| **1. Incident Name** | | | | **2. Prepared by:** (name)  Date: Time: | | | | | INCIDENT BRIEFING  ICS 201 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status) | | | | | | | | | |
| **4. Current Situation:** | | | | | | | | | |
| **5. Initial Response Priorities, Objectives, Current Actions, Planned Actions, and Incident Potential** | | | | | | | | | |
| ***Priorities*** | | ***Objectives*** | | | | | | | |
| ***Current Actions*** | | | | | ***Planned Actions*** | | | | |
| ***Incident Potential*** | | | | | | | | | |
| **6. Current Organization** (fill in additional appropriate organization)            Safety Officer  Liaison Officer  Public Information Officer  Planning Section  Finance Section  Logistics Section  Operations Section  Deputy OSC | | | | | | | | | |
|  |  | |  | | |  | |  | |
| **7. Resources Summary**  Resource | Resource Identifier | | Date  Time  Ordered | | | On-  Scene  ETA (X) | | NOTES: (Location/Assignment/Status) | |
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| 1. Incident Name: | | 1. Prepared By (Date/Time): | | | | | **ICS 201-5**  **Site Safety** | |
| 1. Operational Hazards | | | 1. Safety Controls / Mitigations | | | | | |
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| 1. Emergency Medical Procedures | | | | 1. PPE Requirements | | | | |
| 5a. Medical Monitoring Requirements | | | | Hazard | PPE | | | |
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| 5b. Medical Aid Stations | | | |  |  | | | |
| Location | Communications | | |
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| 5c. Special Medical Emergency Procedures | | | | 1. Safety / Exclusion Zones | | | | |
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| 6. Emergency Signals: (Evacuation / Shelter) | | | |
|  | | | |
| 1. Remarks | | | | | | 1. Safety Officer Information | | |
|  | | | | | |
| Name:    Phone:  Other: | | |