

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:		2. Incident Number: 20XX-08-LCF	
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: _____ <i>Grady Potts</i>	
Prepared by (Operations Section Chief): Name: _____		Signature: _____ <i>Marilyn Gibson</i>	
ICS 215A	Date/Time: _____		