

ISO INCIDENT CHECKLIST

Safety officer: _____ Incident number: _____ Date: _____
 Response type: _____ Location: _____
 Incident commander: _____ Sector chief(s): _____
 Time of incident (1): _____ Safety on location (2): _____ Elapsed time (2-1): _____

ISO Duties

- (1) Report to incident commander. Discuss incident (incident strategy, plan of action, safety plan).
- (2) Walk the incident and establish a perimeter, checking the following items as they relate to safety. Advise command staff of risk assessment of incident. **Relate any immediate safety concerns to incident commander.**

✓ = OK ✕ = Issue ○ Circle applicable category

Strategy and Tactics

- ☐ Offensive/defensive/marginal attack
- ☐ Crews following incident commander strategy?
- ☐ Ventilation (vertical/horizontal, fans, crew location, means of egress — windows/doors, smoke conditions — volume/color/force — as related to safety of personnel)
- ☐ Incident layout (site drawing, crew locations, rapid intervention team)
- ☐ Risk management (Is the action necessary?)

Hazards

- ☐ Utilities (hydro, natural gas, LP-Gas tanks)
 - ☐ Environmental (heat, cold, ice, snow, rain, wind)
 - ☐ Structural conditions (roof, walls, floors, facades, signs, other construction features)
- (3) After the initial incident assessment, continue to observe all listed items as well as others that might affect the safety of personnel, including the following (*periodically check back to incident commander for update briefing*):
- ☐ Accountability (set-up, Phase I, Phase II, Phase III, PAR, rapid intervention team)
 - ☐ PPE (turnouts, hoods, helmet, shields, gloves, boots, SCBA)
 - ☐ Communications (radios, face-to-face, crews, sectors, command)
 - ☐ Hazard control zones (No-entry zone(s): red/white, hot zone: red, warm zone: yellow, cold zone: green)
 - ☐ Rehabilitation (location, fluids, food, crew rotation, manpower, shelter, heat/cooling, EMS)
 - ☐ Ladders (selection, placement, secured, hazards — wires/footing, two means of egress)
 - ☐ Equipment use (selection/placement of hose lines, water supply, tools, safety equipment, lighting)
 - ☐ Apparatus (placement, collapse/heat zone, staging, effectiveness, enough resources)
- (4) **Exercise emergency authority to stop or prevent imminent unsafe acts — notify incident commander immediately — ensure all personnel are aware of any special circumstances or danger.**

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FIGURE C.1(a) Example of an ISO Incident Checklist. (Source: Ottawa Fire Services — Safety Division, Ottawa, Canada.)



ISO INCIDENT CHECKLIST (*continued*)

(5) Other considerations:

- (a) In other than imminent unsafe acts, individuals or crews violating OFS policies and procedures will be addressed through the incident commander or through the post-incident analysis process.
- (b) Be aware of the need for addressing critical incident stress if necessary as per SOP.
- (c) In the event of accident/injury investigation, ensure the following is considered: scene preservation, critical injury protocol, seize PPE/equipment, document the scene with digital pictures, scene sketch (locations, measurements, etc.), witnesses, and statements.

(6) Resources

- ☐ Inspector ☐ Police ☐ EMS ☐ Hydro ☐ Gas Co. ☐ Water branch
- ☐ OC Transpo ☐ Engineer ☐ Heavy equipment ☐ Hazardous materials team

Scene Sketch

(Consider including direction, street names, apparatus, hose lines, hydrants, etc.)

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FIGURE C.1(a) *Continued*

Fulton County Fire Department STRUCTURE FIRE SAFETY REPORT

This form is intended to communicate safety-related issues regarding a Fulton County Fire Department incident involving a fire inside or adjacent to a structure of a magnitude requiring a full residential or commercial response. The shaded areas are major categories with subcategories for various safety-related issues. This form is not intended to be used as a strategy or tactics document, although many of the issues covered will impact strategic or tactical decisions.

