SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

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: _____
ICS 208	**IAP Page**	Date/Time: Date	

ICS 208
Safety Message/Plan

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:
- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan**	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	**Site Safety Plan Required?** Yes ☐ No ☐	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:	2. Incident Number:		
3. Date/Time Prepared: Date: Date Time: HHMM	**4. Operational Period:**	Date From: Date Date To: Date	Time From: HHMM Time To: HHMM

5. Incident Area	6. Hazards/Risks	7. Mitigations

8. Prepared by (Safety Officer): Name:	Signature: _____
Prepared by (Operations Section Chief): Name:	Signature: _____

| ICS 215A | Date/Time: Date |

ICS 215A
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 Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief 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:
- This worksheet can be made into a wall mount, and can be part of the IAP.
- If additional pages are needed, use a blank ICS 215A and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Date/Time Prepared**	Enter date (month/day/year) and time (using the 24-hour clock) prepared.
4	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies.
5	**Incident Area**	Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.
6	**Hazards/Risks**	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.
7	**Mitigations**	List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment or use of a buddy system or escape routes).
8	**Prepared by** (Safety Officer and Operations Section Chief) • Name • Signature • Date/Time	Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation. Enter date (month/day/year) and time (24-hour clock) reviewed.

OPERATIONAL PLANNING WORKSHEET (ICS 215)

| 1. Incident Name: | | | | | 2. Operational Period: | Date From: Date | Date To: Date |
| | | | | | | Time From: HHMM | Time To: HHMM |

3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources																		7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.																					
			Have																					
			Need																					
			Req.																					
			Have																					
			Need																					
			Req.																					
			Have																					
			Need																					
			Req.																					
			Have																					
			Need																					
			Req.																					
			Have																					
			Need																					
			Req.																					
			Have																					
			Need																					

	11. Total Resources Required														14. Prepared by:			
	12. Total Resources Have on Hand														Name: _____			
															Position/Title: _____			
ICS 215	13. Total Resources Need To Order														Signature: _____			
															Date/Time: Date			

ICS 215
Operational Planning Worksheet

Purpose. The Operational Planning Worksheet (ICS 215) communicates the decisions made by the Operations Section Chief during the Tactics Meeting concerning resource assignments and needs for the next operational period. The ICS 215 is used by the Resources Unit to complete the Assignment Lists (ICS 204) and by the Logistics Section Chief for ordering resources for the incident.

Preparation. The ICS 215 is initiated by the Operations Section Chief and often involves logistics personnel, the Resources Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staffs during the Planning Meeting. It may be useful in some disciplines or jurisdictions to prefill ICS 215 copies prior to incidents.

Distribution. When the Branch, Division, or Group work assignments and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the ICS 204. The Logistics Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

Notes:
- This worksheet can be made into a wall mount.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.
- If additional pages are needed, use a blank ICS 215 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Branch**	Enter the Branch of the work assignment for the resources.
4	**Division, Group, or Other**	Enter the Division, Group, or other location (e.g., Staging Area) of the work assignment for the resources.
5	**Work Assignment & Special Instructions**	Enter the specific work assignments given to each of the Divisions/Groups and any special instructions, as required.
6	**Resources**	Complete resource headings for category, kind, and type as appropriate for the incident. The use of a slash indicates a single resource in the upper portion of the slash and a Strike Team or Task Force in the bottom portion of the slash.
	• Required	Enter, for the appropriate resources, the number of resources by type (engine, squad car, Advanced Life Support ambulance, etc.) required to perform the work assignment.
	• Have	Enter, for the appropriate resources, the number of resources by type (engines, crew, etc.) available to perform the work assignment.
	• Need	Enter the number of resources needed by subtracting the number in the "Have" row from the number in the "Required" row.
7	**Overhead Position(s)**	List any supervisory and nonsupervisory ICS position(s) not directly assigned to a previously identified resource (e.g., Division/Group Supervisor, Assistant Safety Officer, Technical Specialist, etc.).
8	**Special Equipment & Supplies**	List special equipment and supplies, including aviation support, used or needed. This may be a useful place to monitor span of control.
9	**Reporting Location**	Enter the specific location where the resources are to report (Staging Area, location at incident, etc.).
10	**Requested Arrival Time**	Enter the time (24-hour clock) that resources are requested to arrive at the reporting location.

Block Number	Block Title	Instructions
11	**Total Resources Required**	Enter the total number of resources required by category/kind/type as preferred (e.g., engine, squad car, ALS ambulance, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/ Task Forces in the bottom portion of the slash.
12	**Total Resources Have on Hand**	Enter the total number of resources on hand that are assigned to the incident for incident use. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
13	**Total Resources Need To Order**	Enter the total number of resources needed. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.
14	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).