets and resources required.
3. The DVCDR will activate the Emergency Planning and Operation Team. At the present time we are operating with a “virtual” Emergency Planning and Operations Center.
4. The DCDR will notify all Flotilla Commanders (FCs) of the circumstances, assets and resources required.
5. The SO-OP will notify all Flotilla Staff Officer for Operations (FSO-Ops) of the circumstances, assets and resources required.
6. The SO-CM will notify all Flotilla Staff Officer for Communications (FSO-CMs) of the circumstances, assets and resources required.
7. The Emergency Planning and Operation Team [EPOT] will develop an Incident Action Plan (IAP) and begin to contact the appropriate division and flotilla staff officers to implement the IAP.
8. The EPOT will furnish a listing of units and personnel required along with any factors regarding the need if any for special equipment to those needing same.
9. The EPOT will provide similar information regarding Stand By units and resources.

10. The EPOT staff will pass information gathered up the chain of command to the DCDR. The Chain of Communications must be made aware of any actions taken at all times. Landlines, marine radio and /or the Aux. Net will be used to expedite communications.
11. EPOT will pass the word to their activated resources. "Fatigue Factor" is to be stressed to all Coxswains and vessel Operators. Our PRIMARY DIRECTIVES are: SAFETY OF PERSONNEL AND SAFETY OF PROPERTY, in that order!
12. Resources on STAND BY STATUS will be secured by the EPOT upon notification from the DCDR or DVCDR of the deactivation of the Plan.

VII Training

1. In order for this PLAN to be implemented at any time, it is incumbent upon the Auxiliary to establish a training program.
2. The DCDR shall; through the DVCDR, SO-CM, SO-OP,-SO-MS, ERPC and SO-MT; set up the methods and means of meeting these needs.
3. Coordinator's interaction in training is highly important. Familiarity with this plan breeds competence, expertise, and the cooperation necessary for successful, safe, and thorough operations.

FORMS USED SECTION

APPENDIX:

- A) ICS 204-CG
- B) ICS 204a-CG
- C) ICS 204a-CG [eMail]
- D) CG 5132
- E) ANSC 7030
- F) IAP COVER SHEET
- G) ICS 207-CG

1. Incident Name		2. Operational Period (Date/Time) From: _____ To: _____		Assignment List ICS 204-CG	
3. Branch			4. Division/Group/Staging		
5. Operations Personnel					
Name		Affiliation		Contact # (s)	
Operations Section Chief: _____					
Branch Director: _____					
Division/Group Supervisor/STAM: _____					
6. Resources Assigned "X" indicates 204a attachment with additional instructions					
Strike Team/Task Force/Resource Identifier	Leader	Contact Info. #	# Of Persons	Reporting Info/Notes/Remarks	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
7. Work Assignments					
8. Special Instructions					
9. Communications (radio and/or phone contact numbers needed for this assignment)					
<u>Name/Function</u>	<u>Radio: Freq./System/Channel</u>	<u>Phone</u>	<u>Cell/Pager</u>	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
Emergency Communications					
Medical	Evacuation	Other			
_____	_____	_____			
10. Prepared by:	Date/Time	11. Reviewed by (PSC):	Date/Time	12. Reviewed by (OSC):	Date/Time
_____	_____	_____	_____	_____	_____

ASSIGNMENT LIST

ICS 204-CG (Rev 04/04)

Appendix A

ASSIGNMENT LIST (ICS 204-CG)

Purpose. The Assignment List(s) informs Division and Group supervisors of incident assignments. Once the Unified Command and General Staff agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The Assignment List is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202-CG), Operational Planning Worksheet (ICS 215-CG), and the Operations Section Chief. The Assignment List must be approved by the Planning Section Chief and Operations Section Chief. When approved, it is included as part of the Incident Action Plan (IAP). Specific instructions for specific resources may be entered on an ICS 204a-CG for dissemination to the field. A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.

Special Note. The Assignment List, ICS 204-CG submits assignments at the level of Divisions and Groups. The Assignment List Attachment, ICS 204a-CG shows more specific assignment information, if needed. The need for an ICS 204a-CG is determined by the Planning and Operations Section Chiefs during the Operational Planning Worksheet (ICS 215-CG) development.