Incident

- **Number.** The FCFD incident number assigned by emergency communications.
- **Operational Period (Date/Time).** The date and dispatch time of the incident as logged by emergency communications.

Communications

- **On-scene Time/Tactical Mode.** An indication upon arrival and at 20-, 40- and 60-minute intervals whether suppression operations are offensive (off.) or defensive (def.)
- **Radio transmissions clearly transmitted and repeated?** This includes all radio communications. If the answer is NO, explain in the Narrative. If radio or equipment problems hinder communications, this issue should be addressed in the Narrative.

Incident Management Facility Locations

- **Command Post.** Required for all incidents where command is established. Identification means it is identified by radio and has the green command post light activated.
- **Base.** The location for all out-of-service resources, rehab, and the air unit. Should be utilized any time rehab is established or when members will need more than two SCBA bottles to control the fire. Identification means that base is identified by radio.
- **Staging.** The location for resources available to be deployed within 3 minutes. Should be utilized at the discretion of the incident commander. Identification means that staging is identified by radio.

All Other Sections

Did any of the items listed present a safety hazard to fire fighters? Answer the question stated. If not applicable, mark N/A. If the answer to any question is NO, explain in the Narrative of the form.

FIGURE C.1(b) Example of a Structure Fire Safety Report. (Source: Fulton County Fire Department, Fulton County, GA.)



Fulton County Fire Department STRUCTURE FIRE SAFETY REPORT

INCIDENT

Number:	Address:	Date/Time:
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COMMUNICATIONS

On-scene time/ Tactical mode	Off. _____ Def. _____	20 min: Off. _____ Def. _____	40 min: Off. _____ Def. _____	60 min: Off. _____ Def. _____
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Radio transmissions clearly transmitted and repeated? ☐ YES ☐ NO (If NO, explain in Narrative.)

INCIDENT MANAGEMENT FACILITY LOCATIONS

Command post:	Base:	Staging:
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HEALTH HAZARDS (If NO, explain in Narrative.)

Hazard	Mitigation	YES	NO	N/A	Time
Contaminant exposure	Proper PPE utilized by all members?				
	Gross decon conducted?				
Respiratory hazards	SCBA used by all in an IDLH area?				
	All members rehabbed after 2 bottles?				
	SCBA utilized properly on the roof?				
	SCBA used until CO below 35 ppm?				

STRUCTURE-SPECIFIC HAZARDS (If NO, explain in Narrative.)

Hazard	Mitigation	YES	NO	N/A	Time
Arrangement	Pre-incident survey consulted?				
Ventilation	Effective ventilation conducted?				
Roof construction	Identified?				
Floor structure	Identified?				
Levels below grade	Identified?				
Levels above grade	Identified?				
Utilities	Identified? Locked out?				
Asbestos concerns	Identified?				

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FIGURE C.1(b) *Continued*

**Fulton County Fire Department
STRUCTURE FIRE SAFETY REPORT**

HUMAN RESOURCE MANAGEMENT CONCERNS (If NO, explain in Narrative.)

Hazard	Mitigation	YES	NO	N/A	Time
Accountability	Accountability system in place?				
	Utilized according to policy?				
	PAR after fire extinguished?				
Incident management	ICS utilized?				
Span of control	Span of control maintained (scale of 1-5)?				
Rapid intervention	Crew identified?				
Hazard area(s)/zone(s)	Identified by flagging tape?				
Team integrity	Maintained in the hazard area?				
Responder fatigue	Rehab initiated?				
Responder EMS needs	ALS unit available?				
Unit rotation	Plan developed?				

PHYSICAL HAZARDS (If NO, explain in Narrative.)

Hazard	Mitigation	YES	NO	N/A	Time
Access/egress	Secondary access identified?				
Atmospheric	Air monitored by truck company?				
Thermal	Hot spots checked with imager?				
Traffic	Controls in place?				
Hazardous materials	Mitigated by Ops level members?				
Structural stability	Collapse zone identified?				
	Floor collapse potential identified?				
	Roof collapse potential identified?				
	Wall collapse potential identified?				
Other					

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FIGURE C.1(b) *Continued*

Fulton County Fire Department STRUCTURE FIRE SAFETY REPORT

EMERGENCY ACTIONS REQUIRED

(Any of the following marked "YES" must be explained in the Narrative.)

