33”w x 46”h

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: _____