Distribution. The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Branch	Enter the Branch designator.
4.	Division/Group/Staging	Enter the Division/Group/Staging designator.
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.
6.	Resources Assigned	Each line in this field may have a separate Assignment List Attachment (ICS 204a-CG). Enter the following information about the resources assigned to Division or Group for this period:
	Identifier	List identifier
	Leader	Leader name
	Contact Information	Primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number.
	# Of Persons	Total number of personnel for the strike team, task force, or single resource assigned.
	Reporting Info/Notes/Remarks	Special notes or directions, specific to this strike team, task force, or single resource. Enter an "X" check if an Assignment List Attachment (ICS 204a-CG) will be prepared and attached. The Planning and Operations Section Chiefs determine the need for an ICS 204a-CG during the Operational Planning Worksheet (ICS 215-CG) development.
7.	Work Assignment	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
8.	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, or other important information.
9.	Communications	Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205-CG). Note: Phone numbers should include area code.
10.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
11.	Reviewed by (PSC)	Enter date (month, day, year) and time prepared (24-hour clock).
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
12.	Reviewed by (OSC)	Enter the name of the operations person reviewing the form, normally the Operations Section Chief.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

Appendix A

1. Incident Name		2. Operational Period (Date/Time)		ASSIGNMENT LIST ATTACHMENT	
		From: _____ To: _____		ICS 204a-CG	
3. Branch			4. Division/Group		
5. Strike Team/Task Force/Resource (Identifier)		6. Leader		7. Assignment Location	
8. Work Assignment Special Instructions, Special Equipment/Supplies Needed for Assignment, Special Environmental Considerations, Special Site Specific Safety Considerations					
Approved Site Safety Plan Located at:					
9. Other Attachments (as needed)					
<input type="checkbox"/> Map/Chart		<input type="checkbox"/> Weather Forecast/Tides/Currents		<input type="checkbox"/> _____	
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
10. Prepared by: _____		11. Reviewed by (PSC): _____		12. Reviewed by (OSC): _____	
Date/Time		Date/Time		Date/Time	

ASSIGNMENT LIST ATTACHMENT

ICS 204a-CG (Rev 04/04)

Appendix B

Subject: ICS 204a-CG [eMail] 05AUG08
From: Daniel Christianson <stiminc@optonline.net>
Date: Tue, 12 Aug 2008 09:50:11 -0400
To: "Stickle, Robert" <rstickle@optonline.net>
CC: "Pica, Vin" <PicaNYC@aol.com>, "DeMeo, Roy" <royde@optonline.net>, "Dobert, Ronald" <rondobert@aol.com>


Titles per ICS 204a-CG {hardcopy version]

1. Hurricane Liam
2. 05AUG08 1000 to 05AUG08 1500
3. USCGAux
4. 014-18-08
5. 241644
6. D CHRISTIANSON
7. Great Peconic Bay
8. Simulate hurricane prep.
9. AUXORD #80769 not completed; ANSC 7030 80805
10. D CHRISTIANSON 08AUG08 2225
- 11.
- 12.

80769.pdf	Content-Type: application/pdf Content-Encoding: base64
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80805 7030f.pdf	Content-Type: application/pdf Content-Encoding: base64
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Appendix C