Hazard	Brief Explanation	YES	NO	N/A	Time
Task terminated?					
Emergency traffic?					
Withdrawal required?					
Abandonment required?					

NARRATIVE

REPORT REVIEW

Name of incident commander notified at the scene:	Date:	Time:
Attachments to safety report:		
Developed by incident safety officer:	Date:	Time:

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FIGURE C.1(b) *Continued*

Fulton County Fire Department EMS INCIDENT SAFETY REPORT					
INCIDENT					
Number:			Date/Time:		
Description:			Location:		
INCIDENT MANAGEMENT FACILITY LOCATIONS					
Command Post:		Base:		Staging:	
HEALTH HAZARDS					
Hazard	Mitigation	YES	NO	N/A	Time
Contaminant exposure	Gloves used?				
	Full EMS PPE utilized?				
Fire suppression/extrication	Proper PPE utilized?				
Sharps	Proper disposal techniques utilized?				
Biomed waste	Proper disposal techniques utilized?				
HUMAN RESOURCE MANAGEMENT CONCERNS					
Hazard	Mitigation	YES	NO	N/A	Time
Accountability	Accountability system in place?				
Incident management	ICS utilized?				
	Incident commander identified?				
	EMS group supervisor identified?				
Hazard area(s)/zone(s)	Identified?				
Span of control	Span of control (scale of 1–5)?				
Responder EMS needs	ALS unit available?				
Unit rotation	Plan developed?				
Lifting patients	Proper lifting techniques observed?				

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FIGURE C.1(c) Example of an EMS Incident Safety Report. (Source: Fulton County Fire Department, Fulton County, GA.)

Fulton County Fire Department EMS INCIDENT SAFETY REPORT

PHYSICAL HAZARDS

Hazard	Mitigation	YES	NO	N/A	Time
Scene management	Scene secured to unauthorized persons?				
Coordinated tactical plan	Plan communicated?				
Electrical	Power sources secured?				
Hazardous materials	Mitigated by operations level members?				
Traffic	Controls in place?				
	Law enforcement requested to assist?				
Fire suppression	Hose line(s) in place?				
	Extinguisher(s) in place?				

NARRATIVE

REPORT REVIEW

Incident commander notification of concerns at the scene:	Date:	Time:
Attachments to report:		
Incident safety officer:	Date:	Time:

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FIGURE C.1(c) *Continued*

Fulton County Fire Department MARINE INCIDENT SAFETY REPORT					
INCIDENT					
Incident:	Incident commander:	Date Prepared:			
Pier # (Address):		Time Prepared:			
COMMUNICATIONS					
Command (radio) channel:	Tactical (radio) channel:				
Command phone:	FAX:				
SITE INFORMATION					
Incident type:	Secondary access/egress:				
Primary access:	Contact name/phone:				
Yard office:	Alternate phone:				
INCIDENT MANAGEMENT FACILITY LOCATIONS					
Command post:	Base:				
Staging:	Marine team staging:				
INCIDENT ORGANIZATION					
Incident commander:	Safety officer:				
Marine Div/Gr Supv:	Marine safety officer:				
Vessel rep:	USCG rep:				
HUMAN RESOURCE MANAGEMENT CONCERNS (If NO, explain in Narrative.)					
Hazard	Mitigation	YES	NO	N/A	Time
Accountability	Accountability system in place?				
Span of control	Span of control (scale of 1-5)?				
Responder fatigue	Rehab initiated?				
Unit rotation	Plan developed?				
Hazard area(s)/zone(s)	Identified?				

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FIGURE C.1(d) Example of a Marine Incident Safety Report. (Source: Fulton County Fire Department, Fulton County, GA.)

