INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

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**
SCENE	Fire / Explosion hazard(s)	Establish HOT, WARM, and COLD zones - clearly defined areas - beware of radiant heat
Hot Zone	Fire Explosion hazard(s)	ASSIST WITH EVACUATION(S) - IMPLEMENT A PAR SYSTEM
Hot Zone	Fire Explosion hazard(s)	Ensure any firefighting operations have sufficient resources
Hot Zone	Fire Explosion hazard(s)	DENY ENTRY UNLESS VIABLE RESCUE(S) IS/ARE POSSIBLE - LIMIT # IN HOT ZONE
Hot Zone / Warm Zone	Fire Explosion hazard(s)	ESTABLISH VIABLE ACCESS/EGRESS CORRIDORS - Establish Decon if needed
Hot Zone	Fire Explosion hazard(s)	ALL RESPONDERS MUST WEAR FULL PPE INCLUDING SCBA
Hot Zone	Fire Explosion hazard(s)	Work to eliminate and/or isolate potential re-ignition sources
Hot Zone	Fire Explosion hazard(s)	ALL RESPONDERS MUST WORK IN TEAMS AND/OR PAIRS - Establish RIT/RIC
Hot Zone	Fire Explosion hazard(s)	Begin atmospheric monitoring - gas detection - monitor for migration - LEL/UEL checks
Operator facility (ies)	Fire Explosion hazard(s)	Operator to close remote shut-offs
Hot Zone / Warm Zone	Trip / Fall Hazard(s)	Ensure that access / egress corridors are free from obstruction(s) and/or debris
Hot Zone / Warm Zone	NEED FOR RAPID EGRESS	Develop communications plan with distinct evacuation signal(s)
Hot Zone / Warm Zone	General hazards associated with a hazardous materials spill and/or release	Ensure that all responders are trained to at least the Operations Level
SCENE	Fatigue / stress	Ensure IC has Rehab as part of IAP - Monitor crew(s) for fatigue / stress

8. Prepared by (Safety Officer)**:** Name: _____ Signature: _____

Prepared by (Operations Section Chief)**:** Name: _____ Signature: _____

ICS 215A Date/Time: _____

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.