



NHICS FORM 261 | INCIDENT ACTION SAFETY ANALYSIS

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	

5. HAZARD MITIGATION

POTENTIAL/ACTUAL HAZARDS (BIOHAZARDS, STRUCTURAL, UTILITY, ETC.)	SECTION OR BRANCH & LOCATION	MITIGATIONS (E.G., PPE, BUDDY SYSTEM, ESCAPE ROUTES)	MITIGATION COMPLETED (SIGN OFF)

6. SAFETY OFFICER:	
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