Dept of Homeland Security United States Coast Guard CG-5132 (rev. 30-APR-06 PDF)	Coast Guard Auxiliary Patrol Order	Document Number 27-08-24819G769																																																		
Section I - Authorization																																																				
This Patrol Order is VOID if the Facility's Offer for Use or Member's Certification lapses prior to the Patrol. Operators are required to contact the Order Issuing Authority prior to getting underway for "Assignment to Duty" per local SOP.																																																				
From: Commander, U. S. Coast Guard Sector Long Island Sound 120 Woodward Ave. New Haven, CT 06512-3698																																																				
To: (Name and Address of Operator)		AUXORD #: 80769 Callsign: 241644 Owners Name: DANIEL T CHRISTIANSON Facility ID: NY7188UG - SOMEDAY Facility Type: Surface - E																																																		
DANIEL T CHRISTIANSON 1220 DEEP HOLE DRIVE MATTITUCK NY 11952-2609																																																				
1. Perform the following authorized reimbursable duty in accordance with current policy: Patrol Area: STA SHINNECOCK - Great Neck Harbor Date: 08/05/2008 For Station/Area: STA SHINNECOCK Patrol Type: OPS Training Patrol Time: All Day Crew required (including operator): 2 Comments: Inland Waters Only																																																				
<table border="1"> <thead> <tr> <th>2. Accounting Data</th> <th>Authorized</th> <th>Est Cost</th> <th>DIST</th> <th>APPN</th> <th>LIM</th> <th>ALLOT</th> <th>PRO ELEMENT</th> <th>COST CENTER</th> <th>OBJ CODE</th> </tr> </thead> <tbody> <tr> <td>Fuel</td> <td>Yes</td> <td>43</td> <td>2/1</td> <td>801</td> <td>101</td> <td>30</td> <td>0/9K</td> <td>73500</td> <td>2632</td> </tr> <tr> <td>Facility Maintenance</td> <td>Yes</td> <td></td> <td>2/1</td> <td>801</td> <td>101</td> <td>30</td> <td>0/5D</td> <td>73500</td> <td>2155</td> </tr> <tr> <td>Subsistence</td> <td>Yes</td> <td>10</td> <td>2/P</td> <td>801</td> <td>299</td> <td>11</td> <td>0/AX</td> <td>73500</td> <td>2533</td> </tr> <tr> <td>Trailing</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			2. Accounting Data	Authorized	Est Cost	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ CODE	Fuel	Yes	43	2/1	801	101	30	0/9K	73500	2632	Facility Maintenance	Yes		2/1	801	101	30	0/5D	73500	2155	Subsistence	Yes	10	2/P	801	299	11	0/AX	73500	2533	Trailing	No								
2. Accounting Data	Authorized	Est Cost	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ CODE																																											
Fuel	Yes	43	2/1	801	101	30	0/9K	73500	2632																																											
Facility Maintenance	Yes		2/1	801	101	30	0/5D	73500	2155																																											
Subsistence	Yes	10	2/P	801	299	11	0/AX	73500	2533																																											
Trailing	No																																																			
Section II - Claim for Reimbursement																																																				
1. Itinerary		Date	Time	Location	Automobile Data																																															
Departed Home/Office		** N/A **	** N/A **	***** Trailing not authorized. *****	Not Authorized																																															
Arrived Launch Site		** N/A **	** N/A **	***** Trailing not authorized. *****	Not Authorized																																															
Facility in Use																																																				
Facility Use Ended																																																				
Departed Launch Site		** N/A **	** N/A **	***** Trailing not authorized. *****																																																
Returned Home/Office		** N/A **	** N/A **	***** Trailing not authorized. *****																																																
LIST NAMES AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less operator)																																																				
A.				B.																																																
C.				D.																																																
E.				F.																																																
G.				H.																																																
3. Reimbursable Expenses		Received in kind (Government Provided)	Total Crew/Trainees/Authorized Passengers								The FINCEN will compute the meal allowance based on current BAS rates.																																									
			Operator	A	B	C	D	E	F	G		H																																								
Mid-Rations 2200-0200		Yes []																																																		
Breakfast 0400-0800		Yes []																																																		
Lunch 1000-1400		Yes []																																																		
Dinner 1600-2000		Yes []																																																		
			Total		A zero (0) is required in the Total field if an amount is not entered.																																															
Fuel		Yes []	Gallons of Fuel:				Engine hours:																																													
Oil & Fuel Additives		Yes []	A receipt or a Certificate in lieu of receipts will be required if any single line item amount exceed local policy requirements.																																																	
Ice		Yes []	Coast Guard Credit Card:																																																	
Other Reimbursable Expenses		Reason for other Reimbursable Expenses																																																		
I HEREBY CERTIFY that the above claim is accurate. My crew and I made these expenditures in the use of the Facility listed above, in carrying out the duties specified in this ORDER. No previous payment for this period has been received.																																																				
Signature of Operator (1194398) DANIEL T CHRISTIANSON										Date:																																										
Signature of Claimant (1194398)				Reimburse: DANIEL T CHRISTIANSON 1220 DEEP HOLE DRIVE MATTITUCK NY 11952-2609				Member #: 1194398																																												
Section III - Endorsement by Order Issuing Authority																																																				
Signature of order issuing authority approving this reimbursement:										Date:																																										

