

## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b>	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>			
<b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located At:</b>			
<b>5. Prepared by:</b> Name:		Position/Title:	Signature: _____
ICS 208	IAP Page	Date/Time: Date	