

SITE SAFETY AND CONTROL PLAN ICS 208 HM	1. Incident Name:	2. Date Prepared:	3. Operational Period: Time:									
Section I. Site Information												
4. Incident Location:												
Section II. Organization												
5. Incident Commander:	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference:										
8. Safety Officer:	9. Entry Leader:	10. Site Access Control Leader:										
11. Asst. Safety Officer - HM:	12. Decontamination Leader:	13. Safe Refuge Area Mgr:										
14. Environmental Health:	15.	16.										
17. Entry Team: (Buddy System) Name: PPE Level		18. Decontamination Element: Name: PPE Level										
Entry 1		Decon 1										
Entry 2		Decon 2										
Entry 3		Decon 3										
Entry 4		Decon 4										
Section III. Hazard/Risk Analysis												
19. Material:	Container type	Qty.	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL
Comment:												
Section IV. Hazard Monitoring												
20. LEL Instrument(s):						21. O ₂ Instrument(s):						
22. Toxicity/PPM Instrument(s):						23. Radiological Instrument(s):						
Comment:												
Section V. Decontamination Procedures												
24. Standard Decontamination Procedures:									YES:	NO:		
Comment:												
Section VI. Site Communications												
25. Command Frequency:				26. Tactical Frequency:				27. Entry Frequency:				
Section VII. Medical Assistance												
28. Medical Monitoring:		YES:	NO:	29. Medical Treatment and Transport In-place:					YES:	NO:		
Comment:												

Section VIII. Site Map

30. Site Map:



Weather Command Post Zones Assembly Areas Escape Routes Other

Section IX. Entry Objectives

31. Entry Objectives:

Section X. SOP S and Safe Work Practices

32. Modifications to Documented SOP s or Work Practices: YES: NO:

Comment:

Section XI. Emergency Procedures

33. Emergency Procedures:

Section XII. Safety Briefing

34. Asst. Safety Officer - HM Signature: Safety Briefing Completed (Time):

35. HM Group Supervisor Signature: 36. Incident Commander Signature:

INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN ICS 208 HM

A Site Safety and Control Plan must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusion Zone.

Item Number	Item Title	Instructions
1.	Incident Name/Number	Print name and/or incident number.
2.	Date and Time	Enter date and time prepared.
3.	Operational Period	Enter the time interval for which the form applies.
4.	Incident Location	Enter the address and or map coordinates of the incident.
5 - 16.	Organization	Enter names of all individuals assigned to ICS positions. (Entries 5 & 8 mandatory). Use Boxes 15 and 16 for other functions: i.e. Medical Monitoring.
17 - 18.	Entry Team/Decon Element	Enter names and level of PPE of Entry & Decon personnel. (Entries 1 - 4 mandatory buddy system and back-up.)
19.	Material	Enter names and pertinent information of all known chemical products. Enter UNK if material is not known. Include any which apply to chemical properties. (Definitions: ph = Potential for Hydrogen (Corrosivity), IDLH = Immediately Dangerous to Life and Health, F.P. = Flash Point, I.T. = Ignition Temperature, V.P. = Vapor Pressure, V.D. = Vapor Density, S.G. = Specific Gravity, LEL = Lower Explosive Limit, UEL = Upper Explosive Limit)
20 - 23.	Hazard Monitoring	List the instruments which will be used to monitor for chemical.
24.	Decontamination Procedures	Check NO if modifications are made to standard decontamination procedures and make appropriate Comments including type of solutions.
25 - 27.	Site Communications	Enter the radio frequency(ies) which apply.
28 - 29.	Medical Assistance	Enter comments if NO is checked.
30.	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones. (Check boxes are mandatory to be identified.)
31.	Entry Objectives	List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters which will alter or stop entry operations.
32 - 33.	SOP s, Safe Work Practices, and Emergency Procedures	List in Comments if any modifications to SOP s and any emergency procedures which will be affected if an emergency occurs while personnel are within the Exclusion Zone.
34 - 36.	Safety Briefing	Have the appropriate individual place their signature in the box once the Site Safety and Control Plan is reviewed. Note the time in box 34 when the safety briefing has been completed.