

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:		2. Incident Number:	
3. Date/Time Prepared: Date: Time:		4. Operational Period: Date From: Date To: Time From: Time To:	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
8. Prepared by (Safety Officer): Name: _____ Signature: _____			
Prepared by (Operations Section Chief): Name: _____ Signature: _____			
ICS 215A		Date/Time: _____	