INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:	2. Incident Number:

3. Date/Time Prepared:	4. Operational Period: Date From:	Date To:
Date: Time:	Time From:	Time To:

5. Incident Area	6. Hazards/Risks	7. Mitigations

8. Prepared by (Safety Officer)**:** Name: _____ Signature: _____

Prepared by (Operations Section Chief)**:** Name: _____ Signature: _____

ICS 215A Date/Time: _____