

**AGENCY NAME**

**Sample Operations Plan**

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**I. SITUATION**

**Subject:** \_\_\_\_\_

**Agency Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Surveillance** \_\_\_\_\_ **Arrest** \_\_\_\_\_ **Search** \_\_\_\_\_ **Transport** \_\_\_\_\_

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**II. OBJECTIVE**

To bring about the successful resolution of \_\_\_\_\_ located at \_\_\_\_\_ with the intent and purpose to minimize the risk of injury or loss of life to citizens, Probation/Parole Officers, Police Officers, and the offender, utilizing the personnel, training, equipment and assets available.

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**III. DESCRIPTION OF LOCATION (Include safety hazards, fortifications, reconnaissance, observations, etc.)**

**A. STRUCTURE:**

\_\_\_ **Residence** \_\_\_ **Business** \_\_\_ **Office Building** \_\_\_ **School** \_\_\_ **Vehicle**

\_\_\_ **Apartment Complex** \_\_\_ **Compound** \_\_\_ **Other:** \_\_\_\_\_

**B. COMPOSITION:**

\_\_\_ **Wood** \_\_\_ **Brick** \_\_\_ **Block** \_\_\_ **Concrete** \_\_\_ **Steel Sheet Metal** \_\_\_ **Log**

\_\_\_ **Glass** \_\_\_ **Single Level** \_\_\_ **Muti-Level**

**C. ENTRY POINTS:**

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**D. INTERNAL CHARACTERISTICS (if known):**

**WEAPONS: Unknown \_\_\_\_\_**

**Firearms \_\_\_\_\_ Pistol \_\_\_\_\_ Revolver \_\_\_\_\_ Rifle \_\_\_\_\_ Shotgun \_\_\_\_\_**

**Semi-Auto \_\_\_\_\_ Auto \_\_\_\_\_ Suspected Edge Weapons \_\_\_\_\_**

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**E. EXTERNAL CHARACTERISTICS (if known):**

**F. ADDITIONAL INFORMATION**

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**IV. BACKGROUND OF INVESTIGATION (Include date /time of operation, objectives and specific details.)**

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**V. COMMUNICATIONS CHANNELS**

**Primary Frequency \_\_\_\_\_**

**Secondary Frequency \_\_\_\_\_**

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Other Agency Frequency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. PERSONNEL**

**A. STAGING LOCATION:**

\_\_\_\_\_  
\_\_\_\_\_

**B. TARGET LOCATIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**C. PRIMARY ROUTE TO STAGING/TARGET:**

\_\_\_\_\_

**D. ALTERNATIVE ROUTE TO TARGET:**

**E. VEHICLE TRANSPORT TO THE STAGING/TARGET LOCATION:**

**CAR # 1:**

Vehicle Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

License/State: \_\_\_\_\_

**Agent/Officer:** \_\_\_\_\_

**Call Sign:** \_\_\_\_\_

**Mobile #:** \_\_\_\_\_

**Pager#:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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**CAR #2:**

**Vehicle Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**License/State:** \_\_\_\_\_

**Agent/Officer:**

**Call Sign:**

**Mobile #:**

**Pager#:**

\_\_\_\_\_  
\_\_\_\_\_

**F. TEAM MEMBER ASSIGNMENTS/POSITIONS AT TARGET LOCATION:**

**RESIDENCE ENTRY**

**OFFICER**

**POSITION**

**CELL #**

**CALL SIGN**

**RESIDENCE SECURED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEARCH ASSIGNMENT INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARREST**

**TRANSPORT TEAM:**

\_\_\_\_\_

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**CAR # 1:**

**Vehicle Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**License/State:** \_\_\_\_\_

**Agent/Officer:                      Call Sign:                      Mobile #:                      Pager#:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAR # 2 :**

**Vehicle Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**License/State:** \_\_\_\_\_

**Agent/Officer:                      Call Sign:                      Mobile #:                      Pager#:**

**USE OF FORCE ACTIONS ON CONTACT**

**A. Offender**

\_\_\_\_\_ **Detain at Probation/Parole Office and transport to the target  
(offender's residence)**

\_\_\_\_\_ **Secure and hold in place**

\_\_\_\_\_ **Secured by local PD and removed.**

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**C. Third parties at the target location**

\_\_\_\_\_ Identify, pat-down and remove to \_\_\_\_\_

**D. COORDINATING INSTRUCTIONS**

**ACTIVATION TIME:** \_\_\_\_\_

**DEPARTURE TIME:** \_\_\_\_\_

**ARRIVAL TIME:** \_\_\_\_\_

**CLEAR TIME:** \_\_\_\_\_

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**VII. MONITORING**

**Pager/Cell Phone Codes**

**Abort:** \_\_\_\_\_ **Danger:** \_\_\_\_\_ **Other Malfunction:** \_\_\_\_\_

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**VIII. ARREST SIGNALS**

**Verbal:** We are going to conduct a search .

**Visual:** \_\_\_\_\_

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**IX. DISTRESS/DANGER**

**Verbal:** OUT!

**Visual:** HAND RAISED UP PALM OUT

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**OTHER CONTINGENCIES:**

If the offender becomes resistive, all personnel will, if it can be done safely, retreat.

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**X. OFFENDER INFORMATION**

Suspect Name: \_\_\_\_\_ Sex \_\_\_\_\_ Race: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

**Offender/Suspect Vehicles**

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License/State: \_\_\_\_\_

**Offender/Suspect Address(es)**

Primary: \_\_\_\_\_

**Criminal History**

REMARKS: \_\_\_\_\_

WEAPONS: \_\_\_\_\_

VIOLENT HISTORY: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

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**XI. ASSOCIATES INFORMATION**

Name: \_\_\_\_\_ Sex \_\_\_\_\_ Race: \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

**Vehicles**

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License/State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License/State: \_\_\_\_\_

**Associate Criminal History**

**WEAPONS:** \_\_\_\_\_

**VIOLENT HISTORY:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_

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**XII. EMERGENCY NOTIFICATIONS:**

**FIRE DEPARTMENT/EMS**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Non-Emergency Number: \_\_\_\_\_

Emergency Number (IF NOT 911): \_\_\_\_\_



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**HOSPITALS**

**CLOSE PROXIMITY:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

*MEDICAL SERVICES DISPATCH: List numbers* \_\_\_\_\_

**ON STAND-BY: YES NO**

**LEVEL I TRAUMA CENTERS:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**EMERGENCY:** \_\_\_\_\_

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**Police Jurisdiction**

**Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Non-Emergency Number:** \_\_\_\_\_

**Emergency Number (IF NOT 911):** \_\_\_\_\_

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**XIII. CHECKLIST**

	Yes	N/A		Yes	N/A
Op plan to supervisor	___	___	Surveillance assignments	___	___
Portable Radios	___	___	Search Tools	___	___

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**Perform** **Raid Jackets &**  
**Communications Ck.** \_\_\_\_\_ **Protective Gear** \_\_\_\_\_

**Cross w/ Other Agency** \_\_\_\_\_ **Service Form** \_\_\_\_\_

**Enforcement Briefing** \_\_\_\_\_

*Cross-checked performed by:* \_\_\_\_\_

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**XIV. ADMINISTRATIVE**

**Plan prepared by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approving Supervisor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_