

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:			
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:			
5. Prepared by: Name: _____		Position/Title: _____ Signature: _____	
ICS 208	IAP Page _____	Date/Time: _____	