INCIDENT ACTION PLAN SAFETY ANALYSIS



1. INCIDENT NAME		2. DATE PREPARED	3. TIME PREPARED
4. HAZARD MITIGATION			
Potential/Actual Hazards (biohazards, structural, utility, traffic, etc.)	Section or Branch and Location	Mitigations (e.g., PPE, buddy system, escape routes)	Mitigation Completed (Sign Off)
5. SAFETY OFFICER		6. FACILITY NAME	