



HICS 215A - INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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3. Hazard Mitigation			
3a. Potential / Actual Hazards	3b. Affected Section / Branch / Unit and Location	3c. Mitigations	3d. Mitigation Completed (Initials/Date/Time)

4. Prepared by Safety Officer	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

5. Approved by Incident Commander	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



Purpose: Operational risk assessment to prioritize hazards, safety, and health issues, and to assign mitigation actions
Origination: Safety Officer
Copies to: Planning Section Chief for Incident Action Plan (IAP) and Documentation Unit Leader