

Initial Briefing

ICS 201-5 Site Safety and Control Analysis

Incident Name:		Date Prepared:	Time Prepared:
Operational Period Date: From: To:		Operational Period Time: From: To:	
1. Wind Direction Across Incident: <input type="checkbox"/> Towards Your Position <input type="checkbox"/> Away From Your Position			
2. Are people Injured or trapped? Injured <input type="checkbox"/> Yes <input type="checkbox"/> No Trapped <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Are people involved as unorganized observers or involved in rescue attempts? Observers <input type="checkbox"/> Yes <input type="checkbox"/> No Rescuers <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Are there any immediate signs of potential hazards:			
a. Electrical line down or overhead?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Unidentified liquid, or solid products visible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Colored vapors visible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Smells which are not natural noted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Fire, sparks nearby, sources of ignition present?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Holes, caverns, deep ditches, fast moving water, cliffs nearby?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Is local traffic a potential problem?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Signs, placards or color codes indicating danger?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Spill zone		<input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. As you approach the scene from the upwind side, do you note a change in status of any of the above?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you established control of the area involved in the incident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you determined the necessity for any of the following:			
a. Security?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Hazardous material identified. Being monitored?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Protective gear and to what level of protection? _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Site for decontamination center?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Site for command center?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Safety equipment you will need to eliminate the problems?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Placement of the warning sign? (I.e., benzene, no smoking, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Number of personnel needed to control the situation? _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Entry Objectives:		Description:	
9. a. Decon Equipment and Materials Required:		Description:	
b. Emergency Decon Instructions:			
c. Personal Protective Equipment:			
<input type="checkbox"/> A. To be selected when greatest level of skin, respiratory, and eye protection is needed.			
<input type="checkbox"/> B. To be selected when highest level of respiratory protection is needed, but lesser level of skin protection is needed. (SCBA)			
<input type="checkbox"/> C. To be selected when concentrations and types of airborne substances are known and the criteria for using air purifying respirators are met.			
<input type="checkbox"/> D. To be selected when the atmosphere contains no known hazard; and work functions preclude splashes, immersion, or potential for unexpected inhalation of or contact with hazardous levels of any chemicals.			

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10. Emergency Escape Route:	Description:		
11. a. Sampling Equipment Listed:	(Combustible gas indicator, O ₂ monitor, colonmetric tubes (type) HNU/OVA, etc.)		
b. Sample Frequency:	(Indicate continuous, hourly, daily, other)		
12. Personal Monitoring:	(Describe any personal sampling programs being carried out on site personnel)		
13. Medical Monitoring:	(Describe procedures in effect, i.e., monitoring body temperature, body weight, pulse rate, etc.)		
14. Remarks			
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<p>1. Before entering a potentially hazardous work environment, IT MUST BE EVALUATED BY A COMPETENT PERSON to establish safe work practices, personal protective equipment, and other control procedures. As a minimum lower explosive limit (LEL). Oxygen and Benzene levels must be evaluated.</p> <p>2. Spill cleanup areas shall be controlled as "regulated areas." If Benzene vapors are or may be expected to equal the action level of .5ppm. then the area must be posted with the following warning:</p> <p style="text-align: center;">Danger Benzene Cancer Hazard Flammable - No Smoking Authorized Personnel Only Respirator Required</p>			
Prepared By:	Company Name:	ICS Position: On-Site Safety Unit Leader	
Approved By:	Company Name:	ICS Position:	

