

SAFETY MESSAGE/PLAN (ISM 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 <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ISM 208	IAP Page _____	Date/Time: _____

ISM 208 Safety Message/Plan

Purpose. The Safety Message/Plan (ISM 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ISM 208 is an optional form that may be included in the Incident Action Plan/Emergency Action Plan (IAP/EAP). If the EOC or other facility has an existing Site Safety Plan, use that plan instead and include it on the IAP/EAP.

Distribution. The ISM 208, if developed, will be reproduced with the IAP/EAP and given to all recipients as part of the IAP/EAP. All completed original forms must be given to the Documentation Unit.

Notes:

- The ISM 208 may serve (optionally) as part of the IAP/EAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident. Refer to existing safety plan, if one is available.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).