

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

Purpose.

This form communicates to the Operations and Planning Section Chiefs safety and health issues identified by the Safety Officer. The Worksheet is used by the Resources Unit to complete ICS 204 Forms and 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 Resources Unit to help prepare Operations briefing packages. All completed original forms MUST be given to the Documentation Unit.

Instructions

Item #	Item Title	
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 identifiers.
	Blank Risk Header	Enter appropriate title for risk, if not already in list.
	Blank Risk Mitigation Header	Enter appropriate title for risk mitigation.
	Blank Risk Cells Mitigation Cells	Enter an X to indicate a risk type of concern in a division/group.
	Blank Risk	Enter an X to indicate mitigation for risk to Division or group.
	Prepared By	Enter name and title of the person preparing the form.