



## INCIDENT ACTION PLAN SAFETY ANALYSIS

### PURPOSE

The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

### PREPARATION

The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section OIC is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section OIC to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

### DISTRIBUTION

When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

### NOTES

- The ICS 215 A can be printed as a wall mount A0 size.
- If additional pages are needed, use a blank ICS 215 A and repaginate as needed.

NO.	TITLE.	INSTRUCTIONS.
1	Incident Name / Type	Enter the name assigned to the incident and the type of incident.
2	Operational Period	Enter the Start and End of the Operational Period including date and time.
3	Date Prepared	Enter the date prepared (day/month/year).
4	Time Prepared	Enter the time prepared (Use 24-hour clock).
5	Risk Header (Blank)	Enter appropriate title for risk, if not already in list.
6	Risk Mitigation Header (Blank)	Enter appropriate title for risk mitigation.
7	Risk Cells (Blank)	Enter an X to indicate a risk type of concern in a division/group.
8	Risk Mitigation Cells (Blank)	Enter an X to indicate mitigation for risk to Division or group.
10	Prepared By	Enter the Name, Position (if NOT the Safety Officer) of the person completing the ICS 215 A.

<b>1. INCIDENT NAME / TYPE</b>	<b>2. OPERATIONAL PERIOD (DATE / TIME)</b> FROM: _____ TO: _____	<b>3. DATE</b>	<b>4. TIME</b>	
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<b>5. RISKS</b>	<b>6. RISK MITIGATION</b>
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DIVISION / GROUP	WEATHER	BIO. HAZARD	HAZARDOUS MATERIALS	COMMS.	RIVER / WATER HAZARD	S.H.A.	FATIGUE	DIVING HAZARD / BENDS	DEHYDRATION	CISM CRITICAL INCIDENT STRESS MANAGEMENT	OTHER: (DEFINE)	8.										
7.																						



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<b>9. PREPARED BY</b>
NAME: _____
POSITION: _____