

Item Number	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Number	Enter the number assigned to the incident.
3.	Date/Time Prepared	Enter date (YYYY/MM/DD) and time (using the 24-hour clock) prepared.
4.	Operational Period	Enter the start date (YYYY/MM/DD) and time (24-hour clock) and end date and time for the operational period to which the form applies
5.	Incident Area	Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group
6.	Hazards/Risks	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.
7.	Mitigations	List actions taken to reduce risk for each hazard indicated (e.g. specify personal protective equipment or use of a buddy system or escape routes).
8.	Prepared/Approved By:	Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation. Enter date (YYYY/MM/DD) and time (24-hour clock) reviewed.