



# 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							
4. SITE SAFETY PLAN REQUIRED?      YES      NO							
Approved Site Safety Plan(s) Located at							
5. PREPARED BY	Position				Signature		
	Name						
	Date		Time				