

1. Incident Name	2. Operational Period (Date / Time) From:	3. Date	4. Time
------------------	--	---------	---------

RISKS											RISK MITIGATION													
Division/Group	Weather	Biohazard	Hazardous Materials	Communications	River/Water Hazard	SHA	Fatigue	Diving Hazards/Bends	Dehydration	CISM														

Prepared by (Name and Position)	INCIDENT ACTION PLAN SAFETY ANALYSIS ICS 215A-OS
---------------------------------	--

November 2003

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS FORM 215A-OS)

Purpose. This form communicates to the the Operations and Planning Section Chiefs safety and health issues identified by the Safety Officer. The Worksheet is used by the Planning section Chief to complete Operations briefings.

Preparation. This form is principally crafted by the Safety Officer. Use additional sheets, as needed.

Distribution. When the safety analysis is completed, the form is distributed to the Planning Section Chief to help prepare Operations briefing packages. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Date	Enter date (MMDDYYYY) prepared.
4.	Time	Enter time prepared (24-hour clock).
	Division/Group	Enter Division/Group indentifiers.
	Blank Risk Header	Enter appropriate title for risk.
	Blank Risk Mitigation Header	Enter appropriate information for risk mitigation.
	Blank Risk Cells	Enter an X to indicate a risk type of concern in a division/group.
	Blank Risk Mitigation Cells	Enter an X to indicate mitigation for risk to division/group.
	Prepared By	Enter name and title of the person preparing the form.