



RECEPTION CENTRE ACTION PLAN			
Facility:		Date:	Time:
Operational Period:	EMBC Task #:	Prepared by:	
Objectives in priority order (for this operational period):			
Tasks:	Assigned Responsibility	Completion Time	
		Est.	Actual
Attachments (Check if Attached)			
Organization Chart	Public Information		
Other			
Important Note: Action Plan to be distributed to all Reception Centre Sections Chiefs			
Approved by (Planning Section Chief):		Approved by (Reception Centre Manager):	