

Message Number	Originating Station	Time Filed	Date

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

4. Site Safety Plan Required? Yes No

Approved Site Safety Plan Located At:

5. Prepared By:	Name: _____	Position/Title: _____	Date/Time: _____
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Sending Operator Call	Receiving Station Call	Time Sent	Date Sent