



## 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: