SAFETY MESSAGE/PLAN (ICS 208) 1. Incident Name: 2. Operational Period: Date From: Date To: Time To: Time From: 3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

4. Site Safety Plan Required? Yes No Approved Site Safety Plan(s) Located At:				
5. Prepared by: Name:		Position/Title:	_Signature:	Grady Potts
ICS 208	IAP Page	Date/Time:		