



## Safety Message/Plan (ICS 208)

1. INCIDENT NAME	2. OPERATIONAL PERIOD: Date from:	Date to:
	Time from:	Time to:
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:		
IAP Page	5. PREPARED BY (Name and Position)	Date/Time:
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