

# NHICS 215A | INCIDENT ACTION PLAN SAFETY ANALYSIS



<b>1. INCIDENT NAME</b>		<b>2. OPERATIONAL PERIOD</b>	
		DATE: FROM: TO:	
		TIME: FROM: TO:	
<b>3. HAZARD MITIGATION</b>			
<b>3a. POTENTIAL/ACTUAL HAZARDS</b> (BIOHAZARDS, STRUCTURAL, UTILITY, ETC.)	<b>3b. AFFECTED SECTION OR BRANCH &amp; LOCATION</b>	<b>3c. MITIGATIONS</b> (E.G., PPE, BUDDY SYSTEM, ESCAPE ROUTES)	<b>3d. MITIGATION COMPLETED</b> (INITIALS/DATE/TIME)
<b>4. PREPARED BY SAFETY OFFICER</b>	<b>PRINT NAME:</b> _____ <b>DATE/TIME:</b> _____		<b>SIGNATURE:</b> _____ <b>FACILITY:</b> _____
<b>5. APPROVED BY INCIDENT COMMANDER</b>	<b>PRINT NAME:</b> _____ <b>DATE/TIME:</b> _____		<b>SIGNATURE:</b> _____ <b>FACILITY:</b> _____

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## INSTRUCTIONS

- PURPOSE:** Records the findings of the Safety Officer after completing an operational risk assessment and to identify and resolve hazard, safety, and health issues. When the safety analysis is completed, the form is used to prepare the Operations Briefing.
- ORIGINATION:** Safety Officer during the IAP cycle.
- COPIES TO:** Planning Section Chief. Duplicate and attach as part of the IAP.
- NOTES:** Issues identified should be reviewed and updated each operational period. If additional pages are needed, use a blank NHICS 215A and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Hazard Mitigation</b>	
	<b>3a. Potential / Actual Hazards</b>	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.
	<b>3b. Affected Section / Branch and Location</b>	Reference the affected sections, branches, and the location of the hazards.
	<b>3c. Mitigations</b>	List actions taken to reduce risk for each hazard indicated (e.g., restricting access, proper PPE for identified risk).
	<b>3d. Mitigation Completed</b>	Enter the initials, date, and time when the mitigation is implemented or the hazard no longer exists.
4	<b>Prepared by Safety Officer</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
5	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.