SAFETY MESSAGE/PLAN (ICS 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:

1. COVID-19 safety protocols are in effect
   Practice social distancing
   Keep 6 feet between you and other people when possible
   Avoid hugs, handshakes, large gatherings, rooms filled with people
   Wear a cloth face cover in public around others and out in public
   Avoid touching eyes, nose and mouth
   Cover coughs and sneezes, throw used tissues in the trash
   Clean and disinfect "high-touch" surfaces several times per day or after someone has coughed or sneezed near a commonly touched surface

2. Wash or sanitize your hands
   Before touching your face
   After blowing your nose, coughing, sneezing
   After handling your mask
   Before eating

3. Do not cross flood roads, be cautious driving when roads are covered in standing water.

4. Maintain your situational awareness: look up, look down, look around

5. Take all safety precautions
   a. When handling powered equipment.
   b. Connecting power cable and extension cables

6. Wear protective glasses and protective clothing when working with antenna, poles or any other sharp or pointed objects

7. Make sure all equipment is properly grounded

8. Follow RF safety guidelines for yourself and people not aware of RF exposure.

9. Awareness of overhead hazards, power poles, electrical wires

10. Have adequate drinking water, stay hydrated

11. Do not erect antenna under power lines, always stay the antenna height away from power lines.

4. Site Safety Plan Required? Yes ☐ No ☐
Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 208	**IAP Page** _____	Date/Time: _____

ICS 208
Safety Message/Plan

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

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

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

Notes:
- The ICS 208 may serve (optionally) as part of the IAP.
- 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** • 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 ☐ No ☐	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).