



SAFETY MESSAGE/ PLAN ICS 208

1. INCIDENT/ EVENT NAME	2. OPERATIONAL PERIOD From (Date and Time): To (Date and Time):		
3. SAFETY MESSAGE			
4. SITE SAFETY PLAN REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LOCATION OF SAFETY PLAN: _____			
5. Prepared by SOFR	Name and Signature:	Date Prepared:	Time Prepared: