Incident Action Plan Safety Analysis (ICS 215A)

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| **1. Incident Name:**  | **2. Incident Number:** |
| **3. Date/Time Prepared:**Date: Time:  | **4. Operational Period:** Date From: Date To:  Time From: Time To:  |
| **5. Incident Area** | **6. Hazards/Risks** | **7. Mitigations** |
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| **8. Prepared by** (Safety Officer)**:** Name: Signature:  |
|  **Prepared by** (Operations Section Chief)**:** Name: Signature:  |
| **ICS 215A** | Date/Time:  |