Appendix D

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC-7030 (01-08)	U.S. COAST GUARD AUXILIARY ACTIVITY REPORT - MISSION	Division <u>18</u> Flotilla <u>08</u> MISSION DATE DDMMYY 05AUG08					
SECTION I TYPE OF RESOURCE <input type="checkbox"/> Air <input checked="" type="checkbox"/> Boat <input type="checkbox"/> Radio <input type="checkbox"/> Unit/Individual							
SECTION II TIME & MISSION Always record START TIME, START MISSION, and FINISH TIME. (See MISSION list on page 3.) Use change boxes if mission changes. See instructions.							
	START	Change 1	Change 2	Change 3	Change 4	Change 5	FINISH
TIME	1000						1500
MISSION	22A						
SECTION III ACTIVITY LOG DETAILS							
Location: Great Peconic Bay				OPCON 01-30241		Facility Registration Number: NY7188UG	
Number of Assists: <input type="checkbox"/>	PATROL STATUS <input checked="" type="checkbox"/> Reimbursable <input type="checkbox"/> Non-reimbursable			WATERS <input checked="" type="checkbox"/> Navigable <input type="checkbox"/> Sole State		Order Number 80769	
SAR ASSISTS ONLY							
ATON MISSIONS ONLY							
SECTION IV CREW ASSIGNMENTS							
	Member ID			Last Name and Initials		Trainee	
LEAD	1	1	9	4	3	9	8
	CHRISTIANSON, D T					----	
2	1	1	9	4	3	9	9
	CHRISTIANSON, B B					<input type="checkbox"/>	
3	1	1	4	8	8	8	0
	BUSCH, S R					<input checked="" type="checkbox"/>	
4							
						<input type="checkbox"/>	
5							
						<input type="checkbox"/>	
6							
						<input type="checkbox"/>	
7							
						<input type="checkbox"/>	
8							
						<input type="checkbox"/>	
9							
						<input type="checkbox"/>	
LOCAL NOTES (non-AUXDATA):							
SECTION VI REMARKS							
OPs TRA; MDA #s 18-061 _____ _____ _____							
Use Member Activity Log (ANSC-7029) for missions not reported on VE (ANSC-7038), RBSVP (ANSC-7046) or this form and for Travel & Prep time previously reported on this form.							
Date submitted		07AUG08		D T CHRISTIANSON		Report number <input type="text"/>	
Submitting Member Name (print)							

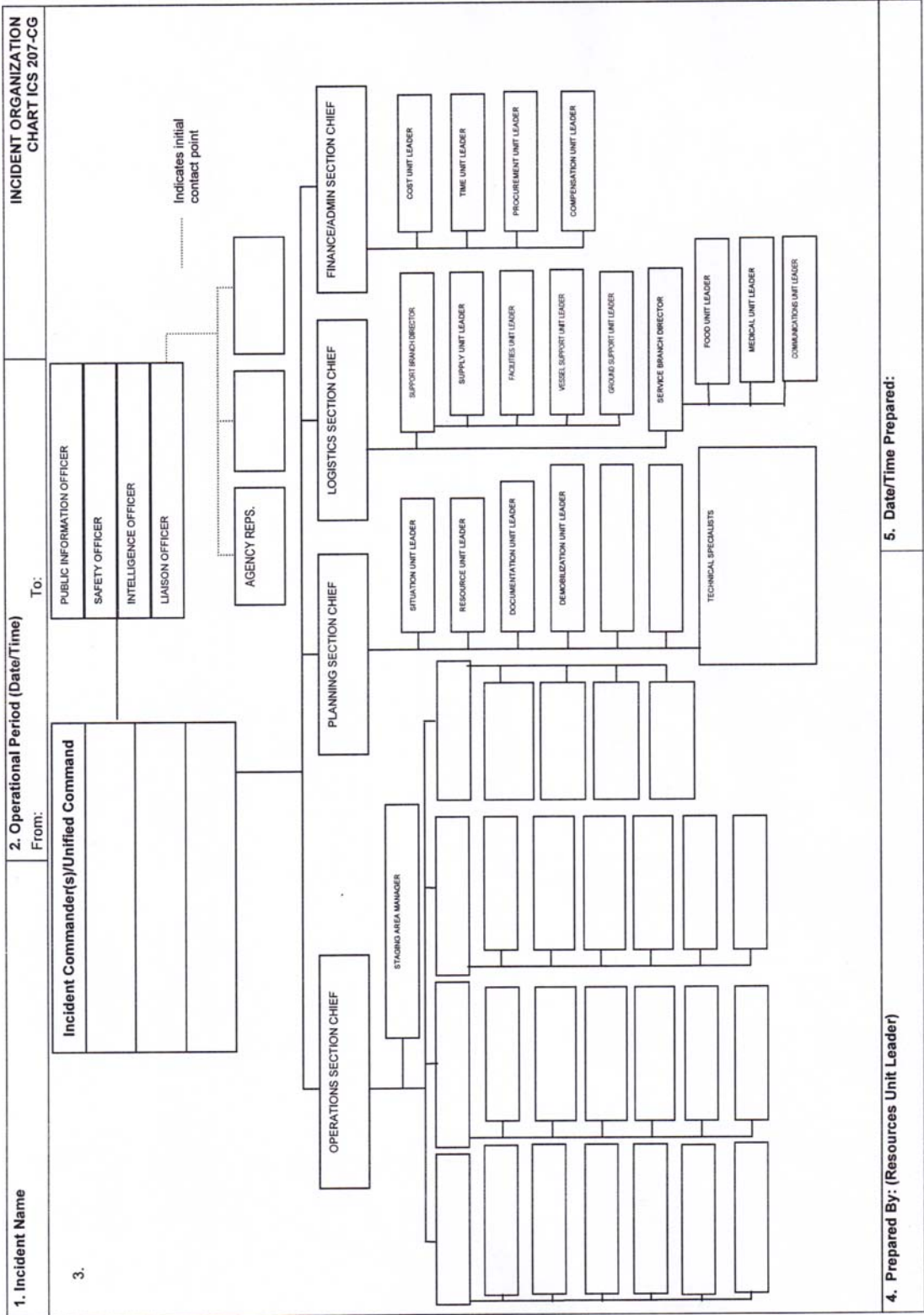
Previous edition may be used until supply is exhausted.

