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: _____