| **1. Incident Name** | **2. Prepared by:** (name) Date: Time:  | INCIDENT BRIEFINGICS 201 |
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| **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 SectionFinance SectionLogistics SectionOperations SectionDeputy OSC |
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| **7. Resources Summary**Resource | Resource Identifier | DateTimeOrdered | 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
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|  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
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|  |
| Name:Phone: Other: |