COPY 3 - FSO (PROGRAM)

Appendix E

1. Incident Name	2. Operational Period to be covered by IAP (Date / Time) From: _____ To: _____	IAP COVER SHEET
3. Approved by: FOSC _____ SOSC _____ RPIC _____ _____ _____ _____ _____		
<h2 style="margin: 0;">INCIDENT ACTION PLAN</h2> <p style="margin: 5px 0;">The items checked below are included in this Incident Action Plan:</p> <p style="margin: 10px 0;"><input type="checkbox"/> ICS 202-OS (Response Objectives)</p> <hr/> <p style="margin: 10px 0;"><input type="checkbox"/> ICS 203-OS (Organization List) - OR - ICS 207-OS (Organization Chart)</p> <hr/> <p style="margin: 10px 0;"><input type="checkbox"/> ICS 204-OSs (Assignment Lists) One Copy each of any ICS 204-OS attachments:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Map <input type="checkbox"/> Weather forecast <input type="checkbox"/> Tides <input type="checkbox"/> Shoreline Cleanup Assessment Team Report for location <input type="checkbox"/> Previous day's progress, problems for location </div> <hr/> <p style="margin: 10px 0;"><input type="checkbox"/> ICS 205-OS (Communications List)</p> <hr/> <p style="margin: 10px 0;"><input type="checkbox"/> ICS 206-OS (Medical Plan)</p> <p style="margin: 10px 0;"><input type="checkbox"/> _____</p> <p style="margin: 10px 0;"><input type="checkbox"/> _____</p> <p style="margin: 10px 0;"><input type="checkbox"/> _____</p> <p style="margin: 10px 0;"><input type="checkbox"/> _____</p> <p style="margin: 10px 0;"><input type="checkbox"/> _____</p> <p style="margin: 10px 0;"><input type="checkbox"/> _____</p>		
4. Prepared by: _____		Date / Time _____
IAP COVER SHEET		June 2000

Electronic version: NOAA 1.0 June 1, 200C



UNIT OFFICER DATA

- 1) **Unit Officer Report DIV 18**
- 2) **Unit Officer Report Flotilla 18-02**
- 3) **Unit Officer Report Flotilla 18-03**
- 4) **Unit Officer Report Flotilla 18-06**
- 5) **Unit Officer Report Flotilla 18-08**

Emergency Response Plan



RECORD OF CHANGES

CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	ENTERED BY
1	15 Mar 2006	15 Mar 2006	James H. Cornell
2	20 Apr 2007	20 Apr 2007	James H. Cornell
3	01 Oct 2009	01 Oct 2009	Vincent T. Pica, II
4	01 Apr 2010	01 Apr 2010	D T Christianson