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: | | |