



Safety Message / Plan (ICS-208)

1. INCIDENT	Name		2. OPERATIONAL PERIOD	Date From		Date To	
	Number			Time From		Time To	

3. SAFETY MESSAGE/EXPANDED SAFETY MESSAGE, SAFETY PLAN, SITE SAFETY PLAN

(Large empty area for writing the safety message, expanded safety message, safety plan, or site safety plan.)

4. SITE SAFETY PLAN REQUIRED? YES NO

Approved Site Safety Plan(s) Located at

5. PREPARED BY	Position				Signature			
	Name							
	Date		Time					