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INCIDENT ACTION PLAN SAFETY ANALYSIS

HOSPITAL INCIDENT COMMAND SYSTEM

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

PURPOSE: DOCUMENT HAZARDS AND DEFINE MITIGATION. **ORIGINATION:** SAFETY OFFICER. **COPIES TO:** COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, AND UNIT LEADERS.