Fulton County Fire Department MARINE INCIDENT SAFETY REPORT

VESSEL-SPECIFIC HAZARDS (If NO, attach explanation.)

Hazard	Mitigation	YES	NO	N/A	Time
Vessel stability	Stability monitoring?				
Vessel access	Primary identified?				
	Secondary identified?				
Arrangement	Vessel plans acquired?				
Hazardous cargo	Cargo manifest acquired?				
Electrical	Power plant secured?				
Confined spaces	Confined space tech. on scene?				

PHYSICAL HAZARDS (If NO, attach explanation.)

Hazard	Mitigation	YES	NO	N/A	Time
Depth of water	Life jackets available?				
Tide/current	Tide tables checked?				
Hazmat mitigation	Hazmat tech. available?				
Chemical/contaminant exposure	Proper PPE identified?				
Weather	Forecast obtained?				
Wind direction/speed	Upwind escape route identified?				
Atmospheric	Air monitoring commenced?				

PLAN REVIEW

Attachments to safety plan:

Developed by safety officer:

Date:

Time:

Approved by incident commander:

Date:

Time:

FIGURE C.1(d) *Continued*

Fulton County Fire Department TECHNICAL RESCUE INCIDENT SAFETY REPORT					
Incident name:			Operational period (date/ time):		
INCIDENT TYPE (Check all that apply.)					
<input type="checkbox"/> Confined space	<input type="checkbox"/> Rope	<input type="checkbox"/> Water			
<input type="checkbox"/> Machinery/vehicle	<input type="checkbox"/> Structural collapse	<input type="checkbox"/> Trench			
HEALTH HAZARDS (If NO, explain in Narrative.)					
Hazard	Mitigation	YES	NO	N/A	Time
Atmospheric	Atmosphere monitored?				
	Space ventilated?				
	Respiratory protection utilized?				
	Respiratory protection downgraded?				
Communications	Secondary form identified?				
	Written plan developed?				
Contaminant exposure	Contaminant identified?				
	PPE utilized?				
	Decon conducted?				
	Written records maintained?				
Stress	Debriefing/defusing scheduled?				
PHYSICAL HAZARDS (If NO, explain in Narrative.)					
Hazard	Mitigation	YES	NO	N/A	Time
Access/egress	Secondary access identified?				
Arrangement	Floor/plot/area plan available?				
Electrical	Utilities locked/tagged out?				
Hazmat	Awareness of Ops level materials?				
Thermal	Fire suppression measures taken?				
Weather	Forecast obtained?				

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FIGURE C.1(e) Example of a Technical Rescue Incident Safety Report. (Source: Fulton County Fire Department, Fulton County, GA.)



**Fulton County Fire Department
TECHNICAL RESCUE INCIDENT SAFETY REPORT**

HUMAN RESOURCE MANAGEMENT (If NO, explain in Narrative.)

Hazard	Mitigation	YES	NO	N/A	Time
Accountability	Accountability system in place?				
Coordinated tactical plan	Plan communicated?				
Hazard area(s)/zone(s)	Identified?				
Management	Incident command system implemented?				
Rapid intervention	Crew identified?				
Responder fatigue	Rehab initiated?				
Responder EMS needs	ALS unit available?				
Responder rotation	Plan developed?				
Span of control	Span of control (scale of 1-5)?				
Team integrity	Maintained in the hazard area?				

EMERGENCY ACTIONS REQUIRED (If required, explain in Narrative.)

Hazard	Brief Explanation	YES	NO	N/A	Time
Task terminated					
Mayday transmitted					
Withdrawal required					
Abandonment required					

PLAN REVIEW

Incident commander notification of concerns at the scene:	Date:	Time:
Attachments to safety plan: <input type="checkbox"/> Narrative <input type="checkbox"/> Structural collapse <input type="checkbox"/> Rope <input type="checkbox"/> Confined space <input type="checkbox"/> Trench <input type="checkbox"/> Transp/machinery <input type="checkbox"/> Water		
Developed by incident safety officer:	Date:	Time:

FIGURE C.1(e) *Continued*

**Fulton County Fire Department
TECHNICAL RESCUE INCIDENT SAFETY REPORT**

NARRATIVE

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FIGURE C.1(e) *Continued*

Fulton County Fire Department TECHNICAL RESCUE — CONFINED SPACE						
TYPE OF EVENT						
Location	<input type="checkbox"/> Vault	<input type="checkbox"/> Tank	<input type="checkbox"/> Service area	<input type="checkbox"/> Marine vessel		
	<input type="checkbox"/> Cave/pit	<input type="checkbox"/> Structure	<input type="checkbox"/> Tunnel	<input type="checkbox"/> Other: _____		
Description of space:						
SPECIFIC HAZARDS						
Hazard	Brief Explanation	YES	NO	N/A	Time	
Cause of incident identified.						
Equipment/utilities secured.						
Rescue area identified.						
Rescue scene secured.						
Permit posted.						
Access maintained.						
Rescue entrant(s) identified.						
Back-up entrant(s) identified.						
O ₂ level monitored.						
LEL level monitored.						
Toxicity level monitored.						
Space confirmed free of hazmat.						
Space ventilated.						
Adequate air supplies available.						
Consulted with assistant safety officer:		Date:		Time:		
Developed by incident safety officer:		Date:		Time:		
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FIGURE C.1(f) Example of a Confined Space Rescue Supplemental Report. (Source: Fulton County Fire Department, Fulton County, GA.)

Fulton County Fire Department TECHNICAL RESCUE — MACHINERY/VEHICLE					
TYPE OF EVENT					
Location	<input type="checkbox"/> Commercial site		<input type="checkbox"/> Residential site		
	<input type="checkbox"/> Transportation corridor		<input type="checkbox"/> Other: _____		
Type of transport/machinery	<input type="checkbox"/> Auto	<input type="checkbox"/> Truck	<input type="checkbox"/> Bus	<input type="checkbox"/> Construction	
	<input type="checkbox"/> Bike	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Other: _____	
SPECIFIC HAZARDS					
Hazard	Brief Explanation	YES	NO	N/A	Time
Incident command system established.					
Cause of incident identified.					
Rescue area identified.					
Rescue scene secured.					
Power source identified and controlled.					
Vehicle/machine de-energized.					
Equipment locked out/tagged out.					
Utilities tagged/locked out.					
Vehicle stabilized.					
Contents/cargo identified.					
Extrication plan communicated.					
Rescue entrant(s) identified.					
Back-up entrant(s) identified.					
Alternate extrication plan in place.					
Minimum number of rescuers utilized.					
Consulted with assistant safety officer:		Date:		Time:	
Developed by incident safety officer:		Date:		Time:	
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FIGURE C.1(g) Example of a Machinery or Vehicle Rescue Supplemental Report. (Source: Fulton County Fire Department, Fulton County, GA.)



Fulton County Fire Department TECHNICAL RESCUE — ROPE					
TYPE OF EVENT					
Type of rescue	<input type="checkbox"/> Low angle	<input type="checkbox"/> High angle	Feet above/below grade:		
Location	<input type="checkbox"/> Structure	<input type="checkbox"/> Equipment	<input type="checkbox"/> Road/bridge	<input type="checkbox"/> Cliff/bluff	
	<input type="checkbox"/> Below grade	Other: _____			
SPECIFIC HAZARDS					
Hazard	Brief Explanation	YES	NO	N/A	Time
Cause of incident identified.					
Equipment/utilities secured.					
Rescue area identified.					
Rescue scene secured.					
Fall protection utilized.					
Secure anchor points selected.					
Main line staffed continuously.					
Belay line staffed continuously.					
Knots and bends safety checked.					
Hardware secured.					
Fall area secured.					
Litter attachments safety checked.					
Haul team(s) briefed on tactical plan.					
Consulted with assistant safety officer:		Date:		Time:	
Developed by incident safety officer:		Date:		Time:	
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FIGURE C.1(h) Example of a Rope Rescue Supplemental Report. (Source: Fulton County Fire Department, Fulton County, GA.)

Fulton County Fire Department TECHNICAL RESCUE — STRUCTURAL COLLAPSE					
COLLAPSE EVENT					
Type of collapse	<input type="checkbox"/> "V"	<input type="checkbox"/> Pancake	<input type="checkbox"/> Lean-to	<input type="checkbox"/> Cantilever	
	<input type="checkbox"/> "A" frame	<input type="checkbox"/> Other: _____			
Location of collapse	<input type="checkbox"/> Roof	<input type="checkbox"/> Floor	<input type="checkbox"/> Wall	<input type="checkbox"/> Total	
Type of construction involved	<input type="checkbox"/> Wood frame	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	
	<input type="checkbox"/> Heavy timber	<input type="checkbox"/> Other: _____			
SPECIFIC HAZARDS					
Hazard	Brief Explanation	YES	NO	N/A	Time
Cause identified.					
Secondary collapse potential identified?					
Rescue area identified.					
Collapse zone identified.					
Primary access maintained.	Shoring installed?				
	Shoring reinforced.				
Escape route identified.					
Water hazard identified.					
Overall structure stabilized.					
Rescue area identified.					
Rescue scene secured.					
Consulted with assistant safety officer:		Date:		Time:	
Developed by incident safety officer:		Date:		Time:	
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FIGURE C.1(i) Example of a Structural Collapse Rescue Supplemental Report. (Source: Fulton County Fire Department, Fulton County, GA.)

Fulton County Fire Department TECHNICAL RESCUE — WATER					
EVENT					
Type of water	<input type="checkbox"/> Salt	<input type="checkbox"/> Fresh	<input type="checkbox"/> Ice	<input type="checkbox"/> Storage	
Watercraft	<input type="checkbox"/> None	<input type="checkbox"/> Boat	<input type="checkbox"/> Ship	<input type="checkbox"/> Barge	<input type="checkbox"/> Jet ski
Type of incident	<input type="checkbox"/> Swimming		<input type="checkbox"/> Vessel problem		<input type="checkbox"/> Other: _____
SPECIFIC HAZARDS					
Hazard	Brief Explanation	YES	NO	N/A	Time
Cause of incident identified.					
Depth of water known.					
Sources of power locked out/tagged out.					
Minimum number of rescuers.					
Throw, Tow, Row options explored.					
Rescuers secured for land-based rescue.					
Rescue craft at or near carrying capacity.					
Rescue vs. recovery mode identified.					
Flotation worn devices in proximity to water.					
FFs operating within the scope of their training.					
Consulted with assistant safety officer:		Date:		Time:	
Developed by incident safety officer:		Date:		Time:	

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FIGURE C.1(j) Example of a Water Rescue Supplemental Report. (Source: Fulton County Fire Department, Fulton County, GA.)

Fulton County Fire Department TECHNICAL RESCUE — TRENCH						
TYPE OF EVENT						
Location	<input type="checkbox"/> Construction site		<input type="checkbox"/> Residential site			
	<input type="checkbox"/> Other site: _____					
Approximate size	Trench:		Excavation:			
	Depth: _____		Intersecting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SPECIFIC HAZARDS						
Hazard	Brief Explanation	YES	NO	N/A	Time	
Cause of incident identified.						
Equipment locked out.						
Utilities tagged/locked out.						
Rescue area identified.						
Rescue scene secured.						
Spoil pile secured.						
Access maintained.						
Rescue entrant(s) identified.						
Back-up entrant(s) identified.						
Panels safety checked.						
Shores safety checked.						
Consulted with assistant safety officer:		Date:		Time:		
Developed by incident safety officer:		Date:		Time:		

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FIGURE C.1(k) Example of a Trench Rescue Supplemental Report. (Source: Fulton County Fire Department, Fulton County, GA.)