



Safety Message / Plan (ICS-208-WF)

1. INCIDENT NAME OR NUMBER	2. OPERATIONAL PERIOD	Date From:		Date To:	
		Time From:		Time To:	
3. SAFETY MESSAGE/EXPANDED SAFETY MESSAGE, SAFETY PLAN, SITE SAFETY PLAN					
4. SITE SAFETY PLAN REQUIRED? YES NO					
Approved Site Safety Plan(s) Located at:					
5. PREPARED BY	Position:		Name:		