



## 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?** ☐ YES ☐ NO**LOCATION OF SAFETY PLAN:** \_\_\_\_\_**5. Prepared by SOFR**

Name and Signature:

Date Prepared:

Time